



**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 : Drug Court Program Date of Request: 04/27/2023

**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
2353-1020-330300-030	Grant Revenue	\$52,767.20
<b>TOTAL</b>		<b>\$52,767.20</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2353-1020-003-410000	Payroll Cost	\$5,767.20
2353-1020-003-458000	Administrative Travel	\$10,000.00
2353-1020-003-459020	Other Expenses	\$29,000.00
2353-1020-003-461000	Materials and Supplies	\$8,000.00
<b>TOTAL</b>		<b>\$52,767.20</b>

**Justification for Request:**

Carry over request will cover funds for medical evaluations, MAT, instant drug test cups, monitoring services, trainings, and materials and supplies.

**Approved by Department Signing Authority:**

Margarita Herrera-Garza

Print Name/Title

Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office: <u></u>	Date: <u>5/03/23</u>

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