

## 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 preapproval 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 Jail Bargaining Uni Request Type (check one):                         | nit and Administration Date of Request: 03/28/2019               | Account of the control of the contro |
|---|--|--|
| Departmental Line Item Transfer (Check if transfer within existing budget)                            | Supplemental Budget (Check If new unbudgeted revenue / expe      | enditure)  |
| Transfer From / Supplemental Revenue:   |  |  |
| Account Number  | Account Name   | Amount   |
| 2469-4070-001-413000  | Overtime   | \$355.08   |
| 2469-4070-001-422000  | FICA County Share  | \$27.01  |
| 2469-4070-001-423000  | Retirement County Share  | \$119.51   |
| 2469-4070-001-425000  | Unemployment Tax   | \$24.50  |
| 2469-5150-001-413000  | Overtime   | \$3.24   |
| 2469-5150-001-423000  | Retirement County Share  | \$0.50   |
|   | TOTAL  | \$529.84   |
| Transfer To / Supplemental Expenditure Accounts:  Account Number                                      | Account Name   | Amount   |
| 2469-4070-001-426000  | Worker Compensation  | \$526.10   |
| 2469-5150-001-422000  | FICA County Share  | \$0.52   |
| 2469-5150-001-425000  | Unemployment Tax   | \$0.39   |
| 2469-5150-001-426000  | Worker Compensation  | \$2.83   |
|   |  |  |
| Justification for Request: Line item transfer will provide enough funds for payro                     | TOTAL DIL accounts to prevent future deficits in their balances. | \$529.84   |
| Approved by Department Signing Authority:  Martin Cuellar, Webb County Sheriff  Print Name/Title  FOI | M. Cu Deuts Signature  OR AUDITOR'S USE ONLY                     | · /  |
| Recommended by County Auditor's Office:   | Date: 3/29/  | 19   |
| FOR B Commissioners Court Approval Date: Date Entered by Budget Office:                               | BUDGET OFFICE USE ONLY Agenda Item: Initials:                    |  |



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| Requesting Department : Sheriff   | Date of Request: 03/28/2019                                 |   |
|---|---|---|
| Request Type (check one):   |   |   |
| Departmental Line Item Transfer (Check if transfer within existing budget)        | Supplemental Budget (Check if new unbudgeted revenue / expe | penditure)                              |
| Fransfer From / Supplemental Revenue:   |   | Alteration                              |
| Account Number  | Account Name  | Amount                                  |
| 2469-3010-001-413000  | Overtime  | \$4,380.06                              |
| 2469-3010-001-422000  | FICA County Share   | \$335.24                                |
| 2469-3010-001-423000  | Retirement County Share                                     | \$1,261.16                              |
| 2469-3010-001-425000  | Unemployment Tax  | \$246.34                                |
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|   |   |   |
|   | TOTAL   | \$6,222.80                              |
|   |   |   |
| Transfer To / Supplemental Expenditure Accounts:                                  |   | 4 aug                                   |
| Account Number  | Account Name  | Amount                                  |
| 2469-3010-001-426000  | Worker Compensation   | \$6,222.80                              |
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|   |   |   |
|   |   |   |
|   |   |   |
|   | TOTAL   | \$6,222.80                              |
| Justification for Request: Line item transfer will provide enough funds for the w | workers compensation account.                               |   |
| Approved by Department Signing Authority:   |   |   |
|   | mal. Alac   | -11 ·                                   |
| Martin Cuellar, Webb County Sheriff   | M// lullar  | 4                                       |
| Print Name/Title  | Signature   |   |
| Recommended by County Auditor's Office:   | OR AUDITOR'S USE ONLY Date: 3/29                            | 119                                     |
|   |   |   |
| FOR   | R BUDGET OFFICE USE ONLY                                    |   |
| Commissioners Court Approval Date:  | Agenda<br>Item :  |   |
|   | Initials:   | *************************************** |
| Date Entered by Budget Office:  | Illiudis.   |   |