

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

ALL budget appropriation transfer and supplementa		
	form to the Auditor's Office for review along with copy or other backup to support this request for our review.	
of award, proof of receipt of additional revenue and/o be granted, the Department will be notified and Audito		
Agenda items will be between Auditor's Office sponso		
Requesting Department : Head Start	Date of Request: 2/7/201	.9
Request Type (check one):		
Departmental Line Item Transfer	Supplemental Budget	
(Check if transfer within existing budget)	(Check if new unbudgeted revenue /	/ expenditure)
Transfer From / Supplemental Revenue:		
Account Number	Account Name	Amount
2367-5190-531-461000	Materials & Supplies	2,000.00
2007-0100-001 401000	Indianal & Supplies	
		+
		-
		-
	1	
	TOTAL	2000.00
	TOTAL	- 2000.00
Transfer To / Supplemental Expenditure Accounts:		
Account Number	Account Name	Amount
2367-5190-531-443000-035	Repairs/Maintenance Equipment	2,000.00
	100	
	TOTAL	L 2,000.00
2 25 24 2 2		
Justification for Request:		
Approved by Department Signing Authority:		
Aliza F Oliveros Director	(1 1100	STATISTICS OF STREET
Print Name/Title	Signature	
	0.0	<u> </u>
	OR AUDITOR'S USE ONLY	
Recommended by County	Date: 2/1	7/2019
Auditor's Office:	Date.	1/001
	0	
FOR	BUDGET OFFICE USE ONLY Agenda	
Commissioners Court Approval Date:	Agenda Item:	
Date Entered by Budget Office:	Initials:	
Date Litter on by budget o	2.75	