



**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: 10/20/2019

**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     |
|----------------------|---------------------|------------|
| 2160-2260-001-413000 | Overtime            | \$500.00   |
| 2160-2260-001-414060 | Sick Leave Buy Back | \$7,500.00 |
|                      |                     |            |
|                      |                     |            |
|                      |                     |            |
|                      |                     |            |
|                      |                     |            |
| TOTAL                |                     | \$8,000.00 |

**Transfer To / Supplemental Expenditure Accounts:**

| Account Number       | Account Name       | Amount     |
|----------------------|--------------------|------------|
| 2160-2260-001-422000 | Fica County Share  | \$500.00   |
| 2160-2260-001-463701 | Support Assistance | \$7,500.00 |
|                      |                    |            |
|                      |                    |            |
|                      |                    |            |
|                      |                    |            |
|                      |                    |            |
| TOTAL                |                    | \$8,000.00 |

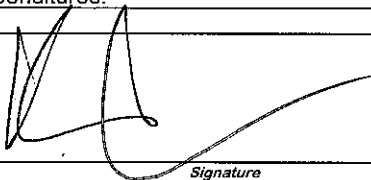
**Justification for Request:**

There is a need to create a line item transfer to cover all fiscal year 2019 expenditures.

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: \_\_\_\_\_