

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 preapproval 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 : JUSTICE OF THE PEA	ACE, PCT. 4 Date of Request: 10/30/202	20	
Request Type (check one):			
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / exp	penditure)	
ransfer From / Supplemental Revenue:			
Account Number	Account Name	Amount	7
2009-259700	FUND BALANCE	\$5,000.00	0.5.10
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	TOTAL	\$5,000.00	
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ransfer To / Supplemental Expenditure Accounts:			_
Account Number	Account Name	Amount	
009-2180-001-421000	HEALTH LIFE INSURANCE	\$5,000.00	
	TOTAL L	\$5,000.00	
ustification for Request:	/ 1 //		
NE ITEM TRANSFER FOR THE CONTINUATION OF	HEALTH LIFE INSURANCE FOR JUVENILE CASE	MANAGER.	
oproved by Department Signing Authority:	/ ///////Da		
OSE R. SALINAS			
Print Name/Title	Signature		_
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FOR A	UDITOR'S USE ONLY		S.
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FOR BUD	GET OFFICE USE ONLY Agenda		B III
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