

**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 District Attorney Date of Request: 06/02/2019

**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
2592-2260-001-425000	Unemployment Tax	\$10,561.00
<b>TOTAL</b>		<b>\$10,561.00</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2592-2260-001-426000	Worker Compensation	\$10,561.00
<b>TOTAL</b>		<b>\$10,561.00</b>

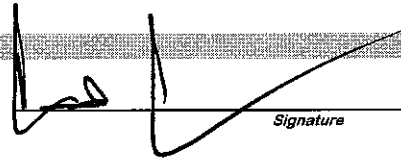
**Justification for Request:**

Line item transfer - funds needed to cover a deficit under the worker compensation line item.

**Approved by Department Signing Authority:**

David Sanchez - Chief Financial Officer

*Print Name/Title*



*Signature*

**FOR AUDITOR'S USE ONLY**

Recommended by County  
Auditor's Office: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR BUDGET OFFICE USE ONLY**

Commissioners Court Approval Date: \_\_\_\_\_

Agenda  
Item : \_\_\_\_\_

Date Entered by Budget Office: \_\_\_\_\_

Initials: \_\_\_\_\_