



**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: 01/18/2022

**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
2592-2260-337200	Revenue From Webb	\$9,037.00
<b>TOTAL</b>		<b>\$9,037.00</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2592-2260-001-410000	Payroll Cost	\$259.00
2592-2260-001-421000	Health Life Insurance	\$119.00
2592-2260-001-422000	FICA County Share	\$8,377.00
2592-2260-001-423000	Retirement County Share	\$274.00
2592-2260-001-426000	Worker Compensation	\$8.00
<b>TOTAL</b>		<b>\$9,037.00</b>

**Justification for Request:**

Budget Amendment is being requested to cover year end deficits.

**Approved by Department Signing Authority:**

David Sanchez  
Print Name/Title

David Sanchez  
Signature

FOR AUDITOR'S USE ONLY		
Recommended by County Auditor's Office:	<u>Geticia Espinosa</u>	Date: <u>1/18/2022</u>

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