

Date Entered by Budget Office:

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

Requesting Department : Juvenile  Request Type (check one):  Departmental Line Item Transfer	Date of Request: 11/14/20	19
Departmental Line Item Transfer		
(Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue /	expenditure)
Fransfer From / Supplemental Ravenue: Account Number	Account Name	Amount
2020-2450-341188	Urine Analysis Fees	\$10,000.00
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	TOTAL	\$10,000.00
Account Number	Account Name	Amount
Account Number 020-2450-001-432087	Account Name  Drug Evaluations	Amount \$10,000.00
	Account Name	
*****	Account Name	
	Account Name	
020-2450-001-432087	Account Name  Drug Evaluations	\$10,000.00
020-2450-001-432087	Account Name  Drug Evaluations  TOTAL	\$10,000.00
ustification for Request: n Aug. 26, 2019 Comm. Court approved to create a	Account Name  Drug Evaluations	\$10,000.00
020-2450-001-432087  Ustification for Request:	Account Name  Drug Evaluations  TOTAL	\$10,000.00
ustification for Request:  n Aug. 26, 2019 Comm. Court approved to create a equesting to create budget for FY-2020.	Account Name  Drug Evaluations  TOTAL	\$10,000.00
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istification for Request:  Aug. 26, 2019 Comm. Court approved to create a equesting to create budget for FY-2020.  Sproved by Department Signing Authority:	Account Name  Drug Evaluations  TOTAL  new special revenue fund for Juvenile Drug Test Ana	\$10,000.00
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Initials: