

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 : Webb County District Attorn	ney Date of Request: 04/17/2020	Date of Request: 04/17/2020	
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: Account Number	Account Name	A comb	
2160-259700	Fund Balance Unreserved Undesignated	Amount \$11,600.00	
2160-259700	Fund Balance Unreserved Undesignated	\$11,000.00	
	TOTAL	\$11,600.00	
Transfer To / Supplemental Expenditure Accounts:			
Account Number	Account Name	Amount	
2160-2260-001-432001	Professional Services	\$11,600.00	

	TOTAL	\$11,600.00	
Justification for Request: Budget Amendment needed to cover expenditures relate	ed to professional services		
Approved by Department Signing Authority:	CJ = II		
David Sanchez - Chief Financial Officer	WI		
Print Name/Title	Signature		
FITTE Name: Tipe	Orgination 6		
	AUDITOR'S USE ONLY		
Recommended by County Auditor's Office:	Date:		
FOR BUI	DGET OFFICE USE ONLY		
	Agenda		
Commissioners Court Approval Date:	Item:		
Date Entered by Budget Office:	Initials:		