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

transfer and supplemental budget requests for grants and forfeitures require Auditor's Office preda. Please submit the signed form to the Auditor's Office for review along with copy of grant award, terms ceipt of additional revenue and/or other backup to support this request for our review. Should pre-approval partment will be notified and Auditor's Office will upload the signed form as part of the proposed agenda item.

g Department : Head Start	Date of Request: 05/14/2020	0
ast Type (check one):		<del></del>
Departmental Line Item Transfer	Supplemental Budget	
(Check if transfer within existing budget)	(Check if new unbudgeted revenue / ex	:penditure)
Fransfer From / Supplemental Revenue:		
Account Number	Account Name	Amount
2357-5200-531-410000	Payroll Cost	\$60,000 00
2357-5200-531-421000	Health Life Ins <b>u</b> rance	\$70,000.00
	TOTAL	\$130,000.00
Fransfer To / Supplemental Expenditure Account		
Account Number	Account Name	Amount
2357-5200-531-444000	Space Rental	\$20,000.00
2357-5200-531-443000-020	Building Maintenance	\$60,000.00
2357-5200-531-460024	Medical/Dental Supplies	\$10,000.00
2357-5200-531-460004	Classroom Supplies	\$20,000.00
2357-5200-531-460105	Minor Tools & Apparatus	\$20,000.00
	TOTAL	\$130,000.00
Justification for Request:	TOTAL	<b>V</b> 100,000.00
Approved by Department Signing Authority:	$O \cap O $	5/14/20
Aliza F Oliveros Director	Clisa & 3	2/14/20
Print Name/Title	Signatura	(4)
	FOR AUDITOR'S USE ONLY	
Recommended by County	M Gonzalez Date: 5/18/2020	)
FOI	R BUDGET OFFICE USE ONLY	
	Agenda	
Commissioners Court Approval Date:	ltem :	
Date Entered by Budget Office:	!nitials:	

## 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.

equesting Department : Head Start	Date of Request: 05/14/2020	)
equest Type (check one):		
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / ex	penditure}
ransfer From / Supplemental Revenue:	ng dualast and sign that so reason det describi	
Account Number	Account Name	Amount
2367-5150-531-410000	Payroll Cost	\$35,000.00
2367-5150-531-421000	Health Life Insurance	\$5,000.00
	TOTAL	\$40,000.00
ransfer To / Supplemental Expenditure Accounts:		A CONTRACTOR OF THE STREET
Account Number	Account Name	Amount
367-5200-531-460024	Medical/Dental Supplies	\$20,000.00
367-5200-531-460004	Classroom Supplies	\$20,000.00
	TOTAL	\$40,000.00
ustification for Request:		
pproved by Department Signing Authority:		
	$\alpha$	<114/70
Aliza F Oliveros Director  Print Name/Title	Coliga Signature	5/14/200
F(	OR AUDITOR'S USE ONLY	5/14/200
Aliza F Oliveros Director  Print Name/Title  FO	Signature	
Aliza F Oliveros Director  Print Name/Title  Formal Print Name/Title  Formal Print Name/Title  Christina Tolerand Print Name/Title	OR AUDITOR'S USE ONLY  M Gonzalez  Date: 5/18/20	
Aliza F Oliveros Director  Print Name/Title  Formal Print Name/Title  Formal Print Name/Title  Christina Tolerand Print Name/Title	OR AUDITOR'S USE ONLY  M Gonzalez  Date: 5/18/20	

## 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.

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Requesting Department : Head Start	Date of Request: 05/14/20	20
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:	ikan pangung mengangan dan bermangan pangung pangung bermangan bermangan bermangan bermangan bermangan bermang	
Account Number	Account Name	Amount
2361-5200-531-410000	Payroll Cost	\$20,000.00
	TOTAL	\$20,000.00
	TOTAL	725,000.00
Transfer To / Supplemental Expenditure Accounts:		
Account Number 2361-5200-531-443000-020	Account Name	Amount
2361-5200-531-443000-020	Building Maintenance	\$20,000.00
	TOTAL	\$20,000.00
	707.12	
Justification for Request:		
Approved by Department Signing Authority:		
Aliza F Oliveros Director	Olisa (D	5/14/202
Print Name/Title	Signature	Sirrico
	0 0	
Recommended by County	OR AUDITOR'S USE ONLY	
Auditor's Office: Christina W	1 Gonzalez Date:5/18/20	120
FOR	BUDGET OFFICE USE ONLY	
	Agenda	
Commissioners Court Approval Date:	Item :	
Date Entered by Budget Office:	Initials:	