

RECEIVED



Nueces County, Texas
Budget Transfer Form

DEC 19 2017

NUECES COUNTY AUDITOR

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 1125 Department Name: RISK MANAGEMENT
(Please prepare a separate request for each department)

Table with 4 columns: Key Code, Account Name, Increase, Decrease. Includes entries for SALARIES - OVERTIME and OFFICE EXPENSE & SUPPLIES, with handwritten values and 'PAID' annotations.

This budget transfer is necessary to:

COVER COMPTIME PAID OUT WHEN PROMOTED FROM EXEMPT - TO EXEMPT EMPLOYEE.

Contact Person: TIMOTHY EVEREST

Telephone No: 888-0402

Signature of Official/Dept. Head (Handwritten signature)

Date: 12/19/17

Recommended by: (Handwritten signature)
County Auditors Office

Date: 12/19/17

Budget Change Order BCO 060

Notificaton of Commissioners Court Action:

Approved by the Commissioner's Court on
Revised & Approved by the Commissioner's Court on
Disapproved by the Commissioner's Court on

County Auditors Office Date



Nueces County, Texas Budget Transfer Form

RECEIVED
NUECES COUNTY CLERK

FY 17-18

2017 DEC -6 PM 4:42

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 1570 Department Name: Building Superintendent
(Please prepare a separate request for each department)

Key Code	Account Name	Increase	Decrease
5260	Maint & Repair- Bldgs. & Grounds		600
	TOTALS		600

This budget transfer is necessary to:
Correct deficiencies on Fire Extinguishers.

Contact Person: Nora Oserraas Telephone No: x0492
[Signature]
Glen R. Sullivan, P.E. 12/06/2017
Signature of Official/Dept. Head Date

Recommended by: [Signature] Date 12/19/17
County Auditors Office Budget Change Order BCD 06

Notificaton of Commissioners Court Action:

Approved by the Commissioner's Court on _____
Revised & Approved by the Commissioner's Court on _____
Disapproved by the Commissioner's Court on _____

County Auditors Office Date



Nueces County, Texas Budget Transfer Form

RECEIVED
NUECES COUNTY TEXAS FY 17-18
2017 DEC -6 PM 4:42

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 1600 Department Name: Precinct 111 Yard
(Please prepare a separate request for each department)

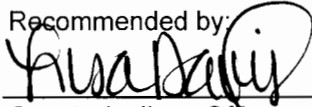
Key Code	Account Name	Increase	Decrease
5240	Maint. & Repairs-Equip. & Veh.	600	
TOTALS		<u>600</u>	<u></u>

This budget transfer is necessary to:

Correct deficiencies on Fire Extinguishers.

Contact Person: Nora Oserraos Telephone No: x0492

Glen R. Sullivan, P.E. _____
 Signature of Official/Dept. Head Date

Recommended by:  Date 12/19/17
 County Auditors Office _____ Budget Change Order 30006

Notificaton of Commissioners Court Action:

Approved by the Commissioner's Court on _____
 Revised & Approved by the Commissioner's Court on _____
 Disapproved by the Commissioner's Court on _____

County Auditors Office _____ Date _____



**Nueces County, Texas
Budget Transfer Form**

FY17/18

RECEIVED
JUDGES COURT
2017 DEC 21 PM 1:59

The Honorable Commissioner's Court

Please approve the following budget transfer request for:

Department No. 1900 Dept Name _____
(Please prepare a separate request for each department)

Capital Outlay

Budget Category	Account Name	Increase To	Decrease From
5661	Motor Vehicles		74,710
5240	Maint & Repair Equipment & Vehicles	74,710	
Totals		74,710	74,710

This budget transfer is necessary to:

- (X) Cover pending purchase orders (R168816, R168809, R168817)
- () To balance line item categories
- () To cover temporary employees
- (X) Other

2018 Vehicle Fleet Accessories - FY17/18 Fleet approved CCT 12/1317
Graphics; Equipment; Routers; Installation

Discussion: _____

[Signature]
Signature of Official/Dept. Head

December 21, 2017

Recommended by: [Signature] Commissioners Court Administration
County Auditors Office 12/21/17

Budget Change Order # BCO 060

Notification of Commissioners Court Action
Approved by the Commissioner's Court on _____
Revised by the Commissioner's Court on _____
Disapproved by the Commissioner's Court on _____

County Auditors Office



Nueces County, Texas Budget Transfer Form

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3110 Department Name: County Court at Law 1
 (Please prepare a separate request for each department)

Key Code	Account Name	<u>Increase</u>	<u>Decrease</u>
5123	Salaries - Regular		5,000.00
5126	Salaries - Temporary	5,000.00	
5441	Insurance Expense	1,500.00	
TOTALS		<u>6,500.00</u>	<u>5,000.00</u>

This budget transfer is necessary to:
To cover costs of Temporary Employees due to two vacant positions
Cover costs for Texas Lawyers Insurance Exchange for FY 17/18 (PO358029)

Contact Person: Lisa Davis, Budget Accountant *[Signature]* Telephone No: EXT 0558
[Signature]
 Signature of Official/Dept. Head _____ Date _____

Recommended by:
Lisa Davis, Budget Accountant *[Signature]* 12/21/2017 Budget Change Order BCO06
 County Auditors Office _____ Date _____

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
 Revised & Approved by the Commissioner's Court on _____
 Disapproved by the Commissioner's Court on _____

 County Auditors Office Date

Calculation of Available Personnel Costs Form

(Please attach this form to the Budget Transfer Form with a computer printout.)



3110
Dept No.

Count Court at Law 1
Dept Name

Calculation of Available Salaries

As of 12/21/2017 Available Budget Balance-Salaries \$ 148,736

(Per Account Summary or GLIQBA Reports)

Bi-weekly 21.5 X 6,435.62
(Pay Periods Remaining) (Amount per Pay Period)

Projected Salaries Needed (138,366)

Funds Available 10,370

Budget Amendment Transfers-out requested (5,000)

Funds available after transfer \$ 5,370

Calculation of Available Employee Benefits

As of _____ Available Budget Balance-Benefits \$ _____

(Per Account Summary or GLIQBA Reports)

Bi-weekly _____ X _____
(Pay Periods Remaining) (Amount per Pay Period)

Projected Benefits Needed (0)

Funds Available 0

Budget Amendment Transfers-out requested _____

Funds available after transfer \$ 0

Lisa Davis, Budget Accountant 12/21/17
Prepared by Date

[Signature] _____
Approver Signature Date

CCT Administration Approval Date



Nueces County, Texas Budget Transfer Form

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3120 Department Name: County Court at Law 2
(Please prepare a separate request for each department)

Key Code	Account Name	<u>Increase</u>	<u>Decrease</u>
5441	Insurance Expense	1,500.00	
TOTALS		<u>1,500.00</u>	<u>-</u>

This budget transfer is necessary to:

Cover costs for Texas Lawyers Insurance Exchange for FY 17/18 (PO358029)

Contact Person: Lisa Davis, Budget Accountant *RD* Telephone No: EXT 0558

[Signature] _____ Date _____
Signature of Official/Dept. Head

Recommended by: Lisa Davis, Budget Accountant *RD* 12/21/2017 Budget Change Order BCO06
County Auditors Office _____ Date

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
Revised & Approved by the Commissioner's Court on _____
Disapproved by the Commissioner's Court on _____

County Auditors Office Date



**Nueces County, Texas
Budget Transfer Form**

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3130 Department Name: County Court at Law 3

(Please prepare a separate request for each department)

Key Code	Account Name	Increase	Decrease
5441	Insurance Expense	1,500.00	
TOTALS		1,500.00	-

This budget transfer is necessary to:

Cover costs for Texas Lawyers Insurance Exchange for FY 17/18 (PO358029)

Contact Person: Lisa Davis, Budget Accountant Telephone No: EXT 0558

[Signature]
Signature of Official/Dept. Head Date

Recommended by:
Lisa Davis, Budget Accountant 12/21/2017 Budget Change Order BCO06
County Auditors Office Date

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
Revised & Approved by the Commissioner's Court on _____
Disapproved by the Commissioner's Court on _____

County Auditors Office Date



Nueces County, Texas Budget Transfer Form

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3140 Department Name: County Court at Law 4
(Please prepare a separate request for each department)

Key Code	Account Name	Increase	Decrease
5441	Insurance Expense	1,500.00	
TOTALS		<u>1,500.00</u>	<u>-</u>

This budget transfer is necessary to:

Cover costs for Texas Lawyers Insurance Exchange for FY 17/18 (PO358029)

Contact Person: Lisa Davis, Budget Accountant Telephone No: EXT 0558

Signature of Official/Dept. Head: [Signature] Date: _____

Recommended by: Lisa Davis, Budget Accountant 12/21/2017 Budget Change Order BCO06
County Auditors Office Date

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
Revised & Approved by the Commissioner's Court on _____
Disapproved by the Commissioner's Court on _____

County Auditors Office _____ Date _____



Nueces County, Texas Budget Transfer Form

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3150 Department Name: County Court at Law 5
(Please prepare a separate request for each department)

Key Code	Account Name	Increase	Decrease
5126	Salaries - Temporary	2,000.00	
5441	Insurance Expense	1,500.00	
	TOTALS	3,500.00	-

This budget transfer is necessary to:

To cover costs of Temporary Employees due to vacant position

Cover costs for Texas Lawyers Insurance Exchange for FY 17/18 (PO358029)

Contact Person: Lisa Davis, Budget Accountant Telephone No: 0558

[Signature] Signature of Official/Dept. Head Date _____

Recommended by:
Lisa Davis, Budget Accountant 12/21/2017 Budget Change Order BCO06
County Auditors Office Date

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
Revised & Approved by the Commissioner's Court on _____
Disapproved by the Commissioner's Court on _____

County Auditors Office Date



Nueces County, Texas Budget Transfer Form

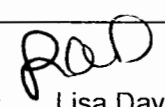
The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

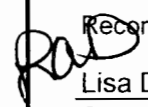
Department No. 3300 Department Name: Court Administration
(Please prepare a separate request for each department)

Key Code	Account Name	<u>Increase</u>	<u>Decrease</u>
5344	Appt Attnys - Capital Murder		21,500.00
TOTALS		-	21,500.00

This budget transfer is necessary to:
Cover costs for Texas Lawyers Insurance Exchange for FY 17/18 (PO358029)

Contact Person:  Lisa Davis, Budget Accountant Telephone No: EXT 0558

 Signature of Official/Dept. Head Date

Recommended by:  Lisa Davis, Budget Accountant 12/21/2017 Budget Change Order BCO 06
County Auditors Office Date

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____

Revised & Approved by the Commissioner's Court on _____

Disapproved by the Commissioner's Court on _____

County Auditors Office Date



Nueces County, Texas Budget Transfer Form

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3310 Department Name: 28th District Court
(Please prepare a separate request for each department)

Key Code	Account Name	<u>Increase</u>	<u>Decrease</u>
5441	Insurance Expense	1,500.00	
TOTALS		<u>1,500.00</u>	<u>-</u>

This budget transfer is necessary to:

Cover costs for Texas Lawyers Insurance Exchange for FY 17/18 (PO358029)

Contact Person: Lisa Davis, Budget Accountant Telephone No: EXT 0558

[Signature]
Signature of Official/Dept. Head Date

Recommended by:
Lisa Davis, Budget Accountant 12/21/2017 Budget Change Order BCO06
County Auditors Office Date

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
Revised & Approved by the Commissioner's Court on _____
Disapproved by the Commissioner's Court on _____

County Auditors Office Date



Nueces County, Texas Budget Transfer Form

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3320 Department Name: 94th District Court
 (Please prepare a separate request for each department)

Key Code	Account Name	<u>Increase</u>	<u>Decrease</u>
5441	Insurance Expense	1,500.00	
TOTALS		1,500.00	-

This budget transfer is necessary to:

Cover costs for Texas Lawyers Insurance Exchange for FY 17/18 (PO358029)

Contact Person: Lisa Davis, Budget Accountant Telephone No: EXT 0558

Signature of Official/Dept. Head: Date: _____

Recommended by: Lisa Davis, Budget Accountant 12/21/2017 Budget Change Order BCO06
 County Auditors Office Date

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
 Revised & Approved by the Commissioner's Court on _____
 Disapproved by the Commissioner's Court on _____

_____ Date



Nueces County, Texas Budget Transfer Form

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3330 Department Name: 105th District Court
 (Please prepare a separate request for each department)

Key Code	Account Name	<u>Increase</u>	<u>Decrease</u>
5441	Insurance Expense	1,500.00	
TOTALS		<u>1,500.00</u>	<u>-</u>

This budget transfer is necessary to:

Cover costs for Texas Lawyers Insurance Exchange for FY 17/18 (PO358029)

Contact Person: *RAD* Lisa Davis, Budget Accountant Telephone No: EXT 0558

Signature of Official/Dept. Head: *[Signature]* Date: _____

Recommended by: *RAD* Lisa Davis, Budget Accountant Date: 12/21/2017
 County Auditors Office Budget Change Order BCO06

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
 Revised & Approved by the Commissioner's Court on _____
 Disapproved by the Commissioner's Court on _____

_____ County Auditors Office Date _____



Nueces County, Texas Budget Transfer Form

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3340 Department Name: 117th District Court
(Please prepare a separate request for each department)

Key Code	Account Name	Increase	Decrease
5441	Insurance Expense	1,500.00	
TOTALS		1,500.00	-

This budget transfer is necessary to:
Cover costs for Texas Lawyers Insurance Exchange for FY 17/18 (PO358029)

Contact Person: *RAD* Lisa Davis, Budget Accountant Telephone No: EXT 0558

Lisa Davis
Signature of Official/Dept. Head Date

Recommended by: *RAD* Lisa Davis, Budget Accountant 12/21/2017 Budget Change Order BCO06
County Auditors Office Date

Notification of Commissioners Court Action:
Approved by the Commissioner's Court on _____
Revised & Approved by the Commissioner's Court on _____
Disapproved by the Commissioner's Court on _____

County Auditors Office Date



Nueces County, Texas Budget Transfer Form

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3350 Department Name: 148th District Court
 (Please prepare a separate request for each department)

Key Code	Account Name	<u>Increase</u>	<u>Decrease</u>
5441	Insurance Expense	1,500.00	
TOTALS		<u>1,500.00</u>	<u>-</u>

This budget transfer is necessary to:

Cover costs for Texas Lawyers Insurance Exchange for FY 17/18 (PO358029)

Contact Person: *LAD* Lisa Davis, Budget Accountant Telephone No: EXT 0558

Signature of Official/Dept. Head: *[Signature]* Date: _____

Recommended by: *LAD* Lisa Davis, Budget Accountant 12/21/2017 Budget Change Order BCO06
 County Auditors Office Date

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
 Revised & Approved by the Commissioner's Court on _____
 Disapproved by the Commissioner's Court on _____

County Auditors Office _____ Date _____



Nueces County, Texas Budget Transfer Form

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3360 Department Name: 214th District Court
(Please prepare a separate request for each department)

Key Code	Account Name	Increase	Decrease
5441	Insurance Expense	1,500.00	
TOTALS		<u>1,500.00</u>	<u>-</u>

This budget transfer is necessary to:

Cover costs for Texas Lawyers Insurance Exchange for FY 17/18 (PO358029)

Contact Person: Lisa Davis, Budget Accountant Telephone No: EXT 0558

Signature of Official/Dept. Head: [Signature] Date: _____

Recommended by: Lisa Davis, Budget Accountant 12/21/2017 Budget Change Order BCO06
County Auditors Office Date

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
Revised & Approved by the Commissioner's Court on _____
Disapproved by the Commissioner's Court on _____

County Auditors Office _____ Date _____



Nueces County, Texas Budget Transfer Form

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3370 Department Name: 319th District Court
 (Please prepare a separate request for each department)

Key Code	Account Name	<u>Increase</u>	<u>Decrease</u>
5441	Insurance Expense	1,500.00	
TOTALS		<u>1,500.00</u>	<u>-</u>

This budget transfer is necessary to:

Cover costs for Texas Lawyers Insurance Exchange for FY 17/18 (PO358029)

Contact Person: *fad* Lisa Davis, Budget Accountant Telephone No: EXT 0558

Lisa Davis
 Signature of Official/Dept. Head _____ Date _____

fad
 Recommended by: Lisa Davis, Budget Accountant 12/21/2017 Budget Change Order BCO06
 County Auditors Office _____ Date _____

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
 Revised & Approved by the Commissioner's Court on _____
 Disapproved by the Commissioner's Court on _____

 County Auditors Office Date



Nueces County, Texas Budget Transfer Form

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3380 Department Name: 347th District Court
(Please prepare a separate request for each department)

Key Code	Account Name	Increase	Decrease
5441	Insurance Expense	1,500.00	
TOTALS		1,500.00	-

This budget transfer is necessary to:

Cover costs for Texas Lawyers Insurance Exchange for FY 17/18 (PO358029)

Contact Person: Lisa Davis, Budget Accountant

Telephone No: EXT 0558

Signature of Official/Dept. Head

Date

Recommended by:

Lisa Davis, Budget Accountant
County Auditors Office

12/21/2017
Date

Budget Change Order BCO06

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
Revised & Approved by the Commissioner's Court on _____
Disapproved by the Commissioner's Court on _____

County Auditors Office

Date



Nueces County, Texas
Budget Transfer Form

RECEIVED
NUECES COUNTY CLERK
2017 DEC 19 PM 2:18

The Honorable Commissioner's Court: **FY 2017/2018**

Please approve the following budget transfer request for:

Department No. 3492 Department Name: Juvenile Justice Post-Adjudication
(Please prepare a separate request for each department)

Key Code	Account Name	Increase	Decrease
5123	Salaries - Regular		800
5183	Taxable Meal Benefit	800	
TOTALS		<u>800</u>	<u>800</u>

This budget transfer is necessary to:

For juvenile transports by JPO - employee meal reimbursements

Contact Person: Deanna Saldana Telephone No: 561-6049

C. Hernandez
Signature of Official/Dept. Head

December 19, 2017
Date

Recommended by: [Signature]
County Auditors Office

12/19/17
Date

Budget Change Order BCO 06

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
Revised & Approved by the Commissioner's Court on _____
Disapproved by the Commissioner's Court on _____

County Auditors Office Date

Calculation of Available Personnel Costs Form

(Please attach this form to the Budget Transfer Form with a computer printout.)



3492

Dept No.

Juvenile Justice Post-Adjudication

Dept Name

Calculation of Available Salaries

As of 12/19/2017

(Per Account Summary or GLIQBA Reports)

Exempt/Regular Payroll 21 X 39,950
(Pay Periods Remaining) (Amount per Pay Period)

Exempt/Regular Payroll-
5 day Accrual (09/22-28/2018) 5 19,975

Available Budget Balance-Salaries \$ 889,966

Projected Salaries Needed (858,925)

Funds Available 31,041

Budget Amendment Transfers-out requested 800

Funds available after transfer \$ 30,241

Calculation of Available Employee Benefits

As of _____

(Per Account Summary or GLIQBA Reports)

Regular Payroll _____ X _____
Exempt Payroll _____ X _____
(Pay Periods Remaining) (Amount per Pay Period)

Available Budget Balance-Benefits \$ _____

Projected Benefits Needed (0)

Funds Available 0

Budget Amendment Transfers-out requested _____

Funds available after transfer \$ 0

A handwritten signature in black ink, appearing to be "C. H. [unclear]".

12/19/17

Signature

Date

RECEIVED

DEC 22 2017



Nueces County, Texas
Budget Transfer Form

NUECES COUNTY AUDITOR

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3640 Department Name: Justice of the Peace Pct. 4
(Please prepare a separate request for each department)

Table with columns: Key Code, Account Name, Increase, Decrease. Includes entries for Salaries - Overtime and Travel Expenses, and a TOTALS row.

This budget transfer is necessary to:

To cover over budget fees in overtime

Contact Person: Victoria Salinas

Telephone No: 361-749-5661

Signature of Official/Dept. Head

Date

Recommended by:

Budget Change Order

County Auditors Office

Date

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on

Revised & Approved by the Commissioner's Court on

Disapproved by the Commissioner's Court on

County Auditors Office

Date



Nueces County, Texas
Budget Transfer Form

RECEIVED

DEC 20 2017

NUECES COUNTY AUDITOR

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3700 Department Name: County Sheriff
(Please prepare a separate request for each department)

Key Code	Account Name	Increase	Decrease
<u>5180</u>	<u>Other Personnel Expense</u>	<u>500.00</u>	
<u>5410</u>	<u>Other Services & Charges</u>		<u>500.00</u>
	TOTALS	<u>500.00</u>	<u>500.00</u>

This budget transfer is necessary to:

To cover overages

Contact Person: _____

Telephone No: _____

Samuel T. Pies
Signature of Official/Dept. Head

12-20-17
Date

Recommended by:
Rita A. Davis
County Auditors Office

12/21/17
Date

Budget Change Order BCO 06

Notificaton of Commissioners Court Action:

Approved by the Commissioner's Court on _____
Revised & Approved by the Commissioner's Court on _____
Disapproved by the Commissioner's Court on _____

County Auditors Office

Date

RECEIVED



Nueces County, Texas Budget Transfer Form

DEC 20 2017

NUECES COUNTY AUDITOR

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 3720 Department Name: Jail
(Please prepare a separate request for each department)

Key Code	Account Name	Increase	Decrease
5180	Other Personnel Expense	5,000.00	
5410	Other Services & Charges		
5350	Reserve Appropriation		5,000.00
TOTALS		5,000.00	5,000.00

This budget transfer is necessary to:

To cover overages

Contact Person: _____ Telephone No: _____

Manit T. Pugh
Signature of Official/Dept. Head

12-20-17
Date

Recommended by:
Priscilla Davis
County Auditors Office

12/21/17
Date

Budget Change Order BCO 06

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
Revised & Approved by the Commissioner's Court on _____
Disapproved by the Commissioner's Court on _____

County Auditors Office _____ Date _____



Nueces County, Texas Budget Transfer Form

RECEIVED

DEC 18 2017

The Honorable Commissioner's Court:

NUECES COUNTY AUDITOR

Please approve the following budget transfer request for:

Department No. 6110 Department Name: Agricultural Extension
 (Please prepare a separate request for each department)

Key Code	Account Name	<u>Increase</u>	<u>Decrease</u>
5260	Maintenance & Repair of Building	27 20.99 <i>RAO</i>	
5540	Travel		27 20.99 <i>RAO</i>
	TOTALS	27 20.99 <i>RAO</i>	27 20.99 <i>RAO</i>

This budget transfer is necessary to:
cover expenses

Contact Person: Jason P. Ott CEA-Ag/ NR Telephone No: 361-767-5223

Jason P. Ott Signature of Official/Dept. Head Date 12/18/17

Recommended by: *[Signature]* Date 12/19/17 Budget Change Order *BCO 06*
 County Auditors Office

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
 Revised & Approved by the Commissioner's Court on _____
 Disapproved by the Commissioner's Court on _____

County Auditors Office _____ Date _____



Nueces County, Texas Budget Transfer Form

RECEIVED
NUECES COUNTY CLERK

2017 DEC 19 AM 11:21

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 0170 Department Name: Inland Parks
(Please prepare a separate request for each department)

Key Code	Account Name	Increase	Decrease
5260	Maint & Repair - Bldg & Grounds		3,000
5300	Professional Services	3,000	
	<i>PAO</i>		
TOTALS		<u>3,000</u>	<u>3,000</u>

This budget transfer is necessary to:

- Cover outstanding purchase orders
- To balance line item categories until end of fiscal year
- To cover temporary employees
- Other **Cover items needed for necessary expenses.**

Contact Person: Janie Hernandez

Telephone No: 361-387-5904

Edward Herrera
Signature of Official/Dept. Head

12/18/17
Date

Recommended by:
Rosa
County Auditors Office

12/19/17
Date

Budget Change Order BCO 06

Notificaton of Commissioners Court Action:

Approved by the Commissioner's Court on _____

Revised & Approved by the Commissioner's Court on _____

Disapproved by the Commissioner's Court on _____

County Auditors Office

Date



Nueces County, Texas Budget Transfer Form

RECEIVED

DEC 18 2017

The Honorable Commissioner's Court:

NUECES COUNTY AUDITOR

Please approve the following budget transfer request for:

Department No. 3091 Department Name: CC-NC Public Health District
(Please prepare a separate request for each department)

Key Code	Account Name	<u>Increase</u>	<u>Decrease</u>
<i>RWD</i> 5125	Salaries-Overtime	2,400.00	
<i>RWD</i> 5300	Professional Services		2,400.00
TOTALS		2,400.00	2,400.00

This budget transfer is necessary to:
To cover cost of overtime for October 2017 Fall Festival.

Contact Person: Juanita M. Cabrera Telephone No: 361 826-7333

W.M. Uhlarik December 18, 2017
 William M. Uhlarik, M.B.A., A.R.M., Assistant Health Director Date

Recommended by: *River Davis* 12/19/17 Budget Change Order *BC006*
 County Auditors Office Date

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
 Revised & Approved by the Commissioner's Court on _____
 Disapproved by the Commissioner's Court on _____

 County Auditors Office Date