

**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 : Community Action Agency

Date of Request: 01/30/2023

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	\$3,611.80
2364-5360-521-421000	HEALTH LIFE INSURANCE	\$1,106.01
2364-5360-521-422000	FICA COUNTY SHARE	\$169.09
2364-5360-521-423000	RETIREMENT COUNTY SHARE	\$339.51
2364-5360-521-426000	WORKER COMPENSATION	\$3.57
2364-5360-521-457900	PROGRAM SERVICES EXPENDITURES	\$3,311.32
	TOTAL	\$8,541.30

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2364-5360-521-425000	UNEMPLOYMENT TAX	\$35.00
2364-5360-521-463804-101	UTILITY ASSISTANCE P1 RESTORATION	\$5,506.30
2364-5360-521-463804-102	UTILITY ASSISTANCE P2 PREVENTION	\$3,000.00
	TOTAL	\$8,541.30

Justification for Request:

Approved by Department Signing Authority:

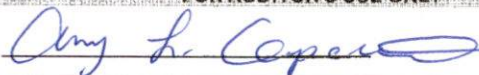
James Flores / Director

Print Name/Title



Signature

Recommended by County
Auditor's Office:



Date: 1-30-23

FOR BUDGET OFFICE USE ONLY

Commissioners Court Approval Date: _____

Agenda Item : _____

Date Entered by Budget Office: _____

Initials: _____