



# WEBB COUNTY BUDGET OFFICE

## REQUEST FOR MINISTERIAL / EMERGENCY BUDGET AMENDMENT

### INSTRUCTIONS:

ALL budget appropriation transfer requests require Budget Office approval before being presented to court for ratification. Please submit the signed form to the Budget Office for review along with copy or backup to support this request for our review. The Budget Office will send the approved form to the department via email. Agenda items must be submitted by the department requesting ministerial budget amendment.

Requesting Department : Webb County Sheriff Office

Date of Request: 08/03/2022

Request Type (check one):

Departmental Budget Amendment

Emergency Budget Amendment

### Transfer From:

Account Number	Account Name	Amount
1001-3010-001-444400	Rent Expense	\$3,550.00
<b>TOTAL</b>		<b>\$3,550.00</b>

### Transfer To:

Account Number	Account Name	Amount
1001-4070-001-441605-005	Gas Gas	\$3,550.00
<b>TOTAL</b>		<b>\$3,550.00</b>

### Justification for Request:

Gas account is low on funds and moneys are needed to cover invoices for the month of July, August, and September.

### Approved by Department Signing Authority:

Sheriff Martin Cuellar  
Print Name/Title

M. Cuellar  
Signature

### FOR BUDGET OFFICE USE ONLY

Commissioners Court Ratification Date: \_\_\_\_\_  
Date Entered by Budget Office: \_\_\_\_\_  
BA#: \_\_\_\_\_

Agenda Item : \_\_\_\_\_  
Initials: \_\_\_\_\_



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Requesting Department : Sheriff's Dept Date of Request: 08/10/2022

### Request Type (check one):

Departmental Budget Amendment

Emergency Budget Amendment

Transfer From:		
Account Number	Account Name	Amount
1001-4090-001-460028	Janitorial Supplies	\$10,000.00
TOTAL		\$10,000.00

Transfer To:		
Account Number	Account Name	Amount
1001-4090-001-461000	Material and Supplies	\$10,000.00
TOTAL		\$10,000.00

### Justification for Request:

Low on funds to Purchase items for inmates (Razor blades, Toilet paper, Toothpaste and toothbrush)

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### Approved by Department Signing Authority:

SHERIFF MARTIN CUELLAR

*Print Name/Title*

*Signature*

### FOR BUDGET OFFICE USE ONLY

Commissioners Court Ratification Date: \_\_\_\_\_ Agenda Item : \_\_\_\_\_

Date Entered by Budget Office: \_\_\_\_\_ Initials: \_\_\_\_\_

BA#: \_\_\_\_\_