



**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: 06/02/2021

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
2578-4070-001-425000	Unemployment	\$71.32
2578-4070-001-426000	Worker's Comp	\$179.49
TOTAL		\$250.81

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2578-3010-001-461000	Materials & Supplies	\$250.81
TOTAL		\$250.81

Justification for Request:

In order to utilize remaining funds, a no cost budget adjustment was requested by the Webb County Sheriff's Office.

Approved by Department Signing Authority:

Martin Cuellar, Webb Co. Sheriff

Print Name/Title

M. Cuellar Sheriff
Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office: <u>Chloe Kelly</u>	Date: <u>6/18/2021</u>

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



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Requesting Department : Sheriff's Office

Date of Request: 06/02/2021

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
2578-3010-001-413000	Overtime	\$710.24
2578-3010-001-422000	FICA	\$54.30
2578-3010-001-423000	Retirement	\$87.37
2578-3010-001-425000	Unemployment	\$15.48
2578-3010-001-426000	Worker's Comp	\$21.20
2578-4070-001-413000	Overtime	\$5,987.09
2578-4070-001-422000	FICA	\$458.02
2578-4070-001-423000	Retirement	\$736.47
TOTAL		\$8,070.17

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2578-3010-001-461000	Materials & Supplies	\$8,070.17
TOTAL		\$8,070.17

Justification for Request:

In order to utilize remaining funds, a no cost budget adjustment was requested by the Webb County Sheriff's Office.

Approved by Department Signing Authority:

Martin Cuellar, Webb Co. Sheriff

Print Name/Title

M. Cuellar

Signature

Recommended by County Auditor's Office:

Chris Maly

FOR AUDITOR'S USE ONLY

Date:

6/18/2021

FOR BUDGET OFFICE USE ONLY

Commissioners Court Approval Date: _____

Agenda

Item : _____

Date Entered by Budget Office: _____

Initials: _____