

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:	Head Start	Date of Request: 06/30/20	22
Request Type (check one):			
Departmental Line (Check if transfer within		Supplemental Budget (Check if new unbudgeted revenue / ex	penditure)
Transfer From / Supplement	tal Revenue:		
Accoun	nt Number	Account Name	Amount
2357-5200-531-456224		Meetings & Conferences	\$20,000.00
2357-5200-531-460028		Janitorial Supplies	\$40,000.00
2357-5200-531-460105		Minor Tools & Aparatus	\$50,000.00
2357-5200-531-421000		Payroll Savings	\$55,000.00
		TOTAL	\$165,000.00
Transfer To / Supplemental I			to supplied for the
Accoun 2357-5200-531-443000-02	t Number	Account Name Repairs & Maintenance Buildings	Amount \$165,000.00
		TOTAL	\$165,000.00
Justification for Request: Complete pending work order	<u>s.</u>	TOTAL	\$165,000.00
Complete pending work order		TOTAL	\$165,000.00
Complete pending work order Approved by Department Sign	ning Authority:	TOTAL Signalure	\$165,000.00
Approved by Department Sign Aliza F. Oliveros Print Name/Til	ning Authority:	OR AUDITOR'S USE ONLY	\$165,000.00 \$0 -22
Complete pending work order Approved by Department Sign Aliza F. Oliveros	oling Authority; the Chry X	OR AUDITOR'S USE ONLY	
Approved by Department Sign Aliza F. Oliveros Print Name/Til	oling Authority: FO Ony A	DR AUDITOR'S USE ONLY Date: 6-	