

**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: 10/26/2021

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
2153-259700	Fund Balance	\$49,800.00
	TOTAL	\$49,800.00

*D.S.
10/29/21*

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2153-3010-001-413000	Overtime	\$1,500.00
2153-3010-001-422000	FICA County Share	\$500.00
2153-3010-001-423000	Retirement	\$500.00
2153-3010-001-425000	Unemployment	\$100.00
2153-3010-001-426000	Workers Comp	\$200.00
2153-3010-001-441010	Cell Phone Cost	\$17,000.00
2153-3010-001-443000-090	Repairs & Main. Heli	\$30,000.00
	TOTAL	\$49,800.00

Justification for Request:

Budget increase is to cover fringe benefits from overtime worked under the following: USM, ICE, & OCDETF for fiscal year 2022, difference for cell phone cost, and repairs & maint. helicopter.

Approved by Department Signing Authority:

Sheriff Martin Cuellar Jr

Print Name/Title

M. Cuellar Jr
Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office: <u><i>MEC</i></u>	Date: <u>10/29/21</u>

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

