



**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 : District Attorney Date of Request: 08/09/2023

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
2748-2280-001-410000	Payroll	\$10,607.00
2748-2280-001-461000	Materials & Supplies	\$2,307.00
2748-2280-001-460105-015	Minor Tools & Apparatus Equipment	\$5,141.00
2748-2290-001-413000	Overtime	\$2,170.00
	TOTAL	\$20,225.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2748-2290-001-410000	Payroll	\$11,283.00
2748-2290-001-422000	FICA	\$101.00
2748-2290-001-423000	Retirement	\$195.00
2748-2290-001-425000	Unemployment	\$4.00
2748-2290-001-426000	Workers Comp	\$2.00
2748-2260-001-410000	Payroll	\$6,192.00
2748-2260-001-422000	FICA	\$473.68
2748-2260-001-423000	Retirement	\$804.96
	TOTAL	\$19,055.64

Justification for Request:

To submit budget adjustment to provide total annual salary/fringe breakdown for DA Legal Assistant & Deputy District Clerk Position, to allocate correct percentage of OOG funds.

Approved by Department Signing Authority:

David Sanchez

Print Name/Title

David Sanchez

Signature

FOR AUDITOR'S USE ONLY

Recommended by County Auditor's Office:

Claudia Hernandez

Date: 8/9/23

FOR BUDGET OFFICE USE ONLY

Commissioners Court Approval Date: _____

Agenda Item : _____

Date Entered by Budget Office: _____

Initials: _____



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Supplemental Budget
(Check if new unbudgeted revenue / expenditure)

Transfer From / Supplemental Revenue:

Account Number	Account Name	Amount
TOTAL		\$0.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2748-2260-001-425000	Unemployment	\$31.58
2748-2260-001-426000	Workers Comp	\$3.09
2748-2260-001-421000	Health Life Insurance	\$1,134.69
TOTAL		\$1,169.36

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