

SUMMARY OF LINE ITEM TRANSFERS
FISCAL YEAR 2024

CHECK

\$0.00

<u>No.</u>	<u>Department</u>	<u>To</u>			<u>From</u>			<u>Notes</u>
		<u>Acct #</u>	<u>Description</u>	<u>Amount</u>	<u>Acct#</u>	<u>Description</u>	<u>Amount</u>	
24.1	County Judge	010-101-434	EDUCATION & TRAVEL	8,600.00	010-101-411	MEDICAL INSURANCE	8,600.00	TO COVER TRAVEL COSTS THROUGH FY24

DEPARTMENT:

COUNTY JUDGE

24.1

LINE ITEM TRANSFER

REQUEST FORM

ALL PRESIDIO COUNTY BUDGETED FUNDS

When requesting a LINE ITEM TRANSFER/BUDGET AMENDMENT, this form MUST be completed and filed with the County Auditor to be placed on the next agenda of the Presidio County Commissioner's Court. This is the ONLY form necessary for requesting a LINE ITEM TRANSFER/BUDGET AMENDMENT.

ORDER OF THE PRESIDIO COUNTY COMMISSIONERS COURT

On this the 8TH day of NOVEMBER the following budget amendment to the previously approved 20 23 - 20 24 FY Presidio County Budget is made by the Presidio County Commissioners Court.

	<u>ACCT. NUMBER</u>	<u>LINE ITEM DESCRIPTION</u>	<u>AMOUNT</u>
TO:	<u>010-101-434</u>	<u>EDUCATION & TRAVEL</u>	<u>8,600.00</u>
	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>
FROM:	<u>010-101-411</u>	<u>MEDICAL INSURANCE</u>	<u>8,600.00</u>
	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>

This request is made for the following reasons:

TO COVER TRAVEL COSTS THROUGH FY24

Prepared By: Alicia Sanchez

APPROVED AND SIGNED this the 8th day of November, 20 23

[Signature]
PRESIDIO COUNTY JUDGE

[Signature]
ATTEST: PRESIDIO COUNTY CLERK

TO BE COMPLETED BY THE COUNTY AUDITOR'S OFFICE

DATE OF ENTRY: _____

BUDGET ADJUSTMENT NO: _____

ENTRY MADE BY: _____