

**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.

Requesting Department : Head Start Date of Request: 07/30/2020

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
2361-5200-531-444500	Equipment Rental	\$2,000.00
2361-5200-531-452001-030	Childrens Insurance	\$3,680.00
2361-5200-531-452012	Property Casaulty	\$1,000.00
2361-5200-531-456105	License & Permits	\$531.00
2361-5200-531-456120	State Registration	\$775.00
2361-5200-531-461000	Materials & Supplies	\$280.51
2361-5200-531-462605	Fuel & Lube	\$4,500.00
2361-5200-531-463040	Non Usda	\$4,000.00
TOTAL		\$16,766.51

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2361-5200-531-443000-020	Building Maintenance	\$8,383.25
2361.5200-531-460105	Minor tools & aparatus	\$8,383.26
TOTAL		\$16,766.51

Justification for Request:

Approved by Department Signing Authority:

Aliza F Oliveros Director

Print Name/Title

Aliza F Oliveros
Signature

Recommended by County Auditor's Office:

Chitra Maly

FOR AUDITOR'S USE ONLY

Date:

7/31/2020

FOR BUDGET OFFICE USE ONLY

Commissioners Court Approval Date: _____

Date Entered by Budget Office: _____

Agenda

Item : _____

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.

Requesting Department : Head Start Date of Request: 07/30/2020

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
2367-5200-531-432083	Medical/Dental Exams	\$1,000.00
2367-5200-5331-458060	In town Mileage	\$3,000.00
2367-5200-531-462605	Fuel/Lube	\$800.00
2367-5200-531-463040	Non USDA	\$3,000.00
	TOTAL	\$7,800.00

Transfer To / Supplemental Expenditure Accounts:

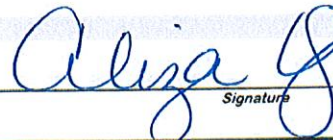
Account Number	Account Name	Amount
2367-5200-531-443000-020	Building Maintenance	\$7,800.00
	TOTAL	\$7,800.00

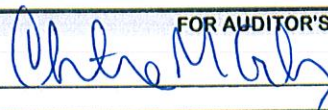
Justification for Request:

Approved by Department Signing Authority:

Aliza F Oliveros Director

Print Name/Title


Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office:	Date: <u>7/31/2020</u>
	

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.

Requesting Department : Head Start Date of Request: 07/29/2020

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
2357-5200-531-452001-030	Childrens Insurance	\$1,559.00
2357-5200-531-454000	Advertising	\$500.00
2357-5200-531-456105	Licenses & Permits	\$3,083.00
2357-5200-531-456305	Uniforms	\$2,000.00
2357-5200-531-462605	Fuels & Lubricants	\$15,000.00
	TOTAL	\$22,142.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2357-5200-531-441205	Utilities	\$5,142.00
2357-5200-531-443000-020	Building Maintenance	\$17,000.00
	TOTAL	\$22,142.00

Justification for Request:

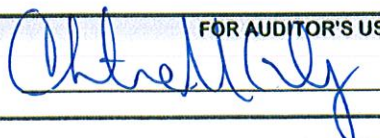
Approved by Department Signing Authority:

Aliza F Oliveros Director

Print Name/Title


Signature

Recommended by County Auditor's Office:



FOR AUDITOR'S USE ONLY

Date: 7/31/2020

FOR BUDGET OFFICE USE ONLY

Commissioners Court Approval Date: _____

Date Entered by Budget Office: _____

Agenda Item : _____

Initials: _____