



**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: 08/28/2019

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
2739-2260-001-410000	Payroll Cost	\$5,200.00
TOTAL		\$5,200.00

Transfer To / Supplemental Expenditure Accounts:

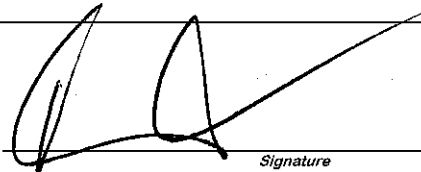
Account Number	Account Name	Amount
2739-2260-001-421000	Health Life Insurance	\$5,000.00
2739-2260-001-426000	Worker Compensation	\$200.00
TOTAL		\$5,200.00

Justification for Request:

Line item transfer within grant funds to cover estimated expenses up to August 31, 2019 (End of grant year).

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: _____