



**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 Sheriff's Office Date of Request: 07/19/2018

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 |
|----------------------|-------------------------|-----------------|
| 2735-3010-001-410000 | Payroll Cost | \$55.43 |
| 2735-3010-001-422000 | FICA-County Share | \$55.21 |
| 2735-3010-001-423000 | Retirement-County Share | \$17.79 |
| 2735-3010-001-425000 | Unemployment Tax | \$88.58 |
| 2735-3010-001-426000 | Worker's Compensation | \$7.10 |
| | | |
| | | |
| | | |
| TOTAL | | \$224.11 |

Transfer To / Supplemental Expenditure Accounts:

| Account Number | Account Name | Amount |
|----------------------|-----------------------|-----------------|
| 2735-3010-001-421000 | Health Life Insurance | \$224.11 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | \$224.11 |

Justification for Request:

As per the Webb County Auditor's Office, this no-cost line item transfer will supply needed funds for health insurance from other

Approved by Department Signing Authority:

MARTIN CUELLAR
Print Name/Title

M. Cuellar
Signature

| FOR AUDITOR'S USE ONLY | |
|---|-------------|
| Recommended by County Auditor's Office: _____ | Date: _____ |

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

WEBB COUNTY SHERIFF - OPERATION BORDER STAR

| ACCOUNT NO. | ACCOUNT NAME | Adopted Budget | Request | Current YTD Balance | Ending Balance |
|----------------------|-------------------------|----------------|---------------|---------------------|----------------|
| From: | | | | | |
| 2735-3010-001-410000 | Payroll Cost | 30,001.00 | 55.43 | 55.43 | - |
| 2735-3010-001-422000 | Fica County Share | 2,295.00 | 55.21 | 55.21 | - |
| 2735-3010-001-423000 | Retirement County Share | 3,474.00 | 17.79 | 17.79 | - |
| 2735-3010-001-425000 | Unemployment Tax | 233.00 | 88.58 | 88.58 | - |
| 2735-3010-001-426000 | Worker Comp | 526.00 | 7.10 | 7.10 | - |
| | | | 224.11 | | |
| TO: | | | | | |
| 2735-3010-001-421000 | Health Life Insurance | 5,682.00 | 224.11 | (224.11) | - |
| | | | 224.11 | | |