WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

INSTRUCTIONS:		diam's Office and
ALL budget appropriation transfer and supplemental b		
approval for court agenda. Please submit the signed forn of award, proof of receipt of additional revenue and/or o		
or award, proof of receipt of additional revenue and/or one granted, the Department will be notified and Auditor's		
Agenda items will be between Auditor's Office sponsored		
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 / expe	enditure)
Fransfer From / Supplemental Revenue:		A SAMPLE OF STREET
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
2001 3233 33	TOTAL	\$16,766.51
A STATE OF THE STA		A STATE OF THE STA
Transfer To / Supplemental Expenditure Accounts:	Account Name	Amount
Account Number		
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	Oliza (8
<u> </u>		
Recommended by County Auditor's Office:	Date: 1/3/	19090
FOR B!	UDGET OFFICE USE ONLY	
Bellin State	Agenda	
Commissioners Court Approval Date:	Item :	
Date Entered by Budget Office:	Initials:	

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

NSTRUCTIONS:	budget requests for grants and forfeitures require Au	ditor's Office pre-
tensoral for court agenda. Please submit the signed for	orm to the Auditor's Office for review along with copy of g	rant award, terms
f award, proof of receipt of additional revenue and/or	other backup to support this request for our review. Sh	ould pre-approval
e granted, the Department will be notified and Auditor	r's Office will upload the signed form as part of the propo	osed agenda item.
genda items will be between Auditor's Office sponsore	ed by the Department requesting the budget amendment	
Requesting Department : Head Start	Date of Request: 07/30/2020	VIA.
Request Type (check one):		
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / expe	enditure)
Fransfer 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
	The second secon	CONTRACTOR OF THE PROPERTY OF
Fransfer To / Supplemental Expenditure Accounts:	Account Name	Amount
Account Number	Building Maintenance	\$7,800.00
2367-5200-531-443000-020		
	TOTAL	\$7,800.00
Justification for Request:		
Approved by Department Signing Authority:	\bigcap_{Λ} . (C	
Aliza F Oliveros Director	(I VIDA X	
Print Name/Title	Signatura	
Recommended by County Auditor's Office:	Date:	06 06/1
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FOR	BUDGET OFFICE USE ONLY Agenda	
Commissioners Court Approval Date:	Item:	
Date Entered by Budget Office:	Initials:	
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WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

NSTRUCTIONS:	al budget requests for grants and forfeitures require Au	ditor's Office pre-
	form to the Auditor's Office for review along with copy of g	
	or other backup to support this request for our review. Sh	
	tor's Office will upload the signed form as part of the propo	
	ored by the Department requesting the budget amendment	
equesting 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 / expe	enditure)
Fransfer 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
A CONTRACT OF THE PROPERTY OF		
Transfer To / Supplemental Expenditure Accounts Account Number	Account Name	Amount
2357-5200-531-441205	Utilities	\$5,142.00
2357-5200-531-441203	Building Maintenance	\$17,000.00
Justification for Request:	TOTAL	\$22,142.00
Justification for Request:	TOTAL	\$22,142.00
Approved by Department Signing Authority:	TOTAL	\$22,142.00
	TOTAL	\$22,142.00
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title	GUZA (Signature (
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title	GUZA (Signature (\$22,142.00
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title Recommended by County Auditor's Office:	FOR AUDITOR'S USE ONLY Date: 7/31	
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title Recommended by County Auditor's Office:	FOR AUDITOR'S USE ONLY Date: 7/31	