



**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 : CAA-Meals On Wheels Date of Request: 05/13/2022

*Request Type (check one):*

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

**Supplemental Budget**  
(Check if new unbudgeted revenue / expenditure)

**Transfer From / Supplemental Revenue:**

Account Number	Account Name	Amount
2371-5260-521-458060	In town Mileage	\$5,500.00
2371-5260-521-443000-075	Repairs & Maintenance Vechicle	\$3,000.00
2371-5260-521-452001-015	Insurance other Vechicle	\$110.00
2025-5320-521-444500	Equipment Rental	\$200.00
2025-5320-521-452001-015	Insurance Other Vehicles	\$351.00
<b>TOTAL</b>		<b>\$9,161.00</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2371-5260-521-461000	Materials & Supplies	\$5,500.00
2371-5260-521-462605	Fuel & Lubrucants	\$3,000.00
2371-5260-521-421000	Health Life Insurance	\$110.00
2025-5320-521-461000	Materials Supplies	\$551.00
<b>TOTAL</b>		<b>\$9,161.00</b>

**Justification for Request:**

the monies transfer is needed for materials, supplies and fuel to continue given the best service to the meal program

**Approved by Department Signing Authority:**

James Flores - Director

Print Name/Title

*James Flores*  
Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office: <u><i>Amy Caperton</i></u>	Date: <u>5-18-22</u>

FOR BUDGET OFFICE USE ONLY	
Commissioners Court Approval Date: _____	Agenda Item : _____
Date Entered by Budget Office: _____	Initials: _____



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Requesting Department : CAA-Elderly Nutrition Date of Request: 05/11/2022

**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
2025-5320-521-463030	Bulk Food	\$5,000.00
<b>TOTAL</b>		<b>\$5,000.00</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2025-5320-521-421000	Health Life Insurance	\$5,000.00
<b>TOTAL</b>		<b>\$5,000.00</b>

**Justification for Request:**

Need to transfer to the health life insurance account so that they can post allocation to the Elderly Nutrition account

**Approved by Department Signing Authority:**

James Flores - Director

Print Name/Title

James Flores  
Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office: <u>Almy Capel</u>	Date: <u>5-18-22</u>

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