



**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 - Administration Date of Request: 01/29/2020

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
2465-5150-001-413000	Overtime	\$14.10
2465-5150-001-422000	FICA County Share	\$0.35
2465-5150-001-425000	Unemployment Tax	\$0.34
2465-5150-001-426000	Worker Compensation	\$17.01
TOTAL		\$31.80

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2465-5150-001-423000	Retirement County Share	\$31.80
TOTAL		\$31.80

Justification for Request:

Line item transfer will reclassify funds due to an increase in the Unemployment Tax and Retirement County Share rates.
This will avoid any future deficits on FY2020 budget of fund 2465 - 2018 Operation Stonegarden Grant.

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:	<i>Jan Gull</i>	Date: <u>02/03/2020</u>

FOR BUDGET OFFICE USE ONLY		
Commissioners Court Approval Date:	_____	Agenda Item : _____
Date Entered by Budget Office:	_____	Initials: _____



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Requesting Department : 3010 - Sheriff Bargaining Unit Date of Request: 01/29/2020

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
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 Accounts:

Account Number	Account Name	Amount
2465-3010-001-423000	Retirement County Share	\$2,479.61
	TOTAL	\$2,479.61

Justification for Request:

Line item transfer will reclassify funds due to an increase in the Unemployment Tax and Retirement County Share rates.
This will avoid any future deficits on FY2020 budget of fund 2465 - 2018 Operation Stonegarden Grant.

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: <u>Jan Phillips</u>	Date: <u>02/03/2020</u>

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Requesting Department : 4070 - Sheriff Jail Date of Request: 01/29/2020

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
2465-4070-001-413000	Overtime	\$130.61
2465-4070-001-422000	FICA County Share	\$9.23
2465-4070-001-425000	Unemployment Tax	\$2.74
2465-4070-001-426000	Worker Compensation	\$3.94
	TOTAL	\$146.52

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2465-4070-001-423000	Retirement County Share	\$146.52
	TOTAL	\$146.52

Justification for Request:

Line item transfer will reclassify funds due to an increase in the Unemployment Tax and Retirement County Share rates.
This will avoid any future deficits on FY2020 budget of fund 2465 - 2018 Operation Stonegarden Grant.

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:	<u>Jan Fuller</u>	Date: <u>02/03/2020</u>

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Date Entered by Budget Office:	_____	Initials: _____