

**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's Office Date of Request: 10/25/2018

**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
2151-3010-001-441805	Internet Service	\$1,500.00
2151-3010-001-443000-020	Repair Mint. Building	\$3,254.00
2151-3010-001-444400	Rent Exp.	\$539.27
<b>TOTAL</b>		<b>\$5,293.27</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2151-3010-001-413000	Overtime	\$4,555.88
2151-3010-001-422000	FICA	\$347.51
2151-3010-001-423000	Retirement County Sharing	\$245.61
2151-3010-001-425000	Unemployment	\$67.90
2151-3010-001-421000	Health Insurance	\$34.98
2151-3010-001-426000	Workers Comp	\$41.39
<b>TOTAL</b>		<b>\$5,293.27</b>

**Justification for Request:**

Transferring of funds to cover reclassification on FLSA and fridge benefits not covered through grant for overtime worked in FY 18

**Approved by Department Signing Authority:**

M. Cullar \_\_\_\_\_  
Print Name/Title Signature

FOR AUDITOR'S USE ONLY		
Recommended by County Auditor's Office:	<u>Omar Salcedo</u>	Date: <u>10/25/18</u>

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