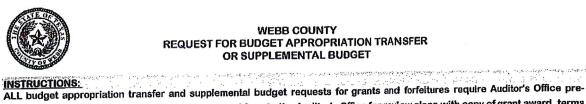


WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

| <u>NSTRUCTIONS:</u> \LL budget appropriation transfer and supplementa | al budget requests for grants and forfeitures require Au | ditor's Office pre- |
|--|--|---|
| approval for court agenda. Please submit the signed t | form to the Auditor's Office for review along with copy of g | grant award, terms |
| of award, proof of receipt of additional revenue and/o | or other backup to support this request for our review. Si | hould pre-approval |
| e granted, the Department will be notified and Audit | tor's Office will upload the signed form as part of the prop | osea agenda item. |
| Agenda items will be between Auditor's Office sponso | ored by the Department requesting the budget amendmen | u Brand jedne Se _r ins |
| Requesting Department : Sheriff - Administration | Date of Request: 01/29/2020 | |
| Request Type (check one): | | |
| Departmental Line Item Transfer | Supplemental Budget | |
| (Check if transfer within existing budget) | (Check if new unbudgeted revenue / exp | enditure) |
| Fransfer From / Supplemental Revenue: | Account Name | Amount |
| Account Number | Overtime | \$14.10 |
| 2465-5150-001-413000 | | \$0.35 |
| 2465-5150-001-422000 | FICA County Share | \$0.34 |
| 2465-5150-001-425000 2465-5150-001-426000 | Unemployment Tax Worker Compensation | \$17.01 |
| | | |
| | TOTAL | \$31.80 |
| · · · · · · · · · · · · · · · · · · · | | |
| Transfer To / Supplemental Expenditure Accounts: Account Number | Account Name | Amount |
| | Retirement County Share | \$31.80 |
| 2465-5150-001-423000 | Remember overly chart | • |
| | | |
| | | , |
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| | | |
| | | |
| | | |
| | TOTAL | \$31.80 |
| This will avoid any future deficits on FY2020 budget | rease in the Unemployment Tax and Retirement County | Share rates. |
| Approved by Department Signing Authority: | -1. () (/// J | 1 |
| Sheriff Martin Cuellar Jr | M. Weller E | 1- |
| Print Name/Title | Signature | • |
| F | OR AUDITOR'S USE ONLY | |
| Recommended by County Auditor's Office: |) // | 3/2020 |
| FOE | R BUDGET OFFICE USE ONLY | |
| run | R BUDGET OFFICE USE ONLY Agenda | |
| Commissioners Court Approval Date: | Item: | |
| Date Entered by Budget Office: | Initials: | |



Date Entered by Budget Office:

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

| of award, proof of receipt of additional revenue and be granted, the Department will be notified and Aud Agenda items will be between Auditor's Office spon | ed form to the Auditor's Office for review along with copy of the review. Id/or other backup to support this request for our review. Iditor's Office will upload the signed form as part of the properties of the properties. | . Should pre-approva roposed agenda item nent. |
|---|---|--|
| Requesting Department: 3010 - Sheriff Bargain | ining Unit Date of Request: 01/29/20 | 20 |
| Request Type (check one): | | |
| Departmental Line Item Transfer (Check If transfer within existing budget) | Supplemental Budget (Check if new unbudgeted revenue / o | expenditure) |
| Fransfer From / Supplemental Revenue: | 100 | Amount |
| Account Number | Account Name | Amount \$2 194 77 |
| 2465-3010-001-413000 | Overtime | \$2,194.77 |
| 2465-3010-001-422000 | FICA County Share | \$167.61 |
| 2465-3010-001-425000 | Unemployment Tax | \$52.13 |
| 2465-3010-001-426000 | Worker Compensation | \$65.10 |
| | TOTAL | \$2,479.61 |
| Transfer To / Supplemental Expenditure Accoun | its: | Amount |
| Account Number | Account Name | Amount \$2,479.61 |
| 2465-3010-001-423000 | Retirement County Share | \$2,479.61 |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | TOTAL | L \$2,479.61 |
| This will avoid any future deficits on FY2020 budg | increase in the Unemployment Tax and Retirement Cour last of fund 2465 - 2018 Operation Stonegarden Grant | nty Share rates. |
| Approved by Department Signing Authority: Sheriff Martin Cuellar Jr | M. Culler | H |
| Print Name/Title | Signature / | · |
| | FOR AUDITOR'S USE ONLY | |
| Recommended by County Auditor's Office: Auditor's Office: | a /. | 03/2020 |
| T. | FOR BUDGET OFFICE USE ONLY | , |
| | Agenda | |
| Commissioners Court Approval Date: | Item: | |
| Bata Entered by Budget Office: | initials: | |



WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

| ISTRUCTIONS: | | | |
|--|--|---|----------------------|
| proval for court agenda. Ple | ase submit the signed for | budget requests for grants and forfeitures require rm to the Auditor's Office for review along with copy | of grant award, term |
| award proof of receipt of ac | dditional revenue and/or | other backup to support this request for our review. | . Should pre-approve |
| e granted, the Department wi | ill be notified and Auditor | r's Office will upload the signed form as part of the pi | roposed agenda iten |
| genda items will be between | Auditor's Office sponsore | ed by the Department requesting the budget amendm | ient. |
| an sample and the second | American Strategies (Strategies Strategies Strategies Strategies Strategies Strategies Strategies Strategies S | Date of Request: 01/29/20 | |
| equesting Department : | 4070 - Sheriff Jail | Date of nequotic | |
| Request Type (check one): | | | |
| Departmental Line I (Check if transfer within | | Supplemental Budget (Check if new unbudgeted revenue / | expenditure) |
| ransfer From / Supplementa | I Pavenije: | | |
| ransfer From / Supplementa Account | | Account Name | Amount |
| 465-4070-001-413000 | 1141111 | Overtime | \$130.61 |
| 465-4070-001-422000 | | FICA County Share | \$9.23 |
| 2465-4070-001-425000 | | Unemployment Tax | \$2.74 |
| 2465-4070-001-426000 | | Worker Compensation | \$3.94 |
| 400-4010-001-720-0 | | | |
| <u></u> | | , | |
| | | | |
| | | | |
| | | TOTAL | \$146.52 |
| | | | |
| ransfer To / Supplemental E | | A Mana | Amount |
| | t Number | Account Name | \$146.52 |
| 2465-4070-001-423000 | | Retirement County Share | ψ 140.02 |
| | | | |
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| | | | |
| | | | ¢1/6 52 |
| | | TOTAL | t. \$146.52 |
| | | | |
| Justification for Request: Line item transfer will reclass This will avoid any future defi | ify funds due to an incre cits on FY2020 budget c | ease in the Unemployment Tax and Retirement Country of fund 2465 - 2018 Operation Stonegarden Grant. | nty Share rates. |
| Line item transfer will reclass This will avoid any future defi Approved by Department Sign | i <u>cits on FY2020 budget c</u> ning Authority: | ease in the Unemployment Tax and Retirement Country fund 2465 - 2018 Operation Stonegarden Grant. | nty Share rates. |
| Line item transfer will reclass This will avoid any future defi | icits on FY2020 budget on ing Authority: | ease in the Unemployment Tax and Retirement Court of fund 2465 - 2018 Operation Stonegarden Grant. M. Culling Signature | nty Share rates. |
| Line item transfer will reclass This will avoid any future defi Approved by Department Sign Sheriff Martin Cuell | icits on FY2020 budget on hing Authority: Iar Jr | M. Culler Signature | nty Share rates. |
| Line item transfer will reclass This will avoid any future defi Approved by Department Sign Sheriff Martin Cuell Print Name/Ti | icits on FY2020 budget on hing Authority: Iar Jr | OR AUDITOR'S USE ONLY | M |
| Line item transfer will reclass This will avoid any future defi Approved by Department Sign Sheriff Martin Cuell Print Name/To | icits on FY2020 budget on hing Authority: Iar Jr | OR AUDITOR'S USE ONLY | O3/Loco |
| Line item transfer will reclass This will avoid any future defi Approved by Department Sign Sheriff Martin Cuell Print Name/Ti | icits on FY2020 budget on hing Authority: Iar Jr | OR AUDITOR'S USE ONLY | itt |
| Line item transfer will reclass This will avoid any future defi Approved by Department Sign Sheriff Martin Cuell Print Name/To | ning Authority: Authority | OR AUDITOR'S USE ONLY Date: October 1 Unit 2455 - 2018 Operation Stonegarden Grant. Signature Date: October 1 Unit 2455 - 2018 Operation Stonegarden Grant. Date: October 1 Unit 2455 - 2018 Operation Stonegarden Grant. Date: October 2 Unit 2455 - 2018 Operation Stonegarden Grant. Date: October 2 Unit | itt |
| Line item transfer will reclass This will avoid any future defi Approved by Department Sign Sheriff Martin Cuell Print Name/To | ning Authority: Authority | DR AUDITOR'S USE ONLY BUDGET OFFICE USE ONLY Agenda | itt |
| Line item transfer will reclass This will avoid any future defi Approved by Department Sign Sheriff Martin Cuell Print Name/To | ning Authority: Authority | DR AUDITOR'S USE ONLY Date: Date: Date: Description Stonegarden Grant. Date: Date: | itt |