

**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: 07/02/2019

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	\$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
TOTAL		\$25,000.00

Justification for Request:

Approved by Department Signing Authority:

Aliza F Oliveros Director

Print Name/Title

Aliza F Oliveros
Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office: <i>Cheryl</i>	Date: <u>7/2/2019</u>

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

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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 / expenditure)

Transfer From / Supplemental Revenue:

Account Number	Account Name	Amount
2361-5200-531-410000	Payroll Cost	\$15,000.00
TOTAL		\$15,000.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2361-5190-531-460105	Minor Tools & apparatus	\$15,000.00
TOTAL		\$15,000.00

Justification for Request:

Approved by Department Signing Authority:

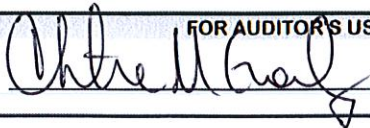
Aliza F Oliveros Director

Print Name/Title



Signature

Recommended by County Auditor's Office:



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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 / expenditure)

Transfer From / Supplemental Revenue:

Account Number	Account Name	Amount
2367-5150-531-410000	Payroll Cost	\$15,000.00
TOTAL		\$15,000.00

Transfer To / Supplemental Expenditure Accounts:

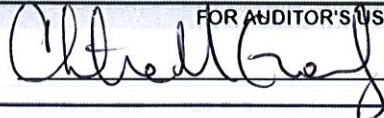
Account Number	Account Name	Amount
2367-5190-531-460105	Minor Tools & apparatus	\$15,000.00
TOTAL		\$15,000.00

Justification for Request:

Approved by Department Signing Authority:

Aliza F Oliveros Director
Print Name/Title


Signature

Recommended by County Auditor's Office: 	FOR AUDITOR'S USE ONLY Date: <u>7/2/2019</u>
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