WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

INSTRUCTIONS:

		al budget requests for grants and forfeitures require Au	
		form to the Auditor's Office for review along with copy of good or other backup to support this request for our review. Si	
		tor's Office will upload the signed form as part of the prop	
		ored by the Department requesting the budget amendmen	
Requesting Department :	Head Start	Date of Request: 08/03/2020	
Request Type (check one):			
Departmental Line (Check if transfer within		Supplemental Budget (Check if new unbudgeted revenue / exp	enditure)
Transfer From / Supplement	al Revenue:		
Accoun	t Number	Account Name	Amount
2361-5230-531-456110		CDA & Renewals	\$1,000.00
2361-5230-531-456201		College Tuition	\$3,000.00
2361-5230-531-456224		Meetings & Conferences	\$3,000.00
2361-5230-531-458000		Administrative travel	\$1,000.00
			20,000,00
		TOTAL	\$8,000.00
Transfer To / Supplemental I	Expenditure Accounts		
	t Number	Account Name	Amount
2361-5230-531-461000		Materials & Supplies	\$8,000.00
Justification for Request:		TOTAL	\$8,000.00
Approved by Department Sig	A. thority		
Aliza F Oliveros Dir	rector	Olly Signature	A CONTRACTOR OF THE PROPERTY O
Recommended by County Auditor's Office:		ORAUDITOR'S USE ONLY Date:	0K0K/H
MEDIUM EN SERVICE EN LA RESERVA	FOI	R BUDGET OFFICE USE ONLY	and the second
MINISTER CONTROL OF THE CONTROL OF T		Agenda	
Commissioners Court Approv	/al Date:	Item:	
Date Entered by Budget Office	Initials:		

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

INSTRUCTIONS:	budget requests for grants and forfeitures require Au	ditor's Office pre-
	orm to the Auditor's Office for review along with copy of g	
	r other backup to support this request for our review. Sh	
	or's Office will upload the signed form as part of the propo	
	ed by the Department requesting the budget amendment	
equesting Department : Head Start Date of Request: 08/03/20		
Request Type (check one):		
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / expe	enditure)
Transfer From / Supplemental Revenue:		Selection and selection
Account Number	Account Name	Amount
2367-5230-531-432068	Consultant training	\$2,000.00
2367-5230-531-456110	CDA & Renewal	\$2,000.00
2367-5230-531-456201	College Tuition	\$1,000.00
2367-5230-531-456205	Training and Education	\$1,000.00
2367-5230-531-456224	Meeting & Conferences	\$2,000.00
2367-5230-531-458000	Administrative Travel	\$4,200.00
		040,000,00
	TOTAL L	\$12,200.00
Transfer To / Supplemental Expenditure Accounts: Account Number	Account Name	Amount
2367-5230-531-461000	Materials & Supplies	\$12,200.00
Justification for Request:	TOTAL	\$12,200.00
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title	R ADDITOR'S USE ONLY	\$12,200.00
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title Recommended by County Auditor's Office:	R AUDITOR'S USE ONLY Date: 9/17	\$12,200.00
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title Recommended by County Auditor's Office:	R AUDÎTOR'S USE ONLY Date: 9/17	\$12,200.00

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

INSTRUCTIONS:

ALL budget appropriation transfer and supplementa approval for court agenda. Please submit the signed t	al budget requests for grants and forfeitures require Au form to the Auditor's Office for review along with copy of g	iditor's Office pre- grant award, terms
of award, proof of receipt of additional revenue and/	or other backup to support this request for our review. Sh	hould pre-approval
pe granted, the Department will be notified and Audit	tor's Office will upload the signed form as part of the prop	oosed agenda item.
	ored by the Department requesting the budget amendmen	
Lload Start	Data of Postuost: 08/03/2020	ASSESSED MATERIAL STATES
Requesting Department : Head Start	Date of Request: 08/03/2020	
Request Type (check one):		
Departmental Line Item Transfer	Supplemental Budget	
(Check if transfer within existing budget)	(Check if new unbudgeted revenue / exp	enditure)
Transfer From / Supplemental Revenue:		
Account Number	Account Name	Amount
		60,000,00
2357-5230-531-456201	College Tuition	\$8,000.00
2357-5230-531-456224	Meetings & Conferences	\$5,000.00
	TOTAL	\$13,000.00
	10	4.0,
Transfer To / Supplemental Expenditure Accounts		
Account Number	Account Name	Amount
2357-5230-531-460029	Recognition Supplies	\$13,000.00
	TOTAL	\$13,000.00
		CONTRACTOR OF THE PARTY OF THE
Justification for Request:		
Approved by Department Signing Authority:		
Aliza F Oliveros Director	10100. (8	387210
Print Name/Title	Signatule	
<u> </u>		
	FOR AUDITOR'S USE ONLY	- 1mm)
Recommended by County Auditor's Office:	Date: 0/12)/WOV
Auditor's Office.		
FO	R BUDGET OFFICE USE ONLY	
## ##################################	Agenda	
Commissioners Court Approval Date:	Item:	100 mm and 100 mm and 100 mm
Date Entered by Budget Office:	Initials:	