

Date Entered by Budget Office:

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

INSTRUCTIONS: ALL budget appropriation transfer and supplemental budgets.			
approval for court agenda. Please submit the signed form to of award, proof of receipt of additional revenue and/or oth			
be granted, the Department will be notified and Auditor's C	Office will upload the signed form as part of the prop	osed agenda item.	
Agenda items will be between Auditor's Office sponsored b			
Requesting Department : Indigent Health Care	Date of Request: 05/21/2020		
Request Type (check one):			
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / exp	enditure)	
Transfer From / Supplemental Revenue:		Amount	
Account Number	Account Name	Amount	
2001-5040-361100	Depository interest	\$10,000.00 OS 0	5/22/202
	TOTAL	\$10,000.00	
Transfer To / Supplemental Expenditure Accounts: Account Number	Account Name	Amount	
2001-5030-330570-010	Medical Services Optional Services	\$10,000.00	
2001-5040-432063-030			
Justification for Populari	TOTAL	\$10,000.00	
Justification for Request: Healthcare Funding District Commission approved creation of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and supplies for elimination of Durable Medical Equipment (DME) and Supplies for elimination of Durable Medical Equipment (DME) and Supplies for elimination of Durable Medical Equipment (DME) and Supplies (D	on and funding of Medical Svcs Optional Svcs line gible county indigent health care program clients o	item for purchase n 05/11/2020.	•
Approved by Department Signing Authority:	Am Ales		
Nancy Cadena, Indigent Health Care Services Director Print Name/Title	MANY CARRONSIgnature		•
Recommended by County Auditor's Office:	UDITOR'S USE ONLY Date: 5-22.	- Z o_	
	GET OFFICE USE ONLY]
Commissioners Court Approval Date:	Agenda Item :		
Date Entered by Budget Office:	Initials:		8