



# WEBB COUNTY BUDGET OFFICE

## REQUEST FOR MINISTERIAL / EMERGENCY BUDGET AMENDMENT

### INSTRUCTIONS:

ALL budget appropriation transfer requests require Budget Office approval before being presented to court for ratification. Please submit the signed form to the Budget Office for review along with copy or backup to support this request for our review. The Budget Office will send the approved form to the department via email. Agenda items must be submitted by the department requesting ministerial budget amendment.

**Requesting Department:** Webb County CAA **Date of Request:** 01/10/2024

**Request Type (check one):**



Departmental Budget Amendment



Emergency Budget Amendment

### Transfer From:

Account Number	Account Name	Amount
2362-5360-521-421000	Health Life	\$1,391.57
2362-5360-521-422000	FICA	\$981.79
2362-5360-521-423000	Retirement	\$797.80
2362-5360-521-425000	Unemployment	\$26.49
2362-5360-521-426000	Workers Compensation	\$50.86
	<b>TOTAL</b>	<b>\$3,248.51</b>

### Transfer To:

Account Number	Account Name	Amount
2362-5360-521-41000	Payroll	\$3,248.51
	<b>TOTAL</b>	<b>\$3,248.51</b>

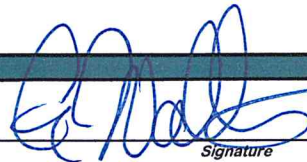
### Justification for Request:

Funds available will not cover operation of service through the end of the budget year  
Funds available will not cover operation of service through the end of the budget year  
Funds available will not cover operation of service through the end of the budget year

Funds available will not cover operation of service through the end of the budget year  
Funds available will not cover operation of service through the end of the budget year

### Approved by Department Signing Authority:

Guillermo Walls, CAA Director  
Print Name/Title

  
Signature

### FOR BUDGET OFFICE USE ONLY

**Commissioners Court Ratification Date:** \_\_\_\_\_  
**Date Entered by Budget Office:** \_\_\_\_\_  
**BA#:** \_\_\_\_\_

**Agenda Item :** \_\_\_\_\_  
**Initials:** \_\_\_\_\_

