

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

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INSTRUCTIONS:

ALL budget appropriation transfer and supplemental budget requests for grants and forfeitures require Auditor's Office preapproval for court agenda. Please submit the signed form to the Auditor's Office for review along with copy of grant award, terms

Approved by Department Signing Authority: David Sanchez - Chief Financial Officer Print Name/Title FOR AUDITOR'S USE ONLY Recommended by County Auditor's Office: Date: FOR BUDGET OFFICE USE ONLY Agenda Item:	of award, proof of receipt of additional revenue and/or othe		
Requesting Department: Webb County District Altoney Date of Request: 03/01/2019			-
Request Type (check one): Departmental Line Item Transfer (Check if transfer within existing budget) Transfer From / Supplemental Revenue: Account Number Account Number Account Balance Unreserved Undesignated \$5,000.00 Fund Balance Unreserved Undesignated \$5,000.00 Transfer To / Supplemental Expenditures Accounts: Account Number Account Numbe	Agenda items will be between Auditor's Office sponsored by	y the Department requesting the budget amenament	L. ADMITTALLEGOPHONE OF HER PLEY
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Account Number			
TOTAL \$5,000.00 Transfer To / Supplemental Expenditure Accounts:	Account Number		
Transfer To / Supplemental Expenditure Accounts:	2162-259700	Fund Balance Unreserved Undesignated	\$5,000.00
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Account Number Account Number Account Name Amount 2162-2260-001-460105 Minor Tools & Apparatus \$2,000.00 2162-2260-001-443000-075 Repairs & Maintenance - Vehicles \$3,000.00 TOTAL \$5,000.00 Justification for Request: Funds needed to purchase scanners and to cover expenses related to vehicle repairs and maintenance. Approved by Department Signing Authority: David Sanchez - Chief Financial Officer Print Namo/Title FOR AUDITOR'S USE ONLY Recommended by County Auditor's Office: Date: FOR BUDGET OFFICE USE ONLY Agenda Item:		TOTAL L	\$5,000.00
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Recommended by County Auditor's Office: Date: FOR BUDGET OFFICE USE ONLY Agenda Commissioners Court Approval Date: Item:	Print Name/Title	Signature	
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