



**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 pre-approval 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 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 / expenditure)

Transfer From / Supplemental Revenue:

Account Number	Account Name	Amount
2161-259700	Fund Balance Unreserved Undesignated	\$237,019.00
TOTAL		\$237,019.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2161-2260-001-410000	Payroll 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

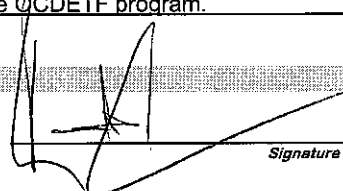
Justification for Request:

Budget Amendment needed to cover projected personnel and operational expenditures for Fiscal Year 2021. Budget Amendment will also cover fringe benefits allocated to overtime incurred under the @CDETF program.

Approved by Department Signing Authority:

David Sanchez - Chief Financial Officer

Print Name/Title



Signature

FOR AUDITOR'S USE ONLY

Recommended by County Auditor's Office: _____ Date: _____

FOR BUDGET OFFICE USE ONLY

Commissioners Court Approval Date: _____ Agenda Item : _____
Date Entered by Budget Office: _____ Initials: _____



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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 / expenditure)

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	\$60,000.00
2162-2260-001-422000	FICA County Share	\$4,590.00
2162-2260-001-423000	Retirement County Share	\$7,380.00
2162-2260-001-425000	Unemployment Tax	\$414.00
2162-2260-001-426000	Worker Compensation	\$1,800.00
TOTAL		\$74,184.00

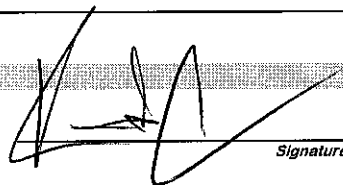
Justification for Request:

Budget Amendment needed to cover projected overtime expenditures for Fiscal Year 2021.

Approved by Department Signing Authority:

David Sanchez - Chief Financial Officer

Print Name/TITLE



Signature

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Auditor's Office: _____

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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 / expenditure)

Transfer From / Supplemental Revenue:

Account Number	Account Name	Amount
2163-259700	Fund Balance Unreserved Undesignated	\$50,000.00
TOTAL		\$50,000.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2163-2260-001-470000	Capital Outlay	\$50,000.00
TOTAL		\$50,000.00

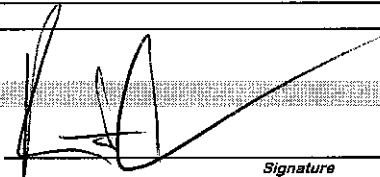
Justification for Request:

Budget Amendment needed to cover equipment purchase.

Approved by Department Signing Authority:

David Sanchez - Chief Financial Officer

Print Name/Title



Signature

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Requesting Department : Webb County District Attorney Date of Request: 10/02/2020

Request Type (check one):

Departmental Line Item Transfer
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Supplemental Budget
(Check if new unbudgeted revenue / expenditure)

Transfer From / Supplemental Revenue:

Account Number	Account Name	Amount
2019-259700	Fund Balance Unreserved Undesignated	\$4,654.00
TOTAL		\$4,654.00

Transfer To / Supplemental Expenditure Accounts:

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
TOTAL		\$5,757.00

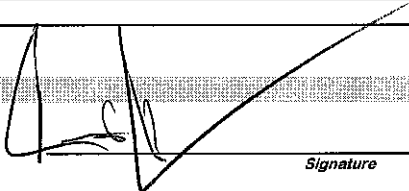
Justification for Request:

Budget Amendment needed to cover projected personnel expenditures for Fiscal Year 2021.

Approved by Department Signing Authority:

David Sanchez - Chief Financial Officer

Print Name/Title



Signature

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