

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

approval for court agenda. Please submit the signed form to the Auditor's Office for review along with copy of grant award, term of award, proof of receipt of additional revenue and/or other backup to support this request for our review. Should pre-approva se 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 b	by the Department requesting the budget amendment	t.
Requesting Department: Constable Pct. 2	Date of Request: 06/25/2020	
Requesting orbit short.		
Request Type (check one):		
Departmental Line Item Transfer (Chock If transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / expa	
Transfer From / Supplemental Revenue:		
Account Number	Account Name	Amount
2183-3180-352100	State Forfeitures	\$2,266.28
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	TOTAL	\$2,266.28
Transfer To / Supplemental Expenditure Accounts:	Account Name	Amount
Account Number	Account Name	120000
2183-3180-001-461006	Canine Expenditures	\$1,000.00
2183-3180-001-413000	Overtime Share	\$1,049.20 \$80.26
2183-3180-001-422000	Fica County Share	\$80.26
2183-3180-001-423000	Retirement County Share	\$129.06
2183-3180-001-425000	Unemployment	\$7.24
2183-3180-001-426000	Workers Compensation	\$0.52
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	TOTAL	\$2,266.28
Justification for Request: Funds are required for Canine expenditures such as food required to reclassify funds from OPSG.	d, vet, certification, and supplies. Overtime and Fring	ge Benefits are
Approved by Department Signing Authority		
Miguel Villarreal, Constable	1/1/1/1	
Print Name/Title	Signature	
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FOR A Recommended by County Auditor's Office:	AUDITOR'S USE ONLY Date:	
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Commissioners Court Approval Date:	Agenda tem:	
Commissioners court rippi and a	Initials:	