



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 : 49th District Court

Date of Request: 02/24/2026

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
1001-2230-001-451005	Capital Murder	\$30,000.00
TOTAL		\$30,000.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
1001-2230-001-433002-005	Indegent Defense 49th	\$30,000.00
TOTAL		\$30,000.00

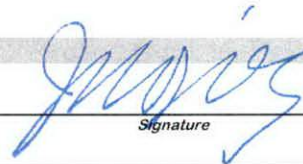
Justification for Request:

payment of outstanding invoices

Approved by Department Signing Authority:

Jose A Lopez

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: _____



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 : 49th District Court

Date of Request: 02/24/2026

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
1001-2230-001-451005	Capital Murder	\$100,000.00
TOTAL		\$100,000.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
1001-2230-001-451003-005	court interpreter / court reporter 49th	\$100,000.00
TOTAL		\$100,000.00

Justification for Request:

payment of outstanding invoices

Approved by Department Signing Authority:

Jose A Lopez

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: _____