



**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: 09/22/2021

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 |
|----------------------|------------------------|-----------------|
| 2153-3010-001-461000 | Materials and Supplies | \$100.00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | \$100.00 |

Transfer To / Supplemental Expenditure Accounts:

| Account Number | Account Name | Amount |
|----------------------|------------------|-----------------|
| 2153-3010-001-441805 | Internet Service | \$100.00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | \$100.00 |

Justification for Request:

Pending Payment for Internet Service

Approved by Department Signing Authority:

Martin Cuellar, Sheriff
Print Name/Title

Martin Cuellar
Signature

FOR AUDITOR'S USE ONLY

Recommended by County Auditor's Office: Omar Salcedo Date: 09/24/21

FOR BUDGET OFFICE USE ONLY

Commissioners Court Approval Date: _____ Agenda Item : _____
Date Entered by Budget Office: _____ Initials: _____



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(Check if transfer within existing budget)

Supplemental Budget
(Check if new unbudgeted revenue / expenditure)

Transfer From / Supplemental Revenue:

| Account Number | Account Name | Amount |
|----------------------|------------------|----------------|
| 2151-3010-001-425000 | Unemployment Tax | \$80.00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | \$80.00 |

Transfer To / Supplemental Expenditure Accounts:

| Account Number | Account Name | Amount |
|----------------------|----------------------|----------------|
| 2151-3010-001-426000 | Workers Compensation | \$80.00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | \$80.00 |

Justification for Request:

Transfer funds to cover deficit

Approved by Department Signing Authority:

Martin Cuellar, Sheriff
Print Name/Title

Martin Cuellar
Signature

FOR AUDITOR'S USE ONLY

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