

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

INSTRUCTIONS: ALL budget appropriation transfer and supplemental budget	qet requests for grants and forfeltures require A	uditor's Office pre-
approval for court agenda. Please submit the signed form to	-	
of award, proof of receipt of additional revenue and/or other		
be granted, the Department will be notified and Auditor's Of		
Agenda items will be between Auditor's Office sponsored by	the Department requesting the budget amendmen	nt.
Requesting Department : Webb County District Attorney	Date of Request: 10/02/2020)
Request Type (check one):		
Departmental Line Item Transfer	Supplemental Budget	
(Check if transfer within existing budget)	(Check if new unbudgeted revenue / exp	penditure)
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Transfer From / Supplemental Revenue: Account Number	Account Name	Amount
2161-259700	Fund Balance Unreserved Undesignated	\$237,019.00
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	TOTAL	\$237,019.00
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Transfer To / Supplemental Expenditure Accounts:	AAloma	A mount
Account Number	Account Name	Amount
2161-2260-001-410000	Payroli Cost	\$28,230.00
2161-2260-001-414060	Sick Leave Buy Back	\$27,000.00
2161-2260-001-422000	FICA County Share	\$17,014.00
2161-2260-001-423000	Retirement County Share	\$27,245.00
2161-2260-001-425000	Unemployment Tax	\$1,527.00
2161-2260-001-426000	Worker Compensation	\$811.00
2161-2260-001-457006	Law Enforcement - Other	\$110,192.00
2161-2260-001-463701	Support Assistance	\$25,000.00
	TOTAL	\$237,019.00
Justification for Request: Budget Amendment needed to cover projected personnel a	and approximate expenditures for Fiscal Year 202	4 Pudet Amendmes
will also cover fringe benefits allocated to overtime incurred		I. Dudet Amending
Will digo dovor mingo portolito antonio	V. 1	
Approved by Department Signing Authority:	and the same of th	MARISPHE SETTIMOLES NO.
David Sanchez - Chief Financial Officer		
Print Name/Title	Signature	_
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Recommended by County	ALLONO 225 SINGUE DE LE CHARLES DE LE CONTROL DE LE CONTRO	
Auditor's Office:	Date:	
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	SEINGEFICE USE ONLY III THE BURNEY BY AGENDA	ANNUAL PRINCIPAL PROPERTY OF THE PROPERTY OF T
Commissioners Court Approval Date:	ltem :	
Date Entered by Budget Office:	Initials	



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WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

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be granted, the Department will be notified and Auditor's		
Agenda items will be between Auditor's Office sponsored Requesting Department: Webb County District Attorney		
Request Type (check one):		
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / expe	enditure)
Transfer From / Supplemental Revenue:		
Account Number	Account Name	Amount
2162-259700	Fund Balance Unreserved Undesignated	\$74,184.00
	TOTAL	\$74,184.00
Transfer To / Supplemental Expenditure Accounts:		
Account Number	Account Name	Amount
2162-2260-001-413000	Overtime FICA County Share	\$60,000.00
2162-2260-001-422000	FICA County Share	\$4,590.00 \$7,380.00
2162-2260-001-423000	Retirement County Share	
2162-2260-001-425000	Unemployment Tax	\$414.00 \$1,800.00
2162-2260-001-426000	Worker Compensation	\$1,000.00
Justification for Request: Budget Amendment needed to cover projected overtime	expenditures for Fiscal Year 2021.	\$74,184.00
Approved by Department Signing Authority: David Sanchez - Chief Financial Officer Print Name/Title	Signature	
Recommended by County Auditor's Office:	ODITOR'S USE ONLY Date:	
FOR BUD Commissioners Court Approval Date:	DGET OFFICE USE ONLY Agenda Item :	

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Date Entered by Budget Office:

WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

INSTRUCTIONS: ALL budget appropriation transfer and supplemental budget.	A second for growth and forfaitures require A	diare Office pre-
ALL budget appropriation transfer and supplemental bud approval for court agenda. Please submit the signed form		
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be granted, the Department will be notified and Auditor's		
Agenda items will be between Auditor's Office sponsored by Requesting Department : Webb County District Attorne	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 / expe	enditure)
Transfer From / Supplemental Revenue:	1 A 4 Nama	
Account Number	Account Name	Amount
2163-259700	Fund Balance Unreserved Undesignated	\$50,000.00
Transfer To / Supplemental Expenditure Accounts:	TOTAL Account Name	\$50,000.00 Amount
2163-2260-001-470000	Capital Outlay	\$50,000.00
		\$50,000.00
Justification for Request: Budget Amendment needed to cover equipment purchase	TOTAL L	Φ30,000.00
Approved by Department Signing Authority David Sanchez - Chief Financial Officer Print Name/Title	Signature Signature	
David Sanchez - Chief Financial Officer Print Name/Title	UDITOR'S USE ONLY	
David Sanchez - Chief Financial Officer Print Name/Title FOR AU Recommended by County Auditor's Office:	UDITOR'S USE ONLY	

Initials:



Date Entered by Budget Office:

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approval for court agenda. Please submit the signed form t	-	
of award, proof of receipt of additional revenue and/or oth-	er backup to support this request for our review. Sh	ould pre-approval
be granted, the Department will be notified and Auditor's C	Office will upload the signed form as part of the prop	osed agenda item.
Agenda items will be between Auditor's Office sponsored b		
Requesting Department : Webb County District Attorney	Date of Request: 10/02/2020	
Request Type (check one):		
Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if new unbudgeted revenue / expe	enditure)
Transfer From/Supplemental Revenue:		
Account Number	Account Name	Amount
2019-259700	Fund Balance Unreserved Undesignated	\$4,654.00
	TOTAL	\$4.654.00
	TOTAL L	ֆ4, δ54.00
Transfer To / Supplemental Expenditure Accounts:	a teratera planta de la proposición de	
Account Number	Account Name	Amount
2019-2260-001-413000	Payroll Cost	\$4,654.00
2019-2260-001-422000	FICA County Share	\$357.00
2019-2260-001-423000	Retirement County Share	\$573.00
2019-2260-001-425000	Unemployment Tax	\$33.00
2019-2260-001-426000	Worker Compensation	\$140.00
2010-2200-001 420000	Trong Companies.	W. C. C. C.
	-	
		\$5.757.00
	TOTAL L	35,757.00
Justification for Request:		
Budget Amendment needed to cover projected personnel	expenditures for Fiscal Year 2021.	
	1 /	
Approved by Department Signing Authority:		
David Sanchez - Chief Financial Officer	/ 1 _ 1	
David Carlotte Cition and Carlotte	Signature	
Print Name/Title		
Print Name/Title	V	
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