

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

transfer and supplemental budget requests for grants and forfeitures require Auditor's Office pre-approval. Please submit the signed form to the Auditor's Office for review along with copy of grant award, terms and conditions, receipt of additional revenue and/or other backup to support this request for our review. Should pre-approval be granted, your department will be notified and Auditor's Office will upload the signed form as part of the proposed agenda item. This request will be between Auditor's Office sponsored by the Department requesting the budget amendment.

Requesting Department : Head Start Date of Request: 05/14/2020

**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
2357-5200-531-410000	Payroll Cost	\$60,000.00
2357-5200-531-421000	Health Life Insurance	\$70,000.00
<b>TOTAL</b>		<b>\$130,000.00</b>

**Transfer To / Supplemental Expenditure Accounts:**

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
<b>TOTAL</b>		<b>\$130,000.00</b>

Justification for Request:

**Approved by Department Signing Authority:**

Aliza F Oliveros Director

Print Name/Title

*Aliza F Oliveros* 5/14/2020  
Signature

**FOR AUDITOR'S USE ONLY**

Recommended by County Auditor's Office:

*Christina M Gonzalez*

Date: 5/18/2020

**FOR BUDGET OFFICE USE ONLY**

Commissioners Court Approval Date: \_\_\_\_\_

Agenda Item: \_\_\_\_\_

Date Entered by Budget Office: \_\_\_\_\_

Initials: \_\_\_\_\_

**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.

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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	\$35,000.00
2367-5150-531-421000	Health Life Insurance	\$5,000.00
	<b>TOTAL</b>	<b>\$40,000.00</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2367-5200-531-460024	Medical/Dental Supplies	\$20,000.00
2367-5200-531-460004	Classroom Supplies	\$20,000.00
	<b>TOTAL</b>	<b>\$40,000.00</b>

Justification for Request:

**Approved by Department Signing Authority:**

Aliza F Oliveros Director  
Print Name/Title

*Aliza F Oliveros* 5/14/2020  
Signature

FOR AUDITOR'S USE ONLY		
Recommended by County Auditor's Office:	<i>Christina M Gonzalez</i>	Date: <u>5/18/2020</u>

FOR BUDGET OFFICE USE ONLY		
Commissioners Court Approval Date:	_____	Agenda Item : _____
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**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	\$20,000.00
TOTAL		\$20,000.00

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2361-5200-531-443000-020	Building Maintenance	\$20,000.00
TOTAL		\$20,000.00

Justification for Request:

\_\_\_\_\_

**Approved by Department Signing Authority:**

Aliza F Oliveros Director  
Print Name/Title

*Aliza F Oliveros* 5/14/2020  
Signature

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Date:	<u>5/18/2020</u>

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