



**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 : Sheriff's Office

Date of Request: 12/17/2020

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
2151-259700	Fund Balance	\$10,394.00
TOTAL		\$10,394.00

o.s. 12/17/20

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2151-3010-001-410000	Payroll Cost	\$6,504.00
2151-3010-001-421000	Health Life Ins.	\$1,774.00
2151-3010-001-422000	FICA/Medi.	\$672.00
2151-3010-001-423000	Retirement	\$1,110.00
2151-3010-001-425000	Unemployment	\$63.00
2151-3010-001-426000	Worker's Comp.	\$271.00
TOTAL		\$10,394.00

Justification for Request:

Funds are needed to pay for the fringe benefits of the HIDTA Task Force members.

Approved by Department Signing Authority:

Martin Cuellar, Webb County Sheriff

Print Name/Title

Martin Cuellar
Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office: <u><i>[Signature]</i></u>	Date: <u>12/17/20</u>

FOR BUDGET OFFICE USE ONLY	
Commissioners Court Approval Date: _____	Agenda Item: _____
Date Entered by Budget Office: _____	Initials: _____