

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

Request Type (check one): Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget		
(Check if transfer within existing budget)			
ransfer From / Supplemental Revenue:	(Check If new unbudgeted revenue / ex		
Account Number	Account Name	Amount	
202-259700	Fund Balance	\$10,000.00	
	TOTAL	\$10,000.00	
ransfer To / Supplemental Expenditure Account	Si Contraction		
Account Number	Account Name	Amount	
202-3170-001-457006	Law Enforcement Other	\$10,000.00	
	4		
	TOTAL	\$10,000.00	
ustification for Request: ands will be used to purchase items for official office	_	\$10,000.00	
) . A		
proved by Department Signing Authority:			
hief / Gerardo Ramirez	Mend f		
Print Name/Title	, signature i	/	
Print Nsme/Title	,	<i></i>	
Print Name/Title	DR AUDITOR'S USE ONLY Date:	23	
Print Name/Title	Date: 101	23	
commended by County ditor's Office:		123	