



**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 Adult Drug Court Program Date of Request: 01/14/2021

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
2353-2400-003-410000	Payroll	\$623.78
2353-2040-003-421000	Insurance	\$17.50
2353-2040-003-422000	Fica	\$141.49
2353-2040-003-423000	Retirement	\$34.81
2353-2040-003-425000	Unemployment	\$367.07
2353-2040-003-426000	Work comp	\$206.14
2353-2040-003-432001	Professional Services	\$4.00
2353-2040-003-459020	other expenses	\$10,284.12
TOTAL		\$11,678.91

Transfer To // Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2353-2040-003-458000	Administrative travel	\$6,804.13
2353-2040-003-461000	Materials and supplies	\$4,890.38
TOTAL		\$11,694.51

Justification for Request:

Line item transfer is needed within Grant Funds to increase administrative travel and material & supplies account.
Funding agency approved the Webb County Adult Drug Court Program a formal request to carryover FY2 funds into FY 3.

Approved by Department Signing Authority:

Tano Tijerina, Webb County Judge
Print Name/Title

Signature

FOR AUDITOR'S USE ONLY

Recommended by County Auditor's Office: Claudia Lopez Date: 1/15/2021

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 Adult Drug Court Program Date of Request: 01/14/2021

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
2353-2040-003-460105	Minor tools apps	\$15.60
TOTAL		\$11,694.51

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2353-2040-003-458000	Administrative travel	\$6,804.13
2353-2040-003-461000	Material and supplies	\$4,890.38
TOTAL		\$11,694.51

Justification for Request:

Approved by Department Signing Authority:

Tano Tijerina, Webb County Judge

Print Name/Title

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