

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: 06/15/20:	23
Request Type (check one):		
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / expenditure)	
	(Check it liew dispudgeted revenue), c.	penditurej
Transfer From / Supplemental Revenue:	T	T
Account Number 2357-5190-531-456205	Account Name	Amount #22 474 00
2357-5190-531-456205	Training & Education	\$33,474.00
		-
	TOTAL	\$33,474.00
Transfer To / Supplemental Expenditure Accounts: Account Number	Account Name	Amount
2357-5190-531-443000-020	Repairs & Maintenance building	\$33,474.00
2337-0130-031-443000-020	Repairs a Maintenance building	Φυυ,τιτ.υυ
	TOTAL	\$33,474.00
Justification for Request:		
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Approved by Department Signing Authority:	$\bigcap_{i} \bigcap_{i} \bigcap_{j} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{j$,
Aliza F. Oliveros	_ Clina Y	
Print Name/Title	Signature	
	UDITOR'S USE ONLY	
Recommended by County Auditor's Office: Antonio Berr	nal Jr. Date: 06/15	5/2023
Auditor's Office.	Date.	
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FUN DUD	OGET OFFICE USE ONLY	
	Agenda	
Commissioners Court Approval Date:	Agenda Item :	