WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

	al budget requests for grants and forfeitures require A	
	form to the Auditor's Office for review along with copy of	
	or other backup to support this request for our review. S	
	or's Office will upload the signed form as part of the pro	THE STATE OF THE PARTY OF THE P
Agenda items will be between Auditor's Office sponso	ored by the Department requesting the budget amendmen	nt.
Requesting Department : Webb County District A		
Request Type (check one):		
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / exp	penditure)
Transfer From / Supplemental Revenue:	n nashiritan maa takkutki hakkinaksi ma 94.	MANTE STATE
Account Number	Account Name	Amount
2160-259700	Fund Balance Unreserved Undesignated	\$218,000.00
	TOTAL	\$218,000.00
Fransfer To / Supplemental Expenditure Accounts:		
Account Number	Account Name	Amount
2160-2260-001-470000	Capital Outlay	\$218,000.00
Justification for Request:	TOTAL	\$218,000.00
fustification for Request: unds needed to cover purchase of vehicles	TOTAL	\$218,000.00
Approved by Department Signing Authority:	TOTAL	\$218,000.00
1		\$218,000.00
Approved by Department Signing Authority: David Sanchez - Chief Financial Officer Print Name/Title Recommended by County Auditor's Office:	R AUDITOR'S USE ONLY	\$218,000.00