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-

r award, proof of receipt of au	lditional revenue and/or oth	to the Auditor's Office for review along with copy of g er backup to support this request for our review. St	tould pre-approval
e granted, the Department wil	II be notified and Auditor's C Auditor's Office enoneoused b	Office will upload the signed form as part of the prop by the Department requesting the budget amendment	oseu agenua nom.
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equesting Department :	3150 - Constable Precinct 1	Date of Request: <u>乏/</u> ふう	1/18
Request Type (cheak one):			
Departmental Line Item Transfer		Supplemental Budget	
(Check if transfer within e	existing budget)	(Checkif new unbudgated revenue / expe	anditura)
ransfer From / Supplementa	i Revenue:		
Account Number		Account Name	Amount
468-3150-001-425000		Unemployment Tax	\$48.00
468-3150-001-426000		Worker Compensation	\$3,534.00
	:		
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		TOTAL	\$3,582.00
		IOIAL L	ψ0,002.00
ransfer To / Supplemental E	xpenditure Accounts:		
Account		Account Name	Amount
468-3150-001-413000		Overtime	\$2,372.00
468-3150-001-422000		FICA County Share	\$184.00
2468-3150-001-423000		Retirement County Share	\$1,026.00
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			\$3.582.00
Justification for Request:	on the account and distribu	TOTAL the remaining funds among the	\$3,582.00
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Justification for Request:	on the account and distribu	•	\$3,582.00
Justification for Request: to cover the negative balance accounts to cover overtime an	d fringes.	•	\$3,582.00
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Justification for Request: to cover the negative balance accounts to cover overtime and Approved by Department Signi	ing Authority:	te the remaining funds among the	\$3,582.00
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Justification for Request: to cover the negative balance accounts to cover overtime an Approved by Department Signi	ing Authority:	JDITOR'S USE ONLY	\$3,582.00
Justification for Request: to cover the negative balance accounts to cover overtime an Approved by Department Signing Control of the Print Name/Til. Recommended by County	ing Authority: テークレッシュ FOR AL Ubaldo Duenas	JDITOR'S USE ONLY Date: 05124	412018
Justification for Request: to cover the negative balance accounts to cover overtime and Approved by Department Signing Control of the Print Name/Til. Recommended by County	ing Authority: テークレッシュ FOR AL Ubaldo Duenas	JDITOR'S USE ONLY Date: OSIZI	412018
Justification for Request: to cover the negative balance accounts to cover overtime an Approved by Department Signing Control of the Print Name/Til. Recommended by County	ing Authority: FOR AL Ubaldo Duenas	JDITOR'S USE ONLY Date: 05124	412018