



View Budget Amendment: Budget
Amendment: FY2025 - Annual Budget Detail
on 03/03/2025 : BAT-0000062

08:31 AM
02/24/2025
Page 1 of 2

Company The County of Galveston
Plan Template Annual Budget Detail : FY25 Amended Budget
Plan FY25 Amended Budget
Organizing Dimension Type
Amendment ID BAT-0000062
Amendment Date 03/03/2025
Description BA 25-88-0303-B - Request transfer from within Employee Benefits - Medical Claims Paid to Life Insurance Premiums to fund life insurance premiums with Metlife.
Amendment Type Budget Transfer
Balanced Amendment Yes
Entry Type Amended
Status Available

Budget Amendment Entries

Period	*Ledger Account/Summary	*Fund	*Cost Center	Revenue Category	Spend Category	Program	Project	Debit Amount	Credit Amount	Memo	Exceptions
FY2025 Annual (FY25 Amended Budget)	5491000:Insurance	6123 Employee Benefits Fund	155023 Employee Benefits		Medical Claims Paid			\$0.00	\$550,000.00	BA 25-88-0303-B - Request transfer from within Employee Benefits - Medical Claims Paid to Life Insurance Premiums to fund life insurance premiums with Metlife.	
FY2025 Annual (FY25 Amended Budget)	5491000:Insurance	6123 Employee Benefits Fund	155023 Employee Benefits		Life Insurance Premiums			\$550,000.00	\$0.00	BA 25-88-0303-B - Request transfer from within Employee Benefits - Medical Claims Paid to Life Insurance Premiums to fund life insurance premiums with Metlife.	

BA 25-88-0303-B.pdf

File Name BA 25-88-0303-B.pdf
Content Type application/pdf
Updated By Lee Clemmer
Upload Date 02/18/2025 11:13:02 AM

AUDITOR'S CERTIFICATION

This budget amendment has been reviewed for validity of accounts and sufficiency of account balances used for budget transfer.

Signed by County Auditor:

Randall Rice CPA



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Comment Excel version for reference.

Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Budget Amendment Event	Step Completed	02/18/2025 11:13:03 AM	02/19/2025	Lee Clemmer	1	
Budget Amendment Event	Approval by Cost Center Manager	Approved	02/18/2025 11:51:54 AM	02/20/2025	Madeline Walker (Cost Center Manager)	1	
Budget Amendment Event	Approval by Budget Analyst	Approved	02/18/2025 11:53:26 AM		Joselinne Piedras-Sarabia (Budget Analyst)	1	
Budget Amendment Event	Approval by Sponsored Programs Manager	Not Required		02/19/2025		0	
Budget Amendment Event	Approval by Accounting Operations Lead	Approved	02/18/2025 11:55:16 AM		Christie Motogbe (Accounting Operations Lead)	1	
Budget Amendment Event	Approval by Budget Manager	Approved	02/18/2025 11:56:28 AM	02/20/2025	Sergio Cruz (Budget Manager)	1	
Budget Amendment Event	Approval by Finance Executive	Approved	02/18/2025 02:07:52 PM	02/20/2025	Madeline Walker (Finance Executive)	1	

FY25 Budget Amendment Request

Row 134

**Commissioners'
Court Status**

Fiscal Year 2025

**Budget
Amendment
Number** 25-88-0303-B

Sponsor: Commissioner Precinct 4, Honorable Robin Armstrong

Department: Human Resources

**Agenda Item
Caption** Request transfer from within Employee Benefits - Medical Claims
Paid to Life Insurance Premiums to fund life insurance premiums
with Metlife.

Amount \$550,000.00

Notes

**Amount From
General Fund
Budgeted
Reserves** \$550,000.00

**Division
Number:** 155000

**Department
Head Name:** Rebecca Gilliam

**Department
Head Email:** Rebecca.Gilliam@galvestoncountytx.gov

Submitted By: Misty Reed

AUDITOR'S CERTIFICATION
This budget amendment
of accounts and sufficient
budget transfer.
Signed and dated by:

**Contact
Extension
Number:**

5350

**Contact Email
Address:**

Misty.Reed@galvestoncountytexas.gov

**Associated
Forms**

Not Applicable

**Budget
Amendment
Justification:**

Life Insurance Premiums with MetLife

Key Org (From): 6123155023

**Object Code
From (Line
Item):**

5491511

Amount (From): \$550,000.00

**Add an
additional Key
Org (From):**

☐

**(2) Key Org
(From):**

**(2) Object Code
From (Line
Item):**

**(2) Amount
(From):**

**(3) Add an
additional Key
Org (From):**

☐

**(3) Key Org
(From):**

**(3) Object Code
(Line Item):**

**(3) Amount
(From):**

**(4) Add an
additional Key ☐
Org (From):**

**(4) Key Org
(From):**

**(4) Object Code
(Line Item):**

**(4) Amount
(From):**

Key Org (To): 6123155023

**Object Code
(Line Item):** 5491737

Amount (To): \$550,000.00

**Add an
additional Key ☐
Org (To):**

**(2) Key Org
(To):**

**(2) Object Code
To (Line Item):**

(2) Amount (To):

**(3) Add an
additional Key ☐
Org (To):**

**(3) Key Org
(To):**

**(3) Object Code
To (Line Item):**

(3) Amount (To):

**(4) Add an
additional Key ☐
Org (To):**

**(4) Key Org
(To):**

**(4) Object Code
To (Line Item):**

(4) Amount (To):

(5) Key Org (To)

**(5) Object Code
To (Line Item):**

(5) Amount To:

Total (From)	\$550,000.00
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Total (To)	\$550,000.00
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