



**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: 01/24/2023

**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
2358-5190-531-463040	NON-USDA FOOD	\$30,727.46 ✓
<b>TOTAL</b>		<b>\$30,727.46</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2358-5190-531-443000-020	REPAIRS/MAINTENANCE BUILDING	\$30,727.46 ✓
<b>TOTAL</b>		<b>\$30,727.46</b>

Justification for Request:

\_\_\_\_\_

Approved by Department Signing Authority:

Aliza F. Oliveros

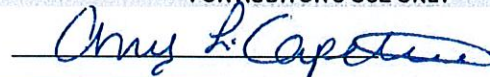
Print Name/Title



Signature

**FOR AUDITOR'S USE ONLY**

Recommended by County Auditor's Office:



Date: 1-24-23

**FOR BUDGET OFFICE USE ONLY**

Commissioners Court Approval Date: \_\_\_\_\_

Agenda Item : \_\_\_\_\_

Date Entered by Budget Office: \_\_\_\_\_

Initials: \_\_\_\_\_



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REQUEST FOR BUDGET APPROPRIATION TRANSFER  
OR SUPPLEMENTAL BUDGET**

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Requesting Department : Head Start Date of Request: 01/27/2023

**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
2358-5205-531-456201	COLLEGE TUITION	\$7,000.00 ✓
2358-5205-531-460028	JANITORIAL SUPPLIES	\$35,000.00 ✓
	TOTAL	\$42,000.00

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2358-5205-531-456224	MEETING&CONFERENCES	\$7,000.00 ✓
2358-5205-531-443000-020	REPAIRS&BUILDING MAINTENANCE	\$35,000.00 ✓
	TOTAL	\$42,000.00 ✓

Justification for Request:

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**Approved by Department Signing Authority:**

Aliza F. Oliveros  
Print Name/Title

*Aliza F. Oliveros*  
Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office: <u><i>Almy H. Caperton</i></u>	Date: <u>1-27-23</u>

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



# WEBB COUNTY BUDGET OFFICE

## REQUEST FOR MINISTERIAL / EMERGENCY BUDGET AMENDMENT

**INSTRUCTIONS:**

ALL budget appropriation transfer requests require Budget Office approval before being presented to court for ratification. Please submit the signed form to the Budget Office for review along with copy or backup to support this request for our review. The Budget Office will send the approved form to the department via email. Agenda items must be submitted by the department requesting ministerial budget amendment.

Requesting Department : Headstart

Date of Request: 01/24/2023

**Request Type (check one):**

Departmental Budget Amendment

Emergency Budget Amendment

**Transfer From:**

Account Number	Account Name	Amount
2358-5205-531-456201	College Tuition	\$100.00 ✓
TOTAL		\$100.00

**Transfer To:**

Account Number	Account Name	Amount
2358-5205-531-456205	Training & Education	\$100.00 ✓
TOTAL		\$100.00

**Justification for Request:**


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**Approved by Department Signing Authority:**

Aliza F. Oliveros  
Print Name/Title

*Aliza F*  
Signature

**FOR BUDGET OFFICE USE ONLY**

Commissioners Court Ratification Date: \_\_\_\_\_  
Date Entered by Budget Office: \_\_\_\_\_  
BA#: \_\_\_\_\_

Agenda Item: \_\_\_\_\_  
Initials: \_\_\_\_\_