



**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 : 2661- CAA El Aguilta

Date of Request: 07/26/2019

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
2661-7110-521-421000	Health insurance	\$14,645.00
TOTAL		\$14,645.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2661-7110-521-413000	Overtime	\$4,000.00
2661-7110-521-443000-075	Repairs and Maintenance- Vehicles	\$10,000.00
2661-7110-521-44300-020- 443000-020	Repairs and Maintenance- Buildings	\$310.00
2661-7110-521-460105	Minor tools and apparatus	\$335.00
TOTAL		\$14,645.00

Justification for Request:

Proposed line item transfers will allow for necessary purchases and continuation of services while avoiding negative balances.

Approved by Department Signing Authority:

Robert Martinez
Print Name/Title

[Signature]
Signature

Recommended by County Auditor's Office:	FOR AUDITOR'S USE ONLY	
	<u>[Signature]</u>	Date: <u>7/26/2019</u>

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