DATE: August 29, 2007

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 7-1293-441-00-340-012-8 (Immunization Grant Program Income)

SUBJECT: Budget Amendments (Increases) in Accordance with Local Government Code, Chapter 111, Subchapter C

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following amendments (increase) to my department budget in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT -
7-1293-441-00-340-012-8-540	Advertising	$ 6,000.00
7-1293-441-00-340-012-8-550	Printing & Binding	$ 3,702.94
7-1293-441-00-340-012-8-581	Travel In County	$ 5,000.00
7-1293-441-00-340-012-8-583	Travel Out of County	$ 8,000.00
7-1293-441-00-340-012-8-601	Office Supplies	$ 33,650.06
7-1293-441-00-340-012-8-602	Paper Supplies	$ 8,800.00
7-1293-441-00-340-012-8-603	Educational/Instructional Supplies	$ 16,000.00
7-1293-441-00-340-012-8-604	Chem, Drugs, Meds, Lab Supplies	$ 26,000.00
7-1293-441-00-340-012-8-661	Minor Office Equipment	$ 10,000.00
7-1293-441-00-340-012-8-664	Other Minor Equipment	$ 8,000.00
	TOTAL BUDGET	$ 125,153.00

INCREASE REQUEST $

Revenue Account #

REASON: Implement Immunization Grant Program Income Budget for the period 9/1/2007 - 8/31/2008.

There are no areas in my current budget to reduce in order to fund the above mentioned items.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST CO. CLERK