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 : COMMUNITY ACTION AGENCY Date of Request: 09/09/2025

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
2368-5170-521-421000	Health Life Insurance	$1,414.50
2368-5170-521-444500	Equipment Rental	$1,313.68
2368-5170-521-456205	Training & Education	$2,543.10
2368-5170-521-458001	Office Supplies	$1,587.74
2368-5170-521-461000	Materials & Supplies	$3,982.74
	TOTAL	$10,841.76

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2368-5170-521-410000	Payroll Cost	$9,029.18
2368-5170-521-423000	Retirement County Share	$1,374.01
2368-5170-521-441001	Telephone	$372.65
2368-5170-521-462605	Fuel & Lubricants	$65.92
	TOTAL	$10,841.76

Justification for Request:

Funds available in account will not cover cost needed to continue operation of service through the end of the budget year.

Approved by Department Signing Authority:

Guillermo Walls CAA Director
Print Name/Title

G. Walls
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: _____

Form BA 01 - April 2018

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Transfer From / Supplemental Revenue:

Account Number	Account Name	Amount
2368-5170-521-443000-020	Repairs & Maintenance Buildings	$551.45
2368-5170-521-443000-035	Repairs & Maintenance Equipment	$218.00
2368-5170-521-444100	Space Rental	$849.50
2368-5170-521-454000	Advertising	$200.00
2368-5170-521-456005	Postage & Courier Service	$146.47
2368-5170-521-456105	Licenses And Permits	$460.00
2368-5170-521-458000	Administrative Travel	$403.26
	TOTAL	$2,828.68

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2368-5170-521-422000	Fica County Share	$715.75
2368-5170-521-425000	Unemployment Tax	$10.09
2368-5170-521-443000-075	Repairs & Maintenance Vehicles	$634.42
2368-5170-521-456224	Meetings & Conferences	$1,468.42
	TOTAL	$2,828.68

Justification for Request:
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Approved by Department Signing Authority:
Guillermo Walls CAA Director
Print Name/Title

Signature

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Transfer From / Supplemental Revenue:

Account Number	Account Name	Amount
2368-5170-521-460028	Janitorial Supplies	$26.20
2368-5170-521-460105	Minor Tools & Apparatus	$159.80
	TOTAL	$186.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2368-5170-521-425000	Unemployment Tax	$9.04
2368-5170-521-426000	Worker Compensation	$1.75
2368-5170-521-462605	Fuel & Lubricants	$30.91
2368-5170-521-464010	Dues & Memberships	$144.30
	TOTAL	$186.00

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