

Date Entered by Budget Office:

## WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

INSTRUCTIONS: ALL budget appropriation transfer and supplemental	ll budget requests for grants and forfeitures require A	uditor's Office pre
- ' ' ' '	form to the Auditor's Office for review along with copy of	
-	or other backup to support this request for our review. S	
· ·	or's Office will upload the signed form as part of the prop	
genda items will be between Auditor's Office sponsor	red by the Department requesting the budget amendmen	
equesting Department : Webb County District Atte	ttorney Date of Request: 10/02/2020	i digita di maria di manana di Manana di manana di m
	Date of Respuesti	
Request Type (check one):	_	
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget  {Check if new unbudgeted revenue / exp	penditure)
ranafer From / Supplemental Revenue:  Account Number	Account Name	Amount
		\$50,000.00
2163-259700	Fund Balance Unreserved Undesignated	\$50,000.00
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		222 222 22
	TOTAL	\$50,000.00
ranafer: To /.Supplemental Expenditure Accounts:	ACEMBARANSE DER NOGERE DE BOUNCE DE BOUNCE DE LE CESTE DA MESE ESTABACION DE L'	suuresuursen saariksi kalegoist
Account Number	Account Name	Amount
2163-2260-001-470000	Capital Outlay	\$50,000.00
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	TOTAL	\$50,000.00
lustification for Request:		
sudget Amendment needed to cover equipment purch	chase.	
	W , /\	
pproved by Department Signing Authority:		
David Sanchez - Chief Financial Officer		
Print Name/Title	Signature	
	RAUDITOR'S USE ONLY	
Recommended by County Auditor's Office:	Date:	
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Commissioners Court Approval Date:	Item:	

Initials: