WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

approval for court agenda. Please submit the signed of award, proof of receipt of additional revenue and/o be granted, the Department will be notified and Audit	al budget requests for grants and forfeitures require A form to the Auditor's Office for review along with copy of or other backup to support this request for our review. Sor's Office will upload the signed form as part of the propored by the Department requesting the budget amendmen	grant award, term hould pre-approva oosed agenda item
Requesting Department : Head Start	Date of Request: 08/14/2020	
Request Type (check one): Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / exp	
Transfer From / Supplemental Revenue: Account Number	Account Name	Amount
2357-5200-531-421000	Health Life Insurance	\$34,794.00
2361-5200-531-421000	Health Life Insurance	\$25,206.00
Transfer To / Supplemental Expenditure Accounts: Account Number	TOTAL Account Name	\$60,000.00 Amount
2357-5200-531-460105	Minor Tools & Aparatus	\$34,794.00
2361-5200-531-460105	Minor Tools & Aparatus	\$25,206.00
Justification for Request:	TOTAL	\$60,000.00
Approved by Department Signing Authority: Aliza F Oliveros Director Print Name/Title	Colgnature	2
	R AUDITOR'S USE ONLY	
Recommended by County Auditor's Office: Christina W	Gonzalez Date: 8/17/20)20

FOR BUDGET OF	FICE USE ONLY
0	Agenda
Commissioners Court Approval Date:	Item :
Date Entered by Budget Office:	Initials:
72. The second s	