

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

INSTRUCTIONS: ALL budget appropriation transfer and supplementa	al budget requests for grants and forfeitures require A	uditor's Office pre-
	form to the Auditor's Office for review along with copy of	
	r other backup to support this request for our review. S	
	or's Office will upload the signed form as part of the prop	
	red by the Department requesting the budget amendmen	
Requesting Department : Head Start	Date of Request: 02/17/202	3
Request Type (check one):		
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / exp	enditure)
Transfer From / Supplemental Revenue:		
Account Number	Account Name	Amount
2358-5205-531-456201	COLLEGE TUITION	\$5,800.00
2358-5205-531-460024 ^v	Medical/Dental Supplies	\$5,765.00
	TOTAL	\$11,565.00
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ransfer:To / Supplemental Expenditure Accounts:		Total Representatives
Account Number	Account Name	Amount
358-5205-531-432068	Consultant Training	\$11,565,00
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	TOTAL	\$11,565.00
Justification for Request:		
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Approved by Department Signing Authority: Aliza F. Oliveros	(1001)	
Print NamerTitle	Signature	
Recommended by County Auditor's Office:	DRAUDITOR'S USE ONLY Date: 2//4	1/23
FOR	BUDGET OFFICE USE ONLY Agenda	
Commissioners Court Approval Date:	Item:	
Date Entered by Budget Office:	Initials:	