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 : DISTRICT ATTORNEY **Date of Request:** 08/13/2021

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
2739-2260-001-421000	Health Life Insurance	$1,300.00
2739-2260-001-422000	FICA County Share	$99.00
2739-2260-001-426000	Worker Compensation	$11.00
2739-2260-001-458000	Administrative Travel	$347.00
	TOTAL	$1,757.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2739-2260-001-410000	Payroll Cost	$1,422.00
2739-2260-001-423000	Retirement	$330.00
2739-2260-001-425000	Unemployment Tax	$5.00
	TOTAL	$1,757.00

Justification for Request:
Line item transfer needed to cover projected payroll expenditures

Approved by Department Signing Authority:

David Sanchez
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:** _____