WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

INSTRUCTIONS: ALL budget appropriation transfer and supplemental budget	iget requests for grants and forfeitures require A	uditor's Office ore-
ALL budget appropriation transter and supplemental budg approval for court agenda. Please submit the signed form to		
of award, proof of receipt of additional revenue and/or othe	*	-
be granted, the Department will be notified and Auditor's Of		
Agenda items will be between Auditor's Office sponsored by		
Requesting Department : Webb County District Attorney	Date of Request: 06/02/2019	100 to
Request Type (check one):		
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / expe	penditure)
Transfer From / Supplemental Revenue:		
Transfer From / Supplemental Revenue: Account Number	Account Name	Amount
2161-259700	Fund Balance Unreserved Undesignated	\$19,525.00
2161-259700	Fund Balance Officeserved Officesignated	Φ 18,020.00
	TOTAL	\$19,525.00
Transfer To / Supplemental Expenditure Accounts:		
Account Number	Account Name	Amount
2161-2260-001-410000	Payroll Cost	\$16,000.00
2161-2260-001-422000	Fica County Share	\$1,225.00
2161-2260-001-423000	Retirement County Share	\$1,800.00
2161-2260-001-425000	Unemployment Tax	\$300.00
2161-2260-001-426000	Workers Compensation	\$200.00
	 	
	TOTAL	\$19,525.00
	TOTAL L	\$18,020.00
Justification for Request:		
Funds needed to cover personnel expenditures (Suppleme	ent Pay).	
Approved by Department Signing Authority:		
David Sanchez - Chief Financial Officer		EMPRESS OF CHARLES
Print Name/Title	Signature	
	DITOR'S USE ONLY	
Recommended by County Auditor's Office:	Date:	_
FOR BUDGI	PET OFFICE USE ONLY	
	Agenda	Hilliamprinistration of the second
Commissioners Court Approval Date:	ltem:	
Date Entered by Budget Office:	Initials:	