



**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 : Sheriff OPSG

Date of Request: 08/09/2018

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
2468-3010-001-441805	Internet Service	\$2,760.32
2468-3010-001-462605-015	Fuel & Lubricants Dept	\$16,335.49
2468-3010-001-470000	Capital Outlay	\$9,835.74
2468-3010-001-462605	Fuel & Lubricants	\$4.01
2468-3010-001-443000-075	Repairs & Maintenance Vehicles	\$254.25
2468-3010-001-452012	Property Casualty Premium	\$18,227.13
2468-3160-001-443000-075	Repairs & Maintenance Vehicles	\$5,000.00
TOTAL		\$52,416.94

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
Please refer to attached document	Please refer to attached document	\$52,416.94
TOTAL		\$52,416.94

Justification for Request:

Reallocate funds to overtime and fringes to continue operations.

Approved by Department Signing Authority:

Martín Cwellan
Print Name/Title

M. Cwellan
Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office: <u>Ubaldo Duenas</u>	Date: <u>08/09/2018</u>

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

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2468-3010-001-413000	Overtime	16,406.00
2468-3010-001-422000	FICA County Share	1,254.00
2468-3010-001-423000	Retirement County Share	1,931.00
2468-3010-001-425000	Unemployment Tax	123.00
2468-3010-001-426000	Worker Compensation	286.00
2468-4070-001-413000	Overtime	14,416.20
2468-4070-001-422000	FICA County Share	1,104.00
2468-4070-001-423000	Retirement County Share	1,698.00
2468-4070-001-425000	Unemployment Tax	110.00
2468-4070-001-426000	Worker Compensation	253.00
2468-5150-001-413000	Overtime	8,066.74
2468-5150-001-422000	FICA County Share	617.00
2468-5150-001-423000	Retirement County Share	949.00
2468-5150-001-425000	Unemployment Tax	61.00
2468-5150-001-426000	Worker Compensation	142.00
2468-3160-001-413000	Overtime	4,102.00
2468-3160-001-422000	FICA County Share	314.00
2468-3160-001-423000	Retirement County Share	482.00
2468-3160-001-425000	Unemployment Tax	31.00
2468-3160-001-426000	Worker Compensation	71.00
TOTAL		52,416.94