



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 : SHERIFF'S OFFICE

Date of Request: 12/12/2019

**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
2153-259700	Fund Balance	\$2,800.00
TOTAL		\$2,800.00

0.5. 12/13/19

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2153-3010-001-413000	Overtime	\$1,500.00
2153-3010-001-422000	FICA County Share	\$500.00
2153-3010-001-423000	Retirement	\$500.00
2153-3010-001-425000	Unemployment	\$100.00
2153-3010-001-426000	Workers Comp	\$200.00
TOTAL		\$2,800.00

**Justification for Request:**

Budget increase is to cover fringe benefits from overtime worked under the following: USM, ICE, & OCDETF

Approved by Department Signing Authority:

Sheriff Martin Cuellar Jr

Print Name/Title

M. Cuellar Jr.  
Signature

**FOR AUDITOR'S USE ONLY**

Recommended by County  
Auditor's Office:

Alce

Date: 12-13-19

**FOR BUDGET OFFICE USE ONLY**

Commissioners Court Approval Date: \_\_\_\_\_

Date Entered by Budget Office: \_\_\_\_\_

Agenda

Item: \_\_\_\_\_

Initials: \_\_\_\_\_

	Account Number	Acct. Name	Adopted	Requested	Current	End Balance
FROM:	2153-259700	Fund Balance	n/a	\$2,800.00	n/a	\$2,800.00
To:	2153-3010-001-413000	Overtime				
	2153-3010-001-422000	FICA County Share	\$ -	\$ 1,500.00		\$ 1,500.00
	2153-3010-001-423000	Retirement	\$ -	\$ 500.00		\$ 500.00
	2153-3010-001-425000	Unemployment	\$ -	\$100.00		\$100.00
	2153-3010-001-426000	Workers Comp	\$ -	\$200.00		\$200.00
		<b>Total</b>		<b>\$ 2,800.00</b>		

**Issue:**

Budget increase is to cover fringe benefits from overtime worked under the following: USM, ICE, & OCDETF

**Solution:**

With court approval monies will be available

**Result:** Will Clear any deficits and payroll process will function properly.

**Financial Impact**

Federal Fund

Budget Account Number:

Various

Funding Source:

Various

Balance:

Various

Financial Impact:

N/A

Line Item Transfer:

N/A

M. [Signature]