

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.

Requesting Department : Webb County Dist	trict Attorney Date of Request: 09/17/2020	
Request Type (check one):		<u>·</u>
Departmental Line Item Transfer	Supplemental Budget	
(Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / exp	penditure)
Transfer From / Supplemental Revenue:		
Account Number	Account Name	Amount
2161-2260-001-460105	Minor Tools & Apparatus	\$19,485.00
		
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	TOTAL	\$19,485.00
Transfer To / Supplemental Expenditure Accou		
Account Number	Account Name	Amount
2161-2260-001-410000	Payroll Cost	\$1,500.00
2161-2260-001-412000	Part Time	\$6,620.00
2161-2260-001-412000	FICA County Share	\$1,080.00
2161-2260-001-423000	Retirement County Share	\$1,285.00
2161-2260-001-457006	Law Enforcement - Other	\$9,000.00
101-2200 001 10.000	Law Emoreoment Sales	Ψοισσείτ
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	TOTAL	\$19,485.00
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Justification for Request:		The second second
Budget Amendment needed to cover final exper Projected payroll deficits	nditures for Fiscal Year 2020 (September "Make the Right C	all" initiative).
Projected payroll delicits		- Televor "
		armers reconstruction of the following
Approved by Department Signing Authority	ASAN DESIGNEDISSI KATALIFE ETAKS REPSANDI PER SANDENSI DEN DARBARA DEL DESIGNEDA DE LA CASA DE LA CASA DE LA C	Judini Kalender (KK-1959) ten 1994
David Sanchez - Chief Financial Office		
Print Name/Title	Signature	
	FOR AUDITOR'S USE ONLY	e centroles de la consta
Recommended by County		######################################
Auditor's Office:	Date:	
	FOR BUDGET OFFICE USE ONLY	
i	Agenda	
Commissioners Court Approval Date:	Item:	