

Date Entered by Budget Office:

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

TOTAL \$4	0,000.00 Amount 0,000.00
Account Name  Account Name  Account Name  Account Name  Account Name	Amount 0,000.00 0,000.00
TOTAL \$4	0,000.00 0,000.00 Amount
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TOTAL \$4	0,000.00
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Signature	
Signature	
	TOTAL \$4

Initials: