

## 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 preapproval 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 : DISTRICT ATTORN                                    | Date of Request: 05/30/2023              | Date of Request: 05/30/2023 |  |
|--|--|-----------------------------|--|
| Request Type (check one):  |  |                             |  |
| Departmental Line Item Transfer  | Supplemental Budget                      |                             |  |
| (Check if transfer within existing budget)                                 | (Check if new unbudgeted revenue / exp   | penditure)                  |  |
| Transfer From / Supplemental Revenue:                                      |  |                             |  |
| Account Number   | Account Name                             | Amount                      |  |
| 2161-259700  | Fund Balance                             | \$80,000.00                 |  |
|  |  |                             |  |
|  |  |                             |  |
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|  |  |                             |  |
|  |  |                             |  |
|  |  |                             |  |
|  | TOTAL                                    | \$80,000.00                 |  |
| Transfer To / Summismental Funcionalities Account                          | ·  |                             |  |
| Transfer To / Supplemental Expenditure Account Account Number              | Account Name                             | Amount                      |  |
| 2161-2260-001-470000   | Capital Outlay                           | \$80,000.00                 |  |
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|  |  |                             |  |
|  | TOTAL                                    | \$80,000.00                 |  |
|  | TOTAL                                    | 400,000.00                  |  |
| Justification for Request: Funds needed to cover the purchase of a new vel | hicle for the District Attorney's Office |                             |  |
| Tunds needed to cover the parenase of a new ver                            | inde for the District Attorney's Office. |                             |  |
|  |  |                             |  |
| Approved by Department Signing Authority:                                  |  |                             |  |
| David Sanchez  | David Sanch                              | 123                         |  |
| Print Name/Title   | Signature                                | 0                           |  |
|  | FOR AUDITOR'S USE ONLY                   |                             |  |
| Recommended by County  |  |                             |  |
| Auditor's Office:  | Date:                                    |                             |  |
| -  | OR BURGET OFFICE HEE ONLY                |                             |  |
|  | OR BUDGET OFFICE USE ONLY Agenda         |                             |  |
| Commissioners Court Approval Date:   | Item :                                   | <del></del>                 |  |
| Date Entered by Budget Office:   | Initials:                                |                             |  |