



**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 : Economic Development Date of Request: 12/11/2023

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
3520-1150-001-410000	Payroll Cost	\$303,738.00
3520-1150-001-421000	Health Life Insurance	\$20,848.00
3520-1150-001-422000	FICA County Share	\$23,236.00
3520-1150-001-423000	Retirement County Share	\$39,977.00
3520-1150-001-425000	Unemployment	\$1,603.00
3520-1150-001-426000	Workers Compensation	\$9,111.00
3520-1150-001-443070	Pre-Contract Costs	\$9,569.00
3520-1150-001-454000	Advertisement	\$2,870.00
TOTAL		\$410,952.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
3520-7230-001-470000	Capital Outlay	\$443,566.00
TOTAL		\$443,566.00

Justification for Request:

Line item transfer is needed to cover construction project.

CONTINGENT UPON TDHCA APPROVAL

Approved by Department Signing Authority:

James E. Flores
Print Name/Title

James E. Flores
Signature

Recommended by County Auditor's Office:	FOR AUDITOR'S USE ONLY	
	<u><i>James E. Flores</i></u>	Date: <u>12/07/23</u>

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



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Requesting Department : Economic Development Date of Request: 11/14/2022

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
3520-1150- 001-461000	Materials & Supplies	\$32,614.00
TOTAL		\$32,614.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
TOTAL		\$0.00

Justification for Request:

Line item transfer is needed to cover construction project.

CONTINGENT UPON TDHCA APPROVAL

Approved by Department Signing Authority:

James E. Flores

Print Name/Title

James E. Flores
Signature

FOR AUDITOR'S USE ONLY	
Recommended by County Auditor's Office: <u>[Signature]</u>	Date: <u>12/07/23</u>

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Commissioners Court Approval Date: _____	Agenda Item : _____
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