IN THE MATTER OF TRANSFERRING OF BUDGET SURPLUS OF FORT BEND COUNTY FOR THE YEAR 2017

TOTAL TRANSFERRED TO: S 19,045 TRANSFER FROM: ACCOUNT NAME ACCOUNT NUMBER 63000 \$ 19,045 TOTAL TRANSFERRED FROM: S 19,045 EXPLANATION: Funds for the L3 mobile program will need to be coded to 64500 per Auditor's office. Not enough funds are in this account. Requesting to transfer. Department Head: Date: 4444 Diff *** USE WHOLE DOLLAR AMOUNTS ONLY ***	On this the_	25th	_day of	April	2016/2017	, the Commissioners' C	Court, with	the following	g members being preser	nt:	
THAT WHEREAS, theretofore, on September 13, 2016, the Court heard and approved the budget for the year 2017 for Fort Bend County; and WHEREAS, on proper application, the Commissioners' Court has transferred an existing budget surplus to a budget of a similar kind and fund. The transfer does not increase the total of the budget. The following transfers to said budget are hereby authorized: Department Name: Information Technology Accounting Unit: 100503100 TRANSFER TO: ACCOUNT NAME ACCOUNT NUMBER AMOUNT Capital 64500 S AMOUNT TOTAL TRANSFERRED TO: S 19,045 TRANSFER FROM: ACCOUNT NAME ACCOUNT NUMBER AMOUNT Fees 63000 S 19,045 TOTAL TRANSFERRED FROM: S 19,045 EXPLANATION: Funds for the L3 mobile program will need to be coded to 64500 per Auditor's office. Not enough funds are in this account. Requesting to transfer. Department Head: Date: ####################################			V C A	incent Morales Grady Prestage andy Meyers	- - -	Commissioner Precinc Commissioner Precinc Commissioner Precinc	t #2 t #3				
County; and WHEREAS, on proper application, the Commissioners' Court has transferred an existing budget surplus to a budget of a similar kind and fund. The transfer does not increase the total of the budget. The following transfers to said budget are hereby authorized: Department Name: Information Technology Accounting Unit: 100503100 TRANSFER TO: ACCOUNT NAME ACCOUNT NUMBER AMOUNT Capital 64500 \$ 19,045 TOTAL TRANSFERRED TO: \$ 19,045 TRANSFER FROM: ACCOUNT NAME ACCOUNT NUMBER AMOUNT Fees 63000 \$ 19,045 TOTAL TRANSFERRED FROM: \$ 19,045 EXPLANATION: Funds for the L3 mobile program will need to be coded to 64500 per Auditor's office. Not enough funds are in this account. Requesting to transfer. Department Head: Date: Hard III ACCOUNT OF FORT BEND BY: GL Transfer	The following	ng proce	edings w	ere had, to-writ	.,						
The following transfers to said budget are hereby authorized: Department Name: Information Technology Accounting Unit: 100503100 TRANSFER TO: ACCOUNT NAME ACCOUNT NUMBER AMOUNT Capital 64500 S 19,045 TOTAL TRANSFERRED TO: S 19,045 TRANSFER FROM: ACCOUNT NAME ACCOUNT NUMBER AMOUNT Fees 63000 S 19,045 TOTAL TRANSFERRED FROM: S 19,045 EXPLANATION: Funds for the L3 mobile program will need to be coded to 64500 per Auditor's office. Not enough funds are in this account. Requesting to transfer. Department Head: Date: Hamber ACCOUNTY OF FORT BEND BY: ACCOUNTY OF FORT BEND BY: ACCOUNTY OF FORT BEND GL Transfer	County; and WHEREAS,	on pro	per applic	eation, the Com	nmissioners'	Court has transferred a					
TRANSFER TO: ACCOUNT NAME Capital ACCOUNT NUMBER 64500 S 19,045 TOTAL TRANSFERRED TO: S 19,045 TRANSFER FROM: ACCOUNT NAME ACCOUNT NUMBER ACCOUNT NUMBER Fees ACCOUNT NUMBER 63000 S 19,045 TOTAL TRANSFERRED FROM: S 19,045 EXPLANATION: Funds for the L3 mobile program will need to be coded to 64500 per Auditor's office. Not enough funds are in this account. Requesting to transfer. Department Head: Department H											
ACCOUNT NAME Capital TOTAL TRANSFERRED TO: TOTAL TRANSFERRED TO: S 19,045 TRANSFER FROM: ACCOUNT NAME ACCOUNT NUMBER ACCOUNT NAME Fees ACCOUNT NUMBER ACCOUNT NUMBER ACCOUNT NUMBER AMOUNT Fees AMOUNT Fees 19,045 TOTAL TRANSFERRED FROM: S 19,045 EXPLANATION: Funds for the L3 mobile program will need to be coded to 64500 per Auditor's office. Not enough funds are in this account. Requesting to transfer. Department Head: Department Head: Department Head: THE COUNTY OF FORT BEND BY: GL Transfer AC Transfer	Department	Name:		Inforn	nation Tech	inology	Accoun	Accounting Unit: 100503100			
TOTAL TRANSFERRED TO: \$ 19,045 TRANSFER FROM: ACCOUNT NAME	TRANSFER	R TO:									
TOTAL TRANSFERRED TO: S 19,045 TRANSFER FROM: ACCOUNT NAME ACCOUNT NUMBER 63000 S 19,045 TOTAL TRANSFERRED FROM: S 19,045 EXPLANATION: Funds for the L3 mobile program will need to be coded to 64500 per Auditor's office. Not enough funds are in this account. Requesting to transfer. Department Head: Date: 414 July 1 *** USE WHOLE DOLLAR AMOUNTS ONLY *** THE COUNTY OF FORT BEND BY: GL Transfer AC Transfer	Capital				ACCO		_	\$		19,045	
TRANSFER FROM: ACCOUNT NAME	*						_				
ACCOUNT NAME Fees 63000 S 19,045 TOTAL TRANSFERRED FROM: S 19,045 EXPLANATION: Funds for the L3 mobile program will need to be coded to 64500 per Auditor's office. Not enough funds are in this account. Requesting to transfer. Department Head: *** USE WHOLE DOLLAR AMOUNTS ONLY *** THE COUNTY OF FORT BEND BY: GL Transfer AC Transfer					TOTAL	TRANSFERRED TO):	\$		19,045	
TOTAL TRANSFERRED FROM: \$ 19,045 EXPLANATION: Funds for the L3 mobile program will need to be coded to 64500 per Auditor's office. Not enough funds are in this account. Requesting to transfer. Department Head: Date: ####################################	TRANSFER	R FROM	и:								
TOTAL TRANSFERRED FROM: \$ 19,045 EXPLANATION: Funds for the L3 mobile program will need to be coded to 64500 per Auditor's office. Not enough funds are in this account. Requesting to transfer. Department Head: Date: ####################################					63000			\$		19,045	
EXPLANATION: Funds for the L3 mobile program will need to be coded to 64500 per Auditor's office. Not enough funds are in this account. Requesting to transfer. Department Head: *** USE WHOLE DOLLAR AMOUNTS ONLY *** THE COUNTY OF FORT BEND BY: AC Transfer											
Department Head: Date: 4 1 40 7 THE COUNTY OF FORT BEND GL Transfer				Т	OTAL TR	ANSFERRED FROM	:	\$		19,045	
*** USE WHOLE DOLLAR AMOUNTS ONLY *** THE COUNTY OF FORT BEND BY: AC Transfer						gram will need to be co	ded to 64:	500 per Audit	or's office. Not enough		
*** USE WHOLE DOLLAR AMOUNTS ONLY *** THE COUNTY OF FORT BEND BY: AC Transfer											
THE COUNTY OF FORT BEND BY: AC Transfer	Department I	Head:	2	Reve	UF		Date:	4/11/20	17		
BY:AC Transfer				***	USE WHO	LE DOLLAR AMOU	NTS ONI	Y ***			
	THE COUNTY OF FORT BEND							GL Transfer			
		ohert E	Hahant	County Inda	Α		_	A(C Transfer		