

Maricela Benavides

From: Christina M. Gonzalez
Sent: Tuesday, August 21, 2018 3:21 PM
To: Maricela Benavides
Cc: Javier Ramirez; Carlos Guerra; Claudia Hernandez; Maria G. Silva
Subject: RE: approval of request for BA transfer
Attachments: DOC082118-08212018150733.pdf

Good afternoon Ms. Benavides,

Please see attachment.

	Acct. Number	Acct. Name	Adopted	Request	Current	End Bal.
From:	2362-5360-521-410000	Payroll	\$102,839	\$20,000.00	\$100,749.48	\$80,749.48
			Total	\$20,000.00		
To:	2362-5360-521-431002	Administrative Expense	\$15,000	\$20,000.00	\$4,662.72	\$24,662.72
			Total	\$20,000.00		

Thank you!

Christina M. Gonzalez
Senior Accountant
Webb County Auditor's Office
956-523-4014
956-523-5001 (Fax)
cmgonzalez@webbcountytx.gov

From: Maricela Benavides
Sent: Tuesday, August 21, 2018 1:49 PM
To: Christina M. Gonzalez <cmgonzalez@webbcountytx.gov>
Cc: Javier Ramirez <jramirez@webbcountytx.gov>; Carlos Guerra <cguerra@webbcountytx.gov>; Claudia Hernandez <chernandez@webbcountytx.gov>; Maria G. Silva <mgsilva@webbcountytx.gov>
Subject: approval of request for BA transfer

Good afternoon Ms. Gonzalez,

Attached is the BA from CAA for your review.

If you have any questions please contact me at 523-4177.

Thank You.

MARICELA BENAVIDES
Executive Administrative Assistant

**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: Community Action Agency Date of Request: 08/21/2018

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
2362-5360-521-410000	Payroll Cost	\$20,000.00
TOTAL		\$20,000.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2362-5360-521-431002	Administrative Expense	\$20,000.00
TOTAL		\$20,000.00

Justification for Request:
As per TDHCA C.A.A. must use both CEAP and CSBG grant funds for expenses such as: space rental, office supplies, equipment rental, postage, etc.

Approved by Department Signing Authority:
Javier Ramirez/Executive Director

[Signature]
Signature

Recommended by County Auditor's Office:	FOR AUDITOR'S USE ONLY	
	<i>[Signature]</i>	Date: <u>8/21/2018</u>

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