





**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: 10/05/2023

**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
2361-5190-531-432068	CONSULTANT TRAININGS	\$5,033.15
<b>TOTAL</b>		<b>\$5,033.15</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2361-5200-531-421000	HEALTH INSURANCE	\$2,918.77
2361-5150-531-410000	PAYROLL	\$520.87
2361-5150-531-421000	HEALTH INSURANCE	\$1,526.28
2361-5150-531-423000	RETIREMENT	\$66.89
2361-5150-531-426000	WORKERS COMP	\$0.34
<b>TOTAL</b>		<b>\$5,033.15</b>

Justification for Request:

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**Approved by Department Signing Authority:**

Aliza F. Oliveros, *Executive Director*  
Print Name/Title

*Aliza F. Oliveros*  
Signature

**FOR AUDITOR'S USE ONLY**

Recommended by County Auditor's Office: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR BUDGET OFFICE USE ONLY**

Commissioners Court Approval Date: \_\_\_\_\_ Agenda Item : \_\_\_\_\_  
Date Entered by Budget Office: \_\_\_\_\_ Initials: \_\_\_\_\_



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Requesting Department : Head Start

Date of Request: 10/05/2023

**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
2357-5150-531-432055	AUDITING/ACCOUNTING	\$7,000.00
2357-5150-531-441001	TELEPHONE	\$3,324.00
2357-5150-531-456005	POSTAGE/COURIER	\$104.00
2357-5150-531-456005	OFFICE SUPPLIES	\$10,143.70
2357-5190-531-432083	MEDICAL/DENTAL EXAMS	\$400.00
2357-5190-531-441001	TELEPHONE	\$11,241.29
2357-5190-531-443000-035	REPAIRS/MAINTENANCE EQUIPMENT	\$2,723.43
2357-5190-531-443000-075	REPAIRS/MAINTENANCE VEHICLES	\$4,704.03
<b>TOTAL</b>		<b>\$39,640.45</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2357-5150-531-410000	PAYROLL	\$23,752.21
2357-5150-531-421000	HEALTH INSURANCE	\$13,713.09
2357-5150-531-422000	FICA	\$868.85
2357-5150-531-423000	RETIREMENT	\$1,135.18
2357-5150-531-426000	WORKERS COMP	\$171.12
<b>TOTAL</b>		<b>\$39,640.45</b>

*Justification for Request:*

**Approved by Department Signing Authority:**

Aliza F. Oliveros, *Executive Director*  
Print Name/Title

*Aliza F. Oliveros*  
Signature

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Requesting Department : Head Start Date of Request: 10/05/2023

**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
2357-5190-531-443000-020	REPAIRS & MAINTENANCE BUILDINGS	\$8,931.36
2357-5190-531-456244	MEETINGS & CONFERENCES	\$15,892.75
2357-5190-531-462605	FUEL & LUBE	\$9,051.32
<b>TOTAL</b>		<b>\$33,875.43</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2357-5200-531-410000	PAYROLL COST	\$33,875.43
<b>TOTAL</b>		<b>\$33,875.43</b>

Justification for Request:

**Approved by Department Signing Authority:**

Aliza F. Oliveros Executive Director  
Print Name/Title

Signature

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