

**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: 07/11/2018

Request Type (check one):

Departmental Line Item Transfer
(Check if transfer within existing budget)

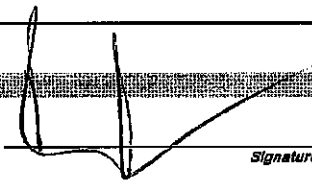
Supplemental Budget
(Check if new unbudgeted revenue / expenditure)

Transfer From / Supplemental Revenue		
Account Number	Account Name	Amount
2714-2260-001-410000	Payroll Cost	\$35.00
2714-2260-001-421000	H/L Insurance	\$1,070.00
2714-2260-001-425000	Unemployment	\$70.00
TOTAL		\$1,175.00

Transfer To / Supplemental Expenditure Accounts		
Account Number	Account Name	Amount
2714-2260-001-422000	FICA County Share	\$622.00
2714-2260-001-423000	Retirement County Share	\$543.00
2714-2260-001-426000	Workers Compensation	\$10.00
TOTAL		\$1,175.00

Justification for Request:
Funds needed to cover the projected grant expenditures for remainder of FY:

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: Patricia Espinosa Date: 7/12/18

FOR BUDGET OFFICE USE ONLY

Commissioners Court Approval Date: _____ Agenda Item: _____
Date Entered by Budget Office: _____ Initials: _____

OTHER VICTIM ASSISTANCE GRANT (OVAG)
Victim Coordinator

ACCOUNT NO.	ACCOUNT NAME	Adopted Budget	Amended Budget	Request	Current YTD Balance	Ending Balance
From:						
2714-2260-001-410000	Payroll Cost	31,000.00	30,838.00	35.00	6,238.07	6,203.07
2714-2260-001-421000	Health Life Insurance	6,210.00	6,210.00	1,070.00	1,070.54	0.54
2714-2260-001-425000	Unemployment	257.00	241.00	70.00	117.17	47.17
				1,175.00		
TO:						
2714-2260-001-422000	Fica County Share	2,372.00	1,506.00	622.00	1.25	623.25
2714-2260-001-423000	Retirement County Share	1,953.00	2,997.00	543.00	172.91	715.91
2714-2260-001-426000	Worker Compensation	208.00	208.00	10.00	31.37	41.37
				1,175.00		

42,000.00 42,000.00

7,631.31