

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

	04/00/040	
Requesting Department : Sheriff's Department	Date of Request: 01/28/2019	
Request Type (check one):		
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / expr	enditure)
Fransfer From / Supplemental Revenue:		
Account Number	Account Name	Amount
2152-3010-001-456205	Training & Education	\$8,000.00
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N .	TOTAL	\$8,000.00
Transfer To / Supplemental Expenditure Accounts:	A	Amanat
Account Number	Account Name	Amount
2152-3010-001-432001	Professional Services	\$4,500.00
2152-3010-001-455501	Drug Free Campaign	\$3,500.00
	TOTAL	\$8,000.00
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Justification for Request: Line item transfer will cover future and expected expen	ises	
Approved by Department Signing Authority:	\sim \sim \sim \sim	
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Add the Affile	Signature	1
Print Name/Title	Signature	
FOR	AUDITOR'S USE ONLY	rit to the project
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Auditor's Office:	1 C C d O Date: 2 1	119
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FOR BL	JDGET OFFICE USE ONLY	14.131.4
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Commissioners Court Approval Date:	Item :	