

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 : JUSTICE OF THE PEACE	PCT. 4 Date of Request: 10/28/2020	
Request Type (check one): Departmental Line Item Transfer (Check if transfer within existing budget)	Supplemental Budget (Check if now unbudgeted revenue / exp	ponditura)
Transfer From / Supplemental Revenue:		
Account Number	Account Name	Amount
2734-2180-001-410000	PAYROLL COST	\$3,883.00
2734-2180-001-422000	FICA COUNTY SHARE	\$52.00
	TOTAL	\$3,935.00
Transfer To / Supplemental Expenditure Accounts: Account Number	Account Name	Amount
27 3 4-2180-001-421000	HEALTH LIFE INSURANCE	\$3,935.00
		 -
	TOTAL	\$3,935.00
Justification for Request: BUDGET LINE ITEM TRANSFER NEEDED TO COVER JU	JVENILES CASE MANAGER HEALTH LIFE INSU	IRANCE.
Approved by Department Signing Authority: JOSE R. SALINAS Print Namo(Tillo	- Millian	
	Signatura	<u>. </u>
Recommended by County Auditor's Office: FOR AUD FOR AUD	Date: 10 /2	9/20
FOR BUDGE	ET OFFICE USE ONLY	
Commissioners Court Approval Date:	Agenda Item ;	
Date Entered by Budget Office:	Initials:	