

**WEBB COUNTY  
REQUEST FOR BUDGET APPROPRIATION TRANSFER  
OR SUPPLEMENTAL BUDGET**

**INSTRUCTIONS:**

ALL budget appropriation transfer and supplemental budget requests for grants and forfeitures require Auditor's Office pre-approval for court agenda. Please submit the signed form to the Auditor's Office for review along with copy of grant award, terms of award, proof of receipt of additional revenue and/or other backup to support this request for our review. Should pre-approval be granted, the Department will be notified and Auditor's Office will upload the signed form as part of the proposed agenda item. Agenda items will be between Auditor's Office sponsored by the Department requesting the budget amendment.

Requesting Department : Head Start

Date of Request: 6/14/2019

**Request Type (check one):**



Departmental Line Item Transfer  
(Check if transfer within existing budget)



Supplemental Budget  
(Check if new unbudgeted revenue / expenditure)

**Transfer From / Supplemental Revenue:**

Account Number	Account Name	Amount
2357-5150-531-410000	Payroll Cost	\$5,260.65
2357-5200-531-410000	Payroll Cost	\$222,835.30
<b>TOTAL</b>		<b>\$228,095.95</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2357-5150-531-421000	Health Insurance	\$5,260.65
2357-5200-531-421000	Health Insurance	\$210,737.94
2357-5200-531-526000- <u>726000</u>	Worker Compensation	\$12,097.36
<b>TOTAL</b>		<b>\$228,095.95</b>

**Justification for Request:**

\_\_\_\_\_

Approved by Department Signing Authority:

Aliza F Oliveros Director

Print Name/Title

*Aliza F Oliveros*  
Signature

<b>FOR AUDITOR'S USE ONLY</b>	
Recommended by County Auditor's Office: <u>Cherie McGary</u>	Date: <u>6/14/19</u>

<b>FOR BUDGET OFFICE USE ONLY</b>	
Commissioners Court Approval Date: _____	Agenda Item: _____
Date Entered by Budget Office: _____	Initials: _____

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Requesting Department : Head Start

Date of Request: 6/14/2019

**Request Type (check one):**

**Departmental Line Item Transfer**  
(Check if transfer within existing budget)

**Supplemental Budget**  
(Check if new unbudgeted revenue / expenditure)

**Transfer From / Supplemental Revenue:**

Account Number	Account Name	Amount
2361-5200-531-410000	Payroll Cost	\$17,131.17
<b>TOTAL</b>		<b>\$17,131.17</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2361-5150-531-410000	Payroll Cost	\$1,917.83
2361-5150-531-421000	Health Insurance	\$3,267.29
2361-5150-531-423000	Retirement County Share	\$350.92
2361-5200-531-421000	Health Insurance	\$10,868.55
2361-5200-531-426000-423000	Retirement County Share	\$726.58
<b>TOTAL</b>		<b>\$17,131.17</b>

**Justification for Request:**

\_\_\_\_\_

**Approved by Department Signing Authority:**

Aliza F Oliveros Director  
Print Name/Title

Aliza F Oliveros  
Signature

Recommended by County Auditor's Office:	<b>FOR AUDITOR'S USE ONLY</b>	
	<u>Christi M. Gray</u>	Date: <u>6/14/2019</u>

<b>FOR BUDGET OFFICE USE ONLY</b>	
Commissioners Court Approval Date: _____	Agenda Item: _____
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