WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

INSTRUCTION Bare. 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		
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be granted, the Department will be notified and Auditor's Of		
Agenda items will be between Auditor's Office sponsored by Requesting Department: Webb County District Attorney	Date of Request: 07/12/201	
Request Type (aheck one):		
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / ex	penditure)
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Account Number	Account Name	Amount
2739-2260-001-425000	Unemployment	\$870.00
2739-2260-001-426000	Workers Compensation	\$2,920.00
	TOTAL	\$3,790.00
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Account Number	Account Name	Amount
2739-2260-001-421000	Health Life Insurance	\$1,530.00
2739-2260-001-422000	Fica County Share	\$18.00
2739-2260-001-458000	Administrative Travel	\$2,242.00
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Justification for Request: Funds needed to cover the estimated shortfall in the H/L Incan be moved to the Administrative travel account to reimb	surance and Fica Accounts.The Grant will have urse the Regional Prosecutor for mileage.	a small surplus that
David Sanchez - Chief Financial Officer		
Print Name/Title	Signature	
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Recommended by County Auditor's Office:	ODQ Date: 7/13	3/18
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Commissioners Court Approval Date:	Agenda Item :	
Date Entered by Budget Office:	Initials:	