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

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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 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.

|  | Date of Request: 07/02/2019            |             |
|--|--|-------------|
| Request Type (check one):  |  |             |
| Departmental Line Item Transfer  | Supplemental Budget                    |             |
| (Check if transfer within existing budget)   | (Check if new unbudgeted revenue / exp | enditure)   |
| Transfer From / Supplemental Revenue:  |  |             |
| Account Number   | Account Name                           | Amount      |
| 2357-5150-531-410000   | Payroll Cost                           | \$25,000.00 |
|  |  |             |
|  |  |             |
|  |  |             |
|  |  |             |
|  |  |             |
|  |  |             |
|  | TOTAL                                  | \$25,000.00 |
|  |  |             |
| Transfer To / Supplemental Expenditure Accounts:  Account Number   | Account Name                           | Amount      |
| 2357-5190-531-443000-020   | Repairs&Maintenance Buildings          | \$25,000.00 |
| 100 001 440000 020   | repairs dividing and buildings         | \$25,000.00 |
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|  | TOTAL                                  | \$25,000.00 |
| Justification for Request:   | TOTAL                                  | \$25,000.00 |
| Justification for Request:   | TOTAL                                  | \$25,000.00 |
| Justification for Request:   | TOTAL                                  | \$25,000.00 |
| Justification for Request:   | TOTAL                                  | \$25,000.00 |
| Approved by Department Signing Authority:  |  | \$25,000.00 |
| Approved by Department Signing Authority:  | TOTAL                                  | \$25,000.00 |
| Approved by Department Signing Authority:  Aliza F Oliveros Director  Print Name/Title   | Oliza (Signature (                     | \$25,000.00 |
| Approved by Department Signing Authority:  Aliza F Oliveros Director  Print Name/Title   | R AUDITOR'S USE ONLY                   |             |
| Approved by Department Signing Authority:  Aliza F Oliveros Director  Print Name/Title  Recommended by County  | Oliza (Signature (                     |             |
| Approved by Department Signing Authority:  Aliza F Oliveros Director  Print Name/Title  Recommended by County  | R AUDITOR'S USE ONLY                   |             |
| Approved by Department Signing Authority:  Aliza F Oliveros Director  Print Name/Title  Recommended by County Auditor's Office:  | R AUDITOR'S USE ONLY                   |             |
| Approved by Department Signing Authority:  Aliza F Oliveros Director  Print Name/Title  Recommended by County Auditor's Office:  | R AUDITOR'S USE ONLY  Date: 7/2/       |             |

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

| OR .   | A SUPPLEMENTAL BUDGET  |  |
|--|--|--|
| approval for court agenda. Please submit the signed of award, proof of receipt of additional revenue and be granted, the Department will be notified and Aud | ntal budget requests for grants and forfeitures require A<br>d form to the Auditor's Office for review along with copy of<br>d/or other backup to support this request for our review. S<br>ditor's Office will upload the signed form as part of the prop<br>sored by the Department requesting the budget amendmen | grant award, terms<br>hould pre-approval<br>oosed agenda item. |
| Requesting Department : Head Start   | Date of Request: 07/02/2019  | gen i Po Spilini saki sezi saki si sa                          |
| Request Type (check one):  |  |  |
| Departmental Line Item Transfer (Check if transfer within existing budget)   | Supplemental Budget (Check if new unbudgeted revenue / exp   | enditure)  |
| Transfer From / Supplemental Revenue:  |  | All we gates groups of   |
| Account Number 2361-5200-531-410000  | Account Name Payroll Cost  | \$15,000.00  |
| 2501-0200-001-410000   | T dyron cost   | \$10,000.00  |
| Transfer To / Supplemental Europe diture Assessed  | TOTAL  | \$15,000.00  |
| Transfer To / Supplemental Expenditure Account Account Number  | Account Name   | Amount   |
| 2361-5190-531-460105   | Minor Tools & apparatus  | \$15,000.00  |
|  |  |  |
| Justification for Request:   | TOTAL  | \$15,000.00  |
| Approved by Department Signing Authority:  Aliza F Oliveros Director  Print Name/Title   | Oliza  |  |
| Recommended by County Auditor's Office:  | OR AUDITOR'S USE ONLY Date: 1/2/   | 12019  |

| PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE | FOR BUDGET OFFICE USE ONLY |                  |  |
|--|----------------------------|------------------|--|
| Commissioners Court Approval Date:   |                            | Agenda<br>Item : |  |
| Date Entered by Budget Office:   |                            | Initials:        |  |

## 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 preapproval 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: 07/02/2019 |                 |  |  |  |
|---|--|-----------------|--|--|--|
| Request Type (check one):   |  |                 |  |  |  |
| Departmental Line Item Transfer (Check if transfer within existing budget)  | Supplemental Budget (Check if new unbudgeted revenue / exp     | penditure)      |  |  |  |
| Transfer From / Supplemental Revenue:   |  | 14,200 BUSEL    |  |  |  |
| Account Number  | Account Name   | Amount          |  |  |  |
| 2367-5150-531-410000  | Payroll Cost   | \$15,000.00     |  |  |  |
| Fransfer To / Supplemental Expenditure Accounts:  | TOTAL  | \$15,000.00     |  |  |  |
| Account Number  | Account Name   | Amount          |  |  |  |
| 2367-5190-531-460105  | Minor Tools & apparatus  | \$15,000.00     |  |  |  |
|   | TOTAL  | \$15,000.00     |  |  |  |
| Justification for Request:  |  |                 |  |  |  |
| Approved by Department Signing Authority:  Aliza F Oliveros Director  Print Name/Title  | Oloza (Signature)  | general control |  |  |  |
| Approved by Department Signing Authority: Aliza F Oliveros Director  Print Name/Title   | OR AUDITOR'S (USE ONLY   | i2019           |  |  |  |
| Approved by Department Signing Authority:  Aliza F Oliveros Director  Print Name/Title  Recommended by County Auditor's Office: | DR AUDITOR'S USE ONLY  Date: 717/                              | 2019            |  |  |  |
| Approved by Department Signing Authority:  Aliza F Oliveros Director  Print Name/Title  Recommended by County Auditor's Office: | DR AUDITOR'S USE ONLY  Date: 719/                              | 2019            |  |  |  |