



**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: 07/24/2018

**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
2701-3010-001-426000	Worker's Compensation	\$91.31
<b>TOTAL</b>		<b>\$91.31</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2701-3010-001-421000	Health Life Insurance	\$91.31
<b>TOTAL</b>		<b>\$91.31</b>

**Justification for Request:**

As per the Webb County Auditor's Office, there is a deficit in health insurance that needs to be addressed.

**Approved by Department Signing Authority:**

*M. Cuellar*  
Print Name/Title

Martin Cuellar, Webb County Sheriff

Signature

<b>FOR AUDITOR'S USE ONLY</b>	
Recommended by County Auditor's Office: <i>J. Lopez</i>	Date: <u>7/25/18</u>

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