

**INSTRUCTIONS:**

Requesting Department : Webb Fairgrounds

Request Type (check one):

Departmental Budget Amendment

☐ Emergency Budget Amendment

Transfer To:		
Account Number	Account Name	Amount
2031-1010-001-454000-030	ADVERTISING AWARENESS & ACTIVITIES	\$7,500.00
	TOTAL	\$7,500.00

Transfer monies to cover advertising cost.

Alberto Torres, Director

Print Name/Title

Signature

Commissioners Court Ratification Date: _____

Agenda

Item :

Date Entered by Budget Office: _____

Initials:

BA#: _____