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:** 07/07/2023

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
2367-5190-531-456205	TRAINING/EDUCATION	$2,000.00
2367-5190-531-458060	IN-TOWN MILEAGE	$3,000.00
2367-5190-531-460024	MEDICAL/DENTAL SUPPLIES	$500.00
2367-5190-531-432083	MEDICAL/DENTAL EXAMS	$1,000.00
2367-5190-531-432088	MENTAL HEALTH OBSERVATIONS	$1,000.00
2367-5190-531-460028	JANITORIAL SUPPLIES	$4,700.00
	TOTAL	$12,200.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2367-5190-531-460026	PLAYGROUND SUPPLIES	$12,200.00
	TOTAL	$12,200.00

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: Antonio Bernal Jr.   **Date:** 07/07/2023

FOR BUDGET OFFICE USE ONLY

Commissioners Court Approval Date: _____   Agenda Item : _____

Date Entered by Budget Office: _____   Initials: _____

Form BA 01 - April 2018