

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 200.⁰⁰

FROM: Account #: 22-172-663 VEHICLE REPAIRS

TO: Account #: 22-172-657 BUILDING REPAIRS

EXPLANATION: TO COVER SHORT FALL IN
LINE ITEM

Requested By: Alonzo Mendez
Dated: 9-21-20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 1,800⁰⁰

FROM: Account #: 12-137-612

TO: Account #: 12-137-207 501

EXPLANATION: to purchase laptop for county
attorney office

Requested By: Rob Baigmonte

Dated: 9/15/20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 450⁰⁰

FROM: Account #: 24-174 -510

TO: Account #: 24-174- 505
505

EXPLANATION: Budget Shortfall

Requested By: David Bruns

Dated: 9-16-20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 583⁹⁸

FROM: Account #: 24-174-661

TO: Account #: 24-174-657

EXPLANATION: Budget Shortfall

Requested By: David Brans

Dated: 9-16-20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 14,186.21

FROM: Account #: 24-174-750

TO: Account #: 24-174-707

EXPLANATION: Help Pay for Roller For
prec 1

Requested By: David L. Brans

Dated: 9-16-20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 300⁰⁰

FROM: Account #: 24-174-510

TO: Account #: 24-174-650

EXPLANATION: Budget Shortfall

Requested By: David Brans

Dated: 9-16-20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 5388⁰⁰

FROM: Account #: 24-174-750

TO: Account #: 24-174-506

EXPLANATION: Carry SEA Cost

Requested By: David Brans

Dated: 9-16-20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 1500⁰⁰

FROM: Account #: ~~67~~24-174-671

TO: Account #: 24-174-506

EXPLANATION: Cover Seal Coat

Requested By: David L Brans

Dated: 9-16-20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 7000⁰⁰

FROM: Account #: 24-174-663

TO: Account #: 24-174-506

EXPLANATION: Cover Seal Coat

Requested By: David Brans

Dated: 9-16-20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 500⁰⁰

FROM: Account #: 24-174-651

TO: Account #: 24-174-506

EXPLANATION: Cover Seat Coat

Requested By: David Brans

Dated: 9-16-20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 500⁰⁰

FROM: Account #: 24-174-612

TO: Account #: 24-174-506

EXPLANATION: Cove Seal Coat

Requested By: David Brems

Dated: 9-16-20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

llockwood@goliadcountytexas.gov

From: David Bruns <dbruns@goliadcountytexas.gov>
Sent: Tuesday, September 22, 2020 4:35 PM
To: llockwood@goliadcountytexas.gov
Subject: Re: Budget Line Item Transfer

500.00

Can you change the transfer on 525 to 506 to the amount of 1479.72
Or I can come in tomorrow and fix it

Sent from my iPhone

On Sep 22, 2020, at 12:56 PM, llockwood@goliadcountytexas.gov wrote: -

Commissioner Bruns,

The attached Line Item Transfer does not reference a dollar amount.

Respectfully,

Leigh Lockwood

Goliad County Assistant Auditor

Phone 361-645-3345 / Fax 361-645-8518

llockwood@goliadcountytexas.gov

<image003.png>

<PCT 4 BLIT.pdf>

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 2000⁰⁰ \$1479.72

FROM: Account #: 24-174-525

TO: Account #: 24-174-506

EXPLANATION: Car Seal Coat

Requested By: David Brang

Dated: 9-16-20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

llockwood@goliadcountytexas.gov

From: David Bruns <dbruns@goliadcountytexas.gov>
Sent: Tuesday, September 22, 2020 4:35 PM
To: llockwood@goliadcountytexas.gov
Subject: Re: Budget Line Item Transfer

500.00

Can you change the transfer on 525 to 506 to the amount of 1479.72
Or I can come in tomorrow and fix it

Sent from my iPhone

On Sep 22, 2020, at 12:56 PM, llockwood@goliadcountytexas.gov wrote:

Commissioner Bruns,

The attached Line Item Transfer does not reference a dollar amount.

Respectfully,

Leigh Lockwood

Goliad County Assistant Auditor

Phone 361-645-3345 / Fax 361-645-8518

llockwood@goliadcountytexas.gov

<image003.png>

<PCT 4 BLIT.pdf>

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 502⁴⁰

FROM: Account #: 24-174-507

TO: Account #: 24-174-506

EXPLANATION: corn seat coat

Requested By: David Bruns

Dated: 9-16-20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 4,350⁰⁰

FROM: Account #: 24-174-504

TO: Account #: 24-174-506

EXPLANATION: COURT SEAL COAT

Requested By: David Brung

Dated: 9-26-20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County

Request for Line Item Transfer

AMOUNT: \$ ⁰¹³ ~~36384~~ 29892

FROM: Account #: 24-174-501

TO: Account #: 24-174-506

EXPLANATION: Corn Seal Coat

Requested By: Dave J Brans

Dated: 9-16-20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 3775⁰⁰

FROM: Account #: 24-174-503

TO: Account #: 24-174-506

EXPLANATION: COURT SEAL COAT

Requested By: Davis Brans

Dated: 9-16-20

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

BUDGET AMENDMENT REQUEST FORM
ALL GOLIAD COUNTY OPERATING FUNDS

NOTE: When requesting a Budget Amendment that is not a transfer from one budgeted line item to another budgeted line item or not due to unanticipated revenue, this form MUST be completed and filed with the County Judge to be placed on the next agenda of the Goliad County Commissioners Court.

ORDER OF THE GOLIAD COUNTY COMMISSIONERS COURT

On this the 28th day of September, the following budget amendment request to the previously approved 2019-2020 Goliad County Budget is made by Mickey White, Commissioner, Pct #3 :

| | <u>ACCOUNT NUMBER</u> | <u>LINE ITEM DESCRIPTION</u> | <u>AMOUNT</u> |
|-------|---|---|---|
| TO: | <u>23-173-707</u> | <u>Furniture and Equipment</u> | \$ <u>135,000.00</u> |
| | <u> </u> | <u> </u> | <u> </u> |
| | <u> </u> | <u> </u> | <u> </u> |
| ----- | | | |
| FROM: | <u>23-173-506</u> | <u>Road Materials</u> | \$ <u>135,000.00</u> |
| | <u> </u> | <u> </u> | <u> </u> |
| | <u> </u> | <u> </u> | \$ <u> </u> |

This request is made for the following reasons:
To cover shortfall in Equipment

Whereas, the Commissioners' Court finds that a grave public necessity exists to meet unusual and unforeseen conditions which could not by reasonable, diligent thought and attention have been included in the original budget and finding an emergency; and after due consideration of the above-stated request, the court hereby approves said request and orders the same to be filed and maintained with Goliad County's formally adopted 2019-2020 budget in the County Clerk's Office.

APPROVED AND SIGNED this the _____ day of _____, 2019.

 GOLIAD COUNTY JUDGE

 ATTEST: GOLIAD COUNTY CLERK

 TO BE COMPLETED BY COUNTY AUDITOR:

DATE OF ENTRY: _____ ENTRY TYPE/NUMBER: _____

ENTRY MADE BY: _____

BUDGET AMENDMENT REQUEST FORM
ALL GOLIAD COUNTY OPERATING FUNDS

NOTE: When requesting a Budget Amendment that is not a transfer from one budgeted line item to another budgeted line item or not due to unanticipated revenue, this form MUST be completed and filed with the County Judge to be placed on the next agenda of the Goliad County Commissioners Court.

ORDER OF THE GOLIAD COUNTY COMMISSIONERS COURT

On this the 28th day of September, the following budget amendment request to the previously approved 2019-2020 Goliad County Budget is made by Mickey White, Commissioner, Pct #3 :

| | <u>ACCOUNT NUMBER</u> | <u>LINE ITEM DESCRIPTION</u> | <u>AMOUNT</u> |
|---|---|---|--|
| TO: | <u>23-173-510</u> | <u>Hand Tools</u> | \$ <u>300.00</u> |
| | <u> </u> | <u> </u> | \$ <u> </u> |
| | <u> </u> | <u> </u> | \$ <u> </u> |
| <hr style="border-top: 1px dashed black;"/> | | | |
| FROM: | <u>23-173-506</u> | <u>Road Materials</u> | \$ <u>300.00</u> |
| | <u> </u> | <u> </u> | \$ <u> </u> |
| | <u> </u> | <u> </u> | \$ <u> </u> |

This request is made for the following reasons:

To cover shortfall in Hand Tools

Whereas, the Commissioners' Court finds that a grave public necessity exists to meet unusual and unforeseen conditions which could not by reasonable, diligent thought and attention have been included in the original budget and finding an emergency; and after due consideration of the above-stated request, the court hereby approves said request and orders the same to be filed and maintained with Goliad County's formally adopted 2019-2020 budget in the County Clerk's Office.

APPROVED AND SIGNED this the _____ day of _____, 2019.

GOLIAD COUNTY JUDGE

ATTEST: GOLIAD COUNTY CLERK

TO BE COMPLETED BY COUNTY AUDITOR:

DATE OF ENTRY: _____ ENTRY TYPE/NUMBER: _____

ENTRY MADE BY: _____

BUDGET AMENDMENT REQUEST FORM
ALL GOLIAD COUNTY OPERATING FUNDS

NOTE: When requesting a Budget Amendment that is not a transfer from one budgeted line item to another budgeted line item or not due to unanticipated revenue, this form MUST be completed and filed with the County Judge to be placed on the next agenda of the Goliad County Commissioners Court.

ORDER OF THE GOLIAD COUNTY COMMISSIONERS COURT

On this the 28th day of September, the following budget amendment request to the previously approved 2019-2020 Goliad County Budget is made by Mickey White, Commissioner, Pct #3 :

| | <u>ACCOUNT NUMBER</u> | <u>LINE ITEM DESCRIPTION</u> | <u>AMOUNT</u> |
|-------|---|---|------------------|
| TO: | <u>23-173-657</u> | <u>Building Maintenance & Rep</u> | <u>\$ 300.00</u> |
| | <u> </u> | <u> </u> | <u>\$ _____</u> |
| | <u> </u> | <u> </u> | <u>\$ _____</u> |
| ----- | | | |
| FROM: | <u>23-173-506</u> | <u>Road Materials</u> | <u>\$ 300.00</u> |
| | <u> </u> | <u> </u> | <u>\$ _____</u> |
| | <u> </u> | <u> </u> | <u>\$ _____</u> |

This request is made for the following reasons:

To cover shortfall in Building Maintenance & Repairs

Whereas, the Commissioners' Court finds that a grave public necessity exists to meet unusual and unforeseen conditions which could not by reasonable, diligent thought and attention have been included in the original budget and finding an emergency; and after due consideration of the above-stated request, the court hereby approves said request and orders the same to be filed and maintained with Goliad County's formally adopted 2019-2020 budget in the County Clerk's Office.

APPROVED AND SIGNED this the _____ day of _____, 2019.

 GOLIAD COUNTY JUDGE

 ATTEST: GOLIAD COUNTY CLERK

 TO BE COMPLETED BY COUNTY AUDITOR:

DATE OF ENTRY: _____ ENTRY TYPE/NUMBER: _____

ENTRY MADE BY: _____

BUDGET AMENDMENT REQUEST FORM
ALL GOLIAD COUNTY OPERATING FUNDS

NOTE: When requesting a Budget Amendment that is not a transfer from one budgeted line item to another budgeted line item or not due to unanticipated revenue, this form MUST be completed and filed with the County Judge to be placed on the next agenda of the Goliad County Commissioners Court.

ORDER OF THE GOLIAD COUNTY COMMISSIONERS COURT

On this the 28th day of September, the following budget amendment request to the previously approved 2019-2020 Goliad County Budget is made by Mickey White, Commissioner, Pct #3 :

| | ACCOUNT NUMBER | LINE ITEM DESCRIPTION | AMOUNT |
|-------|----------------|------------------------|-------------|
| TO: | 93-173-411 | Group Health Insurance | \$ 5,100.00 |
| | | | \$ _____ |
| | | | \$ _____ |
| | | | |
| FROM: | 93-173-402 | Salaries, Labor | \$ 5,100.00 |
| | | | \$ _____ |
| | | | \$ _____ |

This request is made for the following reasons:

To cover shortfall in Group Health Insurance

Whereas, the Commissioners' Court finds that a grave public necessity exists to meet unusual and unforeseen conditions which could not by reasonable, diligent thought and attention have been included in the original budget and finding an emergency; and after due consideration of the above-stated request, the court hereby approves said request and orders the same to be filed and maintained with Goliad County's formally adopted 2019-2020 budget in the County Clerk's Office.

APPROVED AND SIGNED this the _____ day of _____, 2019.

 GOLIAD COUNTY JUDGE

 ATTEST: GOLIAD COUNTY CLERK

TO BE COMPLETED BY COUNTY AUDITOR:

DATE OF ENTRY: _____ ENTRY TYPE/NUMBER: _____

ENTRY MADE BY: _____

BUDGET AMENDMENT REQUEST FORM
ALL GOLIAD COUNTY OPERATING FUNDS

NOTE: When requesting a Budget Amendment that is not a transfer from one budgeted line item to another budgeted line item or not due to unanticipated revenue, this form **MUST** be completed and filed with the County Judge to be placed on the next agenda of the Goliad County Commissioners Court.

ORDER OF THE GOLIAD COUNTY COMMISSIONERS COURT

On this the 28th day of September, the following budget amendment request to the previously approved 2019-2020 Goliad County Budget is made by Kenneth Edwards, Commissioner, Pct #1 :

| | <u>ACCOUNT NUMBER</u> | <u>LINE ITEM DESCRIPTION</u> | <u>AMOUNT</u> |
|-------|-----------------------|-----------------------------------|--------------------|
| TO: | <u>21-171-663</u> | <u>Vehicle Maintenance</u> | <u>\$ 5,000.00</u> |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| ----- | | | |
| FROM: | <u>21-171-658</u> | <u>Building Repairs</u> | <u>\$ 3,000.00</u> |
| | <u>21-171-504</u> | <u>Tires, Tubes and Batteries</u> | <u>\$ 2,000.00</u> |
| | _____ | _____ | <u>\$ _____</u> |

This request is made for the following reasons:

To cover shortfall in Vehicle Maintenance

Whereas, the Commissioners' Court finds that a grave public necessity exists to meet unusual and unforeseen conditions which could not by reasonable, diligent thought and attention have been included in the original budget and finding an emergency; and after due consideration of the above-stated request, the court hereby approves said request and orders the same to be filed and maintained with Goliad County's formally adopted 2019-2020 budget in the County Clerk's Office.

APPROVED AND SIGNED this the _____ day of _____, 2019.

GOLIAD COUNTY JUDGE

ATTEST: GOLIAD COUNTY CLERK

TO BE COMPLETED BY COUNTY AUDITOR:

DATE OF ENTRY: _____ ENTRY TYPE/NUMBER: _____

ENTRY MADE BY: _____

BUDGET AMENDMENT REQUEST FORM
ALL GOLIAD COUNTY OPERATING FUNDS

NOTE: When requesting a Budget Amendment that is not a transfer from one budgeted line item to another budgeted line item or not due to unanticipated revenue, this form **MUST** be completed and filed with the County Judge to be placed on the next agenda of the Goliad County Commissioners Court.

ORDER OF THE GOLIAD COUNTY COMMISSIONERS COURT

On this the 28th day of September, the following budget amendment request to the previously approved 2019-2020 Goliad County Budget is made by Kenneth Edwards, Commissioner, Pct #1 :

| | <u>ACCOUNT NUMBER</u> | <u>LINE ITEM DESCRIPTION</u> | <u>AMOUNT</u> |
|-------|-----------------------------|---------------------------------|--------------------|
| TO: | <u>21-171-507</u> | <u>Right-Of-Way Maintenance</u> | <u>\$ 1,100.00</u> |
| | <u>21-171-650</u> | <u>Telephone</u> | <u>\$ 1,600.00</u> |
| | <u>21-171-651</u> | <u>Utilities</u> | <u>\$ 1,600.00</u> |
| ----- | | | |
| FROM: | <u>21-171-658</u> | <u>Building Repairs</u> | <u>\$ 4,300.00</u> |
| | <u> </u> | <u> </u> | <u>\$</u> |
| | <u> </u> | <u> </u> | <u>\$</u> |

This request is made for the following reasons:

To cover shortfalls in Right-Of-Way Maintenance, Telephone and Utilities

Whereas, the Commissioners' Court finds that a grave public necessity exists to meet unusual and unforeseen conditions which could not by reasonable, diligent thought and attention have been included in the original budget and finding an emergency; and after due consideration of the above-stated request, the court hereby approves said request and orders the same to be filed and maintained with Goliad County's formally adopted 2019-2020 budget in the County Clerk's Office.

APPROVED AND SIGNED this the _____ day of _____, 2019.

 GOLIAD COUNTY JUDGE

 ATTEST: GOLIAD COUNTY CLERK

 TO BE COMPLETED BY COUNTY AUDITOR:

DATE OF ENTRY: _____ ENTRY TYPE/NUMBER: _____

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BUDGET AMENDMENT REQUEST FORM
ALL GOLIAD COUNTY OPERATING FUNDS

NOTE: When requesting a Budget Amendment that is not a transfer from one budgeted line item to another budgeted line item or not due to unanticipated revenue, this form **MUST** be completed and filed with the County Judge to be placed on the next agenda of the Goliad County Commissioners Court.

ORDER OF THE GOLIAD COUNTY COMMISSIONERS COURT

On this the 28th day of September , the following budget amendment request to the previously approved 2019-2020 Goliad County Budget is made by Kenneth Edwards, Commissioner, Pct #1 :

| | <u>ACCOUNT NUMBER</u> | <u>LINE ITEM DESCRIPTION</u> | <u>AMOUNT</u> |
|-------|-----------------------|---------------------------------|----------------------|
| TO: | <u> 91-171-411 </u> | <u> Group Health Insurance </u> | \$ <u> 2,200.00 </u> |
| | <u> 91-171-412 </u> | <u> Retirement </u> | \$ <u> 2,000.00 </u> |
| | <u> </u> | <u> </u> | \$ <u> </u> |
| ----- | | | |
| FROM: | <u> 91-171-506 </u> | <u> Road Materials </u> | \$ <u> 4,200.00 </u> |
| | <u> </u> | <u> </u> | \$ <u> </u> |
| | <u> </u> | <u> </u> | \$ <u> </u> |

This request is made for the following reasons:

To cover shortfalls in Group Health Insurance and Retirement

Whereas, the Commissioners' Court finds that a grave public necessity exists to meet unusual and unforeseen conditions which could not by reasonable, diligent thought and attention have been included in the original budget and finding an emergency; and after due consideration of the above-stated request, the court hereby approves said request and orders the same to be filed and maintained with Goliad County's formally adopted 2019-2020 budget in the County Clerk's Office.

APPROVED AND SIGNED this the _____ day of _____, 2019.

 GOLIAD COUNTY JUDGE

 ATTEST: GOLIAD COUNTY CLERK

 TO BE COMPLETED BY COUNTY AUDITOR:

DATE OF ENTRY: _____ ENTRY TYPE/NUMBER: _____

ENTRY MADE BY: _____

BUDGET AMENDMENT REQUEST FORM
ALL GOLIAD COUNTY OPERATING FUNDS

NOTE: When requesting a Budget Amendment that is not a transfer from one budgeted line item to another budgeted line item or not due to unanticipated revenue, this form **MUST** be completed and filed with the County Judge to be placed on the next agenda of the Goliad County Commissioners Court.

ORDER OF THE GOLIAD COUNTY COMMISSIONERS COURT

On this the 28th day of September, the following budget amendment request to the previously approved 2019-2020 Goliad County Budget is made by Kenneth Edwards, Commissioner, Pct #1 :

| | <u>ACCOUNT NUMBER</u> | <u>LINE ITEM DESCRIPTION</u> | <u>AMOUNT</u> |
|-------|-----------------------------|---|-------------------------------|
| TO: | <u>21-171-506</u> | <u>Road Materials</u> | \$ <u>36,000.00</u> |
| | <u> </u> | <u> </u> | <u> </u> |
| | <u> </u> | <u> </u> | <u> </u> |
| ----- | | | |
| FROM: | <u>21-171-503</u> | <u>Fuel and Lubricants</u> | \$ <u>7,000.00</u> |
| | <u>21-171-707</u> | <u>Furniture and Equipment</u> | \$ <u>29,000.00</u> |
| | <u> </u> | <u> </u> | <u>\$ </u> |

This request is made for the following reasons:

To cover shortfall in Road Materials

Whereas, the Commissioners' Court finds that a grave public necessity exists to meet unusual and unforeseen conditions which could not by reasonable, diligent thought and attention have been included in the original budget and finding an emergency; and after due consideration of the above-stated request, the court hereby approves said request and orders the same to be filed and maintained with Goliad County's formally adopted 2019-2020 budget in the County Clerk's Office.

APPROVED AND SIGNED this the _____ day of _____, 2019.

 GOLIAD COUNTY JUDGE

 ATTEST: GOLIAD COUNTY CLERK

 TO BE COMPLETED BY COUNTY AUDITOR:

DATE OF ENTRY: _____ ENTRY TYPE/NUMBER: _____

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BUDGET AMENDMENT REQUEST FORM
ALL GOLIAD COUNTY OPERATING FUNDS

NOTE: When requesting a Budget Amendment that is not a transfer from one budgeted line item to another budgeted line item or not due to unanticipated revenue, this form MUST be completed and filed with the County Judge to be placed on the next agenda of the Goliad County Commissioners Court.

ORDER OF THE GOLIAD COUNTY COMMISSIONERS COURT

On this the 28th day of September , the following budget amendment request to the previously approved 2019-2020 Goliad County Budget is made by Rusty Friedrichs, County Auditor :

| | <u>ACCOUNT NUMBER</u> | <u>LINE ITEM DESCRIPTION</u> | <u>AMOUNT</u> |
|-----|-----------------------|----------------------------------|----------------------|
| TO: | <u> 12-131-402 </u> | <u> Salary, First Assistant </u> | \$ <u> 7,219.00 </u> |
| | <u> _____ </u> | <u> _____ </u> | <u> _____ </u> |
| | <u> _____ </u> | <u> _____ </u> | <u> _____ </u> |

| | | | |
|-------|---------------------|---------------------------------|----------------------|
| FROM: | <u> 12-131-401 </u> | <u> Salary, County Auditor </u> | \$ <u> 7,219.00 </u> |
| | <u> _____ </u> | <u> _____ </u> | <u> _____ </u> |
| | <u> _____ </u> | <u> _____ </u> | \$ <u> _____ </u> |

This request is made for the following reasons:

To cover shortfall in Salary, First Assistant

Whereas, the Commissioners' Court finds that a grave public necessity exists to meet unusual and unforeseen conditions which could not by reasonable, diligent thought and attention have been included in the original budget and finding an emergency; and after due consideration of the above-stated request, the court hereby approves said request and orders the same to be filed and maintained with Goliad County's formally adopted 2019-2020 budget in the County Clerk's Office.

APPROVED AND SIGNED this the _____ day of _____, 2019.

GOLIAD COUNTY JUDGE

ATTEST: GOLIAD COUNTY CLERK

TO BE COMPLETED BY COUNTY AUDITOR:

DATE OF ENTRY: _____ ENTRY TYPE/NUMBER: _____

ENTRY MADE BY: _____

BUDGET AMENDMENT REQUEST FORM
ALL GOLIAD COUNTY OPERATING FUNDS

NOTE: When requesting a Budget Amendment that is not a transfer from one budgeted line item to another budgeted line item or not due to unanticipated revenue, this form MUST be completed and filed with the County Judge to be placed on the next agenda of the Goliad County Commissioners Court.

ORDER OF THE GOLIAD COUNTY COMMISSIONERS COURT

On this the 28th day of September, the following budget amendment request to the previously approved 2019-2020 Goliad County Budget is made by Rusty Friedrichs, County Auditor :

| | <u>ACCOUNT NUMBER</u> | <u>LINE ITEM DESCRIPTION</u> | <u>AMOUNT</u> |
|-------|-----------------------|-------------------------------|--------------------|
| TO: | <u>12-131-501</u> | <u>Office Supplies</u> | \$ <u>3,750.00</u> |
| | <u>12-131-608</u> | <u>Auditing Fees</u> | \$ <u>2,250.00</u> |
| | | | \$ _____ |
| ----- | | | |
| FROM: | <u>12-131-401</u> | <u>Salary, County Auditor</u> | \$ <u>6,000.00</u> |
| | | | \$ _____ |
| | | | \$ _____ |

This request is made for the following reasons:

To cover shortfall in Office Supplies and Auditing Fees

Whereas, the Commissioners' Court finds that a grave public necessity exists to meet unusual and unforeseen conditions which could not by reasonable, diligent thought and attention have been included in the original budget and finding an emergency; and after due consideration of the above-stated request, the court hereby approves said request and orders the same to be filed and maintained with Goliad County's formally adopted 2019-2020 budget in the County Clerk's Office.

APPROVED AND SIGNED this the _____ day of _____, 2019.

 GOLIAD COUNTY JUDGE

 ATTEST: GOLIAD COUNTY CLERK

TO BE COMPLETED BY COUNTY AUDITOR:

DATE OF ENTRY: _____ ENTRY TYPE/NUMBER: _____

ENTRY MADE BY: _____

BUDGET AMENDMENT REQUEST FORM
ALL GOLIAD COUNTY OPERATING FUNDS

NOTE: When requesting a Budget Amendment that is not a transfer from one budgeted line item to another budgeted line item or not due to unanticipated revenue, this form **MUST** be completed and filed with the County Judge to be placed on the next agenda of the Goliad County Commissioners Court.

ORDER OF THE GOLIAD COUNTY COMMISSIONERS COURT

On this the 28th day of September, the following budget amendment request to the previously approved 2019-2020 Goliad County Budget is made by Pat Morales, Assistant Administrator :

| <u>ACCOUNT NUMBER</u> | <u>LINE ITEM DESCRIPTION</u> | <u>AMOUNT</u> |
|-------------------------|--------------------------------------|---------------------|
| TO: <u>12-150-406</u> | <u>Salaries, Part Time Paramedic</u> | <u>\$ 1,450.00</u> |
| <u>12-150-411</u> | <u>Group Health Insurance</u> | <u>\$ 8,100.00</u> |
| <u>12-150-414</u> | <u>Longevity</u> | <u>\$ 715.00</u> |
| ----- | | |
| FROM: <u>12-150-416</u> | <u>Overtime – EMT’s</u> | <u>\$ 10,265.00</u> |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

This request is made for the following reasons:

To cover budget shortfalls

Whereas, the Commissioners’ Court finds that a grave public necessity exists to meet unusual and unforeseen conditions which could not by reasonable, diligent thought and attention have been included in the original budget and finding an emergency; and after due consideration of the above-stated request, the court hereby approves said request and orders the same to be filed and maintained with Goliad County’s formally adopted 2019-2020 budget in the County Clerk’s Office.

Patricia Morales, Ems Unit Adm.
APPROVED AND SIGNED this the _____ day of _____, 2019.

GOLIAD COUNTY JUDGE

ATTEST: GOLIAD COUNTY CLERK

TO BE COMPLETED BY COUNTY AUDITOR:

DATE OF ENTRY: _____ ENTRY TYPE/NUMBER: _____

ENTRY MADE BY: _____

BUDGET AMENDMENT REQUEST FORM ALL GOLIAD COUNTY OPERATING FUNDS

NOTE: When requesting a Budget Amendment that is not a transfer from one budgeted line item to another budgeted line item or not due to unanticipated revenue, this form **MUST** be completed and filed with the County Judge to be placed on the next agenda of the Goliad County Commissioners Court.

ORDER OF THE GOLIAD COUNTY COMMISSIONERS COURT

On this the 28th day of September , the following budget amendment request to the previously approved 2019-2020 Goliad County Budget is made by Pat Morales, Assistant Administrator :

| | <u>ACCOUNT NUMBER</u> | <u>LINE ITEM DESCRIPTION</u> | <u>AMOUNT</u> |
|-------|-----------------------------|----------------------------------|---------------------|
| TO: | <u>12-150-402</u> | <u>Salaries, Paramedics</u> | <u>\$ 6,000.00</u> |
| | <u>12-150-403</u> | <u>Salaries, EMT's</u> | <u>\$ 26,500.00</u> |
| | <u>12-150-407</u> | <u>Salaries, Part Time EMT's</u> | <u>\$ 6500.00</u> |
| ----- | | | |
| FROM: | <u>12-150-415</u> | <u>Overtime - Paramedics</u> | <u>\$ 39,000.00</u> |
| | <u> </u> | <u> </u> | <u>\$</u> |
| | <u> </u> | <u> </u> | <u>\$</u> |

This request is made for the following reasons:

To cover budget shortfalls

Whereas, the Commissioners' Court finds that a grave public necessity exists to meet unusual and unforeseen conditions which could not by reasonable, diligent thought and attention have been included in the original budget and finding an emergency; and after due consideration of the above-stated request, the court hereby approves said request and orders the same to be filed and maintained with Goliad County's formally adopted 2019-2020 budget in the County Clerk's Office.

Pat Morales, EMS Dept. Admin
9/23/20

APPROVED AND SIGNED this the _____ day of _____, 2019.

GOLIAD COUNTY JUDGE

ATTEST: GOLIAD COUNTY CLERK

TO BE COMPLETED BY COUNTY AUDITOR:

DATE OF ENTRY: _____ ENTRY TYPE/NUMBER: _____

ENTRY MADE BY: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 276.51

FROM: Account #: 12-150-450 (Telephone St: pond)

TO: Account #: 12-150-508 (Emergency Med. Supplies)

EXPLANATION: 70 DSS set should fall

Requested By: Patricia Morales, EMS Asst Adm

Dated: Sept. 23. 2020

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 409.39

FROM: Account #: 12-150-503 (Fuel & Lubricants)

TO: Account #: 12-150-508 (Emergency Med Supplies)

EXPLANATION: 70 off set short fall

Requested By: Patricia Morales, EMS Asst. Admin.

Dated: Sept. 23, 2020

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 235.46

FROM: Account #: 12-150-504 (Tires, Tubes & Batteries)

TO: Account #: 12-150-508 (Emergency Med. Supplies)

EXPLANATION: to 088 set shore fall

Requested By: Patricia Morales, ^{EMS} Asst. Adm.

Dated: Sept. 23, 2020

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 92.28

FROM: Account #: 12-150-506 (Biohazard Supplies)

TO: Account #: 12-150-508 (Emergency Med. Supplies)

EXPLANATION: to off set short fall

Requested By: Patricia Morales, EMS Asst Adm.

Dated: Sept. 23, 2020

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 292.73

FROM: Account #: 12-150-525 (leniforms)

TO: Account #: 12-150-508 (Emergency Med. Supplies)

EXPLANATION: to offset short fall

Requested By: Patricia Mraz, EMS Asst. Admin

Dated: Sept. 23, 2020

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County Request for Line Item Transfer

AMOUNT: \$ 1,601.69

FROM: Account #: 12-150-662 (Conferences, Ass., dues, training & travel)

TO: Account #: 12-150-663 (Vehicle Maintenance & Repairs)

EXPLANATION: to offset shortfall

Requested By: Patricia Mrazek, EMS Asst. Adm

Dated: Sept. 23, 2020

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 1,975.07

FROM: Account #: 12-150-651 (Utilities)

TO: Account #: 12-150-663 (Vehicle Maintenance & Repair)

EXPLANATION: To offset Short Fall

Requested By: Patricia Mrazek, EMS Asst. Adm

Dated: Sept. 23, 2020

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 195.65

FROM: Account #: 12-150-072 (Postage)

TO: Account #: 12-150-663 (Vehicle Maintenance & Repair)

EXPLANATION: to off set short fall

Requested By: Patricia Ornela, EMS Asst Adm.

Dated: Sept. 23, 2020

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 235.81

FROM: Account #: 12-150-642 (EMS Physicals)

TO: Account #: 12-150-663 (Vehicle Maintenance & Repair)

EXPLANATION: To Off set Shore Fall

Requested By: Patricia Mader, EMS Asst. Adm

Dated: Sept. 23, 2020

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 2,000.93

FROM: Account #: 12-150-665 (Equipment Maint. Contract)

TO: Account #: 12-150-671 (Equipment Maintenance & Repair)

EXPLANATION: to off set short fall

Requested By: Patricia ^{EMS} Morales, Asst. Adm.

Dated: Sept. 23, 2020

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 506.99

FROM: Account #: 12-150-665 (Equipment Main. Contract)

TO: Account #: 12-150-657 (Repairs & Maint - BLDG)

EXPLANATION: to off set short fall

Requested By: Patricia Moroz, EMS Asst. Adm. c

Dated: Sept. 23, 2020

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 98.34

FROM: Account #: 12-150-707 (Furniture & Equipment)

TO: Account #: 12-150-662 (Radio Maintenance)

EXPLANATION: To D88 Set School falls

Requested By: Patricia Morales, EMS Asst. Adm

Dated: Sept. 23, 2020

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

Goliad County
Request for Line Item Transfer

AMOUNT: \$ 173.49

FROM: Account #: 13-150-450 (Telephone Stipend)

TO: Account #: 13-150-501 (Office Supplies)

EXPLANATION: 30 off set short fall

Requested By: Patricia Morales, EMS Asst. Adm

Dated: Sept. 23, 2020

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____

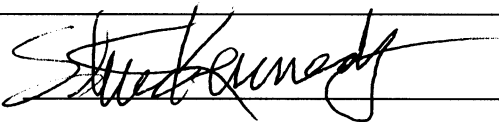
Goliad County
Request for Line Item Transfer

AMOUNT: \$ 46.00

FROM: Account #: 12-115-612

TO: Account #: 12-115-672

EXPLANATION: Need to pay annual box fee.

Requested By: 

Dated: 9/11/2020

FOR ACCOUNTING USE ONLY

Posted By: _____

Dated: _____