



**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 : SHERIFF'S OFFICE Date of Request: 03/15/2024

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 |
|----------------|--------------|--------------------|
| 2152-259700 | FUND BALANCE | \$20,000.00 |
| 2153-259700 | FUND BALANCE | \$20,000.00 |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | \$40,000.00 |

Transfer To / Supplemental Expenditure Accounts:

| Account Number | Account Name | Amount |
|----------------------|--------------------|--------------------|
| 2152-3010-001-470000 | CAPTIAL OUTLAY | \$20,000.00 |
| 2153-3010-001-455501 | DRUG FREE CAMPAIGN | \$20,000.00 |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | \$40,000.00 |

Justification for Request:

PURCHASE OF STIMULATOR AND PROMOTIONAL ITEMS

Approved by Department Signing Authority:

SHERIFF MARTIN CUELLAR

Print Name/Title

Signature

FOR AUDITOR'S USE ONLY

Recommended by County Auditor's Office: _____ Date: _____

FOR BUDGET OFFICE USE ONLY

Commissioners Court Approval Date: _____ Agenda Item : _____
Date Entered by Budget Office: _____ Initials: _____