



**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 pre-approval 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 : Head Start Date of Request: 11/17/2020

Request Type (check one):



Departmental Line Item Transfer
(Check if transfer within existing budget)



Supplemental Budget
(Check if new unbudgeted revenue / expenditure)

Transfer From / Supplemental Revenue:

Account Number	Account Name	Amount
2357-5190-531-444500	Equipment Rental	\$26,300.00
TOTAL		\$26,300.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2357-5190-531-443000-035	Repairs & Maint. Equipment	\$26,300.00
TOTAL		\$26,300.00

Justification for Request:

Approved by Department Signing Authority:

Aliza F Oliveros, Director

Print Name/Title

Aliza F Oliveros
Signature

Recommended by County Auditor's Office:

Cheryl M. G...

FOR AUDITOR'S USE ONLY

Date: 11/17/2020

FOR BUDGET OFFICE USE ONLY

Commissioners Court Approval Date: _____

Date Entered by Budget Office: _____

Agenda Item : _____

Initials: _____



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Request Type (check one):

Departmental Line Item Transfer
(Check if transfer within existing budget)

Supplemental Budget
(Check if new unbudgeted revenue / expenditure)

Transfer From / Supplemental Revenue:

Account Number	Account Name	Amount
2361-5190-531-444500	Equipment Rental	\$2,000.00
2361-5190-531-443000-020	Repairs & Maint. Building	\$16.00
TOTAL		\$2,016.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2361-5190-531-443000-035	Repairs & Maint. Equipment	\$2,016.00
TOTAL		\$2,016.00

Justification for Request:

Approved by Department Signing Authority:

Aliza F Oliveros, Director
Print Name/Title

Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office: <u></u>	Date: <u>11/17/2020</u>

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Requesting Department : Head Start Date of Request: 11/17/2020

Request Type (check one):



Departmental Line Item Transfer
(Check if transfer within existing budget)



Supplemental Budget
(Check if new unbudgeted revenue / expenditure)

Transfer From / Supplemental Revenue:

Account Number	Account Name	Amount
2367-5190-531-444500	Equipment Rental	\$1,000.00
2367-5190-531-443000-020	Repairs & Maint. Building	\$714.00
TOTAL		\$1,714.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2367-5190-531-443000-035	Repairs & Maint. Equipment	\$1,714.00
TOTAL		\$1,714.00

Justification for Request:

Approved by Department Signing Authority:

Aliza F Oliveros, Director

Print Name/Title

Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office: <u>Cherrell G...</u>	Date: <u>11/17/2020</u>

FOR BUDGET OFFICE USE ONLY	
Commissioners Court Approval Date: _____	Agenda Item: _____
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