

## 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.

ransfer To / Supplemental Expenditure Accounts: Account Number 357-1150-531-431002	Account Name  Account Name  Sale of Equipment  Other Revenues  Fund Balance  TOTAL  Account Name  Administrative Expense	Amount \$2,813.00 \$39.30 \$1,533.20 \$4,385.50 Amount \$4,385.50
Departmental Line Item Transfer (Check if transfer within existing budget)  ransfer From / Supplemental Revenue:	Account Name  Sale of Equipment  Other Revenues  Fund Balance  TOTAL	Amount \$2,813.00 \$39.30 \$1,533.20 \$4,385.50
(Check if transfer within existing budget)  ransfer From / Supplemental Revenue:  Account Number  357-1150-392000  357-1150-357420  357-259700  ransfer To / Supplemental Expenditure Accounts:  Account Number  357-1150-531-431002	Account Name  Sale of Equipment  Other Revenues  Fund Balance  TOTAL	Amount \$2,813.00 \$39.30 \$1,533.20 \$4,385.50
Account Number 357-1150-392000 357-1150-357420 357-259700  ransfer To / Supplemental Expenditure Accounts:	Sale of Equipment Other Revenues Fund Balance  TOTAL  Account Name	\$2,813.00 \$39.30 \$1,533.20 \$4,385.50
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Account Number 357-1150-531-431002  ustification for Request: uction proceeds were incurred, these revenues were not an	Account Name	Amount
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Sustification for Request: Suction proceeds were incurred, these revenues were not ar	Administrative Expense	\$4,385.50
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	ticipated before the adoption of the FY 2020 Bu	udget.
pproved by Department Signing Authority:	$\Delta 1$ i.e. $\Delta$	
Aliza F. Oliveros, Head Start Executive Director	Mary	AND DESCRIPTION
Print Name/Title	Signature	
FOR AUDI	TOR'S USE ONLY	
Recommended by County Auditor's Office:		12019
FOR BUDGE	OFFICE USE ONLY Agenda	
Commissioners Court Approval Date:	Item :	× 1
Date Entered by Budget Office:		