

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 preapproval 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.

Request Type (check one):		
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / ex	xpenditure)
ransfer From / Supplemental Revenue: Account Number	A second Name	T
	Account Name	Amount
2702-2280-001-422000	FICA	\$1,185.73
	TOTAL	\$1,185.73
Transfer To / Supplemental Expenditure Accounts: Account Number	Account Name	Amount
2702-2280-001-421000	HEALTH INSURANCE	\$770.00
2702-2280-001-423000	RETIREMENT	\$415.73
Justification for Request: extra monies will be needed to cover an up	TOTAL coming defecit in our health insurance and re	\$1,185.73 etirement ber
Approved by Department Signing Authority: Virginia Aranda - Public Defender Print Name/Title FO Recommended by County Auditor's Office:	OR AUDITOR'S USE ONLY Date: 42	3/2020
FOR E	BUDGET OFFICE USE ONLY Agenda	
	Item:	
Commissioners Court Approval Date:	item:	