

WEBB COUNTY BUDGET OFFICE

REQUEST FOR MINISTERIAL / EMERGENCY BUDGET AMENDMENT

INS	7-11	ΔT	100
	IKU	1-3	

ALL budget appropriation transfer requests require Budget Office approval before being presented to court for ratification. Please submit the signed form to the Budget Office for review along with copy or backup to support this request for our review. The Budget Office will send the approved form to the department via email. Agenda items must be submitted by the department requesting ministerial budget amendment.

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Requesting Department :	DISTRICT ATTORNEY	Date of Request: 08/07/2020	
Request Type (check one):			
Departmental Budge	t Amendment	Emergency Budget Amendment	
Transfer From:			
	Number	Account Name	Amount
2160-259700		Fund Balance	\$10,000.00
			
			* * * * * * * * * *
		TOTAL	\$10,000.00
Transfer To:			
Account	Number	Account Name	Amount
2160-2260-001-426000		FICA County Share	\$3,060.00
2160-2260-001-423000		Retirement County Share	\$4 <u>,80</u> 0.00
2160-2260-001-425000		Unemployment Tax	\$800.00
2160-2260-001-426000		Worker Compensation	\$1,340.00
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, , , , , , , , , , , , , , , , , , ,			£40,000,00
		TOTAL L	\$10,000.00
Justification for Request:			
To Cover Projected Expenditu	<u>re</u>		
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		/	
Approved by Department Signi	ng Authority: Chief Financial	Officer //	
Print Name/Title	e	Signature	<u> </u>
	500 DI	ADOLT OFFICE HOE ONLY	
Commissioners Court Ratificati		UDGET OFFICE USE ONLY Agenda	
		Item:	
Date Entered by Budget Office:		Initials:	
3A#:	-		