Maricela Benavides

From:

Christina M. Gonzalez

Sent:

Friday, March 15, 2019 4:59 PM

To:

Maricela Benavides

Subject:

RE: Agenda item line item transfers

Attachments:

DOC031519-03152019164721.pdf

Good afternoon,

Please see approved BA.

Thank you,

Christina M. Gonzalez Senior Accountant Webb County Auditor's Office 956-523-4014 956-523-5001 (Fax) cmgonzalez@webbcountytx.gov

From: Maricela Benavides < mbenavides @webbcountytx.gov>

Sent: Friday, March 15, 2019 4:51 PM

To: Christina M. Gonzalez <cmgonzalez@webbcountytx.gov>

Cc: Javier Ramirez < jramirez@webbcountytx.gov>

Subject: Agenda item line item transfers

Good afternoon Christina,

Please see attached information for your approval.

Thank You.

MARICELA BENAVIDES

Executive Administrative Assistant Webb County Community Action Agency Office (956) 523-4177 Fax (956) 523-5016

Email: mbenavides@webbcountytx.gov

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

	applemental budget requests for g	rants and forfeitures require Auditor's Offic	e preapproval for court agenda. Plea
		of grant award, terms of award, proof of rec	
ickup to support this request for our rev	view. Should pre-approval be gra-	nted, the Department will be notified and /	Auditor's Office will upload the sign
rm as part of the proposed agenda item.			
genda items will be between Auditor's C	Office sponsored by the Departme	nt requesting the budget amendment.	
			0 . 7 19
equesting Department :	CAA	Date of Reques	t. <u>3-11-</u> 19
equest Type (check one): Departmental Line Item Tra (Check if transfer within existing by Transfer From / Supplemental Revenue	udget)	Supplemental Budget (Check if new unbudgeted revenue / e	xpeaditure)
Account Number		Account Name	Amount
2368-5170-52	11-470000 Co	Pital Outlay	5,000-17
2368-5170-52	4-470000 C	apital outlas	4,000.00
2368-5170-5		apital outlay	4,000.00
Fransfer To / Supplemental Expenditu	ire Accounts:	TOTAL	\$13,000.0
Fransfer To / Supplemental Expenditu Account Number		TOTAL Account Name	4/3,000.p
Account Number		Account Name	
	fslaus Tra	Account Name	Amount
2368-3170-521-4	456205 Tro	Account Name	Amount
2368-3170-521-4 2368-5170-521-4	456205 Tro	Account Name aining + Education Cfice Supplies	44 600. W
2368-5170-521-4 2368-5170-521-4	456205 Tro	Account Name aining + Education Cfice Supplies	44 600. W
2368-5170-521-4 2368-5170-521-4	456205 Tro	Account Name aining + Education Cfice Supplies	44 600. W
2368-5170-521-4 2368-5170-521- 2368-5170-521-	fs (205 Tro 46000 Dt	Account Name aincy + Education Cfice Supplies Limital Strate Travel	44,000.23
2368-5170-521-4 2368-5170-521- 2368-5170-521-	fs (205 Tro 46000 Dt	Account Name aining + Education Cfice Supplies	44,000.23

Approved by Department Signing Authority:	march BdS Signature
Recommended by County Auditor's Office:	Date: 3/15/2019
FOR BUDGE	T OFFICE USE ONLY
	Agenda
Commissioners Court Approval Date:	Item:
Date Entered by Budget Office:	Initials: Form BA 01 - April 2018