



**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: 07/31/2024

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
2748-2290-001-410000	Payroll Cost	\$38,650.99
2748-2290-001-421000	Health Insurance	\$10,894.00
2748-2290-001-422000	FICA	\$2,672.20
2748-2290-001-423000	Retirement	\$4,586.98
2748-3010-001-425000	Unemployment	\$178.36
2748-3010-001-426000	Worker's Comp.	\$17.47
2748-3010-001-443000-075	Repairs & Maintenance-Vehicles	\$28,980.00
2748-3010-001-462605	Fuel & Lubricants	\$20,000.00
TOTAL		\$105,980.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2748-3010-001-460105	Minor Tools & Apparatus	\$105,980.00
TOTAL		\$105,980.00

Justification for Request:

A no-cost budget grant adjustment was approved by the state.

Approved by Department Signing Authority:

Webb Co. Sheriff Martin Cuellar

Print Name/Title

M. Cuellar
Signature

Recommended by County
Auditor's Office:

FOR AUDITOR'S USE ONLY

Claudia Hernandez

Date: 8/5/24

FOR BUDGET OFFICE USE ONLY

Commissioners Court Approval Date: _____

Date Entered by Budget Office: _____

Agenda
Item : _____

Initials: _____



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Date of Request: 07/31/2024

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
2748-3010-001-470000	Capital Outlay	\$5,016.00
TOTAL		\$5,016.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2748-3010-001-460105	Minor Tools & Apparatus	\$5,016.00
TOTAL		\$5,016.00

Justification for Request:

A no-cost budget grant adjustment was approved by the state.

Approved by Department Signing Authority:

Webb Co. Sheriff's Office

Print Name/Title

M. C. Smith
Signature

Recommended by County
Auditor's Office:

FOR AUDITOR'S USE ONLY

Claudia Hernandez

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