WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

| equesting Department : SHERIF | EIS OFFICE | ECCENTRICO CO ECUDALINA A RECESTOR | |
|--|--|--|------|
| | F'S OFFICE Date of Request: 06/06/202 | 2 | |
| equest Type (check one): | | | |
| Departmental Line Item Tran (Check if transfer within existing bud | | penditure) | |
| | | EUTENATORIA DE SENTE EN ENTRE | |
| ansfer From / Supplemental Revenue Account Number | e: Account Name | Amount | |
| 151-3010-001-423000 | Retirement County Share | \$1,000.00 OS 06 | 6/07 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | TOTAL | \$1,000.00 | |
| ansfer To / Supplemental Expenditur | e Accounts: | | |
| Account Number | Account Name | Amount | |
| 51-3010-001-413000 | Overtime | \$1,000.00 | |
| | | | |
| | | - | |
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| | | | |
| | | | |
| | TOTAL | \$1,000.00 | |
| | TOTAL | 41,000.00 | |
| stification for Request: ne Item Transfer to cover officer level of | correction difference on evertime new | | |
| re item mansier to cover officer lever | correction difference on overtime pay. | | |
| | | | |
| proved by Department Signing Author | ity: | | |
| heriff Martin Cuellar Jr | M. Cilled | | |
| Print Name/Title | Signature | 7 | |
| | | | |
| commanded by County | FOR AUDITOR'S USE ONLY | | |
| commended by County | Date: 6/ | 7/22 | |

Commissioners Court Approval Date:

Date Entered by Budget Office:

Item:

Initials: