

**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: 04/28/2023

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
2365-5360-521-410000	PAYROLL COST	\$8,057.00
2365-5360-521-421000	HEALTH LIFE INSURANCE	\$1,521.00
2365-5360-521-422000	FICA COUNTY SHARE	\$276.60
2365-5360-521-425000	UNEMPLOYMENT TAX	\$180.90
2365-5360-521-426000	WORKER COMPENSATION	\$8.15
2365-5360-521-457900	PROGRAM SERVICES EXPENDITURES	\$1,000.00
2365-5360-521-463802	HOUSEHOLD CRISIS	\$847.82
TOTAL		\$11,891.47

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2365-5360-521-463804	UTILITY ASSISTANCE	\$11,891.47
TOTAL		\$11,891.47

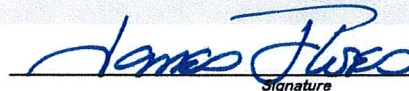
Justification for Request:

Additional funds are needed to continue the utility assistance

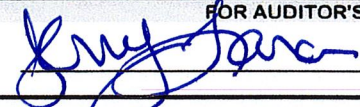
Approved by Department Signing Authority:

James Flores / Director

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: _____