

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 preapproval 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 : SHERIFF'S OFF	ICE Date of Request: 11/25/20	019
Request Type (check one):	× 19	
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
2151-259700	FUND BALANCE	\$9,930.00
	TOTAL	\$9,930.00
Transfer To / Supplemental Expenditure Acc	un ts:	
Account Number	Account Name	Amount
2151-3010-001-413000	OVERTIME	\$1,150.00
2151-3010-001-422000	FICA COUNTY SHARE	\$3,000.00
2151-3010-001-423000	RETIREMENT	\$4,400.00
2151-3010-001-425000	UNEMPLOYMENT	\$230.00
2151-3010-001-426000	WORKERS COMP	\$1,150.00
	TOTAL	\$9,930.00
Justification for Request: Budget increase is to cover fringe benefits fror	n overtime worked under the following: USM, ICE, & OCDE	TF
		00
Approved by Department Signing Authority	JD, Que Signature	Jan E.
Recommended by County Auditor's Office:	OR AUDITOR'S USE ONLY Date:	26/19
	7	
O make	FOR BUDGET OFFICE USE ONLY Agenda	
Commissioners Court Approval Date:	Item :	
Date Entered by Budget Office:	Initials:	