

**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 : Webb County District Attorney Date of Request: 06/28/2018

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
2160-2260-001-414060	Sick Leave Buy Back	\$18,000.00
2160-2260-001-456305	Uniforms	\$2,000.00
TOTAL		\$20,000.00

Transfer To / Supplemental Expenditure Accounts:

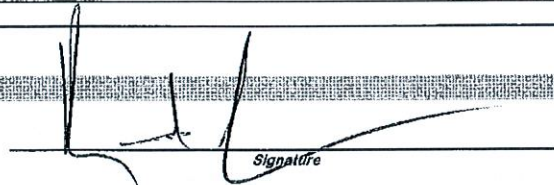
Account Number	Account Name	Amount
2160-2260-001-412000	Part Time	\$15,000.00
2160-2260-001-455501	Drug Free Campaign	\$1,000.00
2160-2260-001-460105	Minor Tools & Apparatus	\$4,000.00
TOTAL		\$20,000.00

Justification for Request:

Funds needed to cover the projected expenditures for remainder of FY:
Part Time, Drug Free Campaign and Minor Tools & Apparatus

Approved by Department Signing Authority:

David Sanchez - Chief Financial Officer
Print Name/Title


Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office:	<u>Omar Salcedo</u> Date: <u>6/28/18</u>

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