

**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 : Sheriff's Office

Date of Request: 06/11/2018

**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
2152-3010-001-461006	Canine Expendature	\$1,000.00
<b>TOTAL</b>		<b>\$1,000.00</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2152-3010-001-432001	Professional Services	\$1,000.00
<b>TOTAL</b>		<b>\$1,000.00</b>

*O.S.  
6/13/18*

**Justification for Request:**

Line item to pay instructor for self defense/mindfulness course for effective crime prevention in the Laredo/Webb County

Approved by Department Signing Authority:

MARTIN CUELLAR JR  
Print Name/Title

M. Cuellar Jr  
Signature

<b>FOR AUDITOR'S USE ONLY</b>		
Recommended by County Auditor's Office:	<u>Omar Salgado</u>	Date: <u>6/13/18</u>

<b>FOR BUDGET OFFICE USE ONLY</b>		
Commissioners Court Approval Date:	_____	Agenda Item: _____
Date Entered by Budget Office:	_____	Initials: _____

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Date of Request: 06-11-18

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**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
2151-3010-001-410000	Payroll Cost	\$49.00
<b>TOTAL</b>		<b>\$49.00</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2151-3010-001- <del>420000</del> - 422000	FICA County Share	\$17.00
2151-3010-001-423000	Retirement County Share	\$26.00
2151-3010-001-425000	Unemployment Tax	\$2.00
2151-3010-001-426000	Workers Compensation	\$4.00
<b>TOTAL</b>		<b>\$49.00</b>

*0.5.  
6/13/18*

**Justification for Request:**

Line item to cover over budget expense from FY 2016 OPSG Overtime

Approved by Department Signing Authority:

Martin Cuellar SR.  
Print Name/Title

M. Cuellar  
Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office: <u>Omar Salcedo</u>	Date: <u>6/13/18</u>

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