



**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 : Economic Development Date of Request: 11/18/2022

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 |
|--------------------------|-----------------------------------|--------------------|
| 2364-5360-521-410000 | PAYROLL COST | \$6,195.20 ✓ |
| 2364-5360-521-421000 | HEALTH LIFE INSURANCE | \$356.70 ✓ |
| 2364-5360-521-422000 | FICA COUNTY SHARE | \$434.31 ✓ |
| 2364-5360-521-423000 | RETIREMENT COUNTY SHARE | \$1,306.98 ✓ |
| 2364-5360-521-426000 | WORKER COMPENSATION | \$47.56 ✓ |
| 2364-5360-521-457900 | PROGRAM SERVICE EXPENDITURES | \$24,000.00 ✓ |
| 2364-5360-521-463804-101 | UTILITY ASSISTANCE P1 RESTORATION | \$20,749.79 ✓ |
| TOTAL | | \$53,090.54 |

Transfer To / Supplemental Expenditure Accounts:

| Account Number | Account Name | Amount |
|--------------------------|----------------------------------|--------------------|
| 2364-5360-521-463804-102 | UTILITY ASSISTANCE P2 PREVENTION | \$53,090.54 ✓ |
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| TOTAL | | \$53,090.54 |

Justification for Request:

Additional funds are needed to continue the Prevention Water Assistance

Approved by Department Signing Authority:

James Flores/Director

Print Name/Title

James Flores
Signature

| FOR AUDITOR'S USE ONLY | | |
|---|----------------------|-----------------------|
| Recommended by County Auditor's Office: | <u>Angela Caputo</u> | Date: <u>11-18-22</u> |

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