DATE: December 27, 2007

DEPARTMENT HEAD: VALDE GUERRA

DEPARTMENT NAME: DEPARTMENT OF BUDGET AND MANAGEMENT
FOR INDIGENT HEALTH CARE FUND 1249

ACCOUNT NUMBER: **8-1249-444-00-240-004-8-843**

SUBJECT: **Inter-fund Transfer/s (transfer in/out) (increase/decrease) 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 (increases) to my departmental budget in accordance with Local Government Code, Chapter 111 Subchapter C.

INCREASE/DECREASE ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
8-1100-415-00-115-002-0- 899	**CO WIDE ADM-CONTINGENCY**	**500,000.00**
8-1100-491-01-000-249-0- 891	**TRANSFERS OUT-INDIGENT HEALTH**	**(500,000.00)**
8-1249-391-01-000-100-0- 000	**TRANSFERS IN-GENERAL FUND**	**(500,000.00)**
8-1249-444-00-240-004-8- 843	**UPL FY 2007-2008-AID TO NONGOVT AGENCY**	**(500,000.00)**
	TOTAL BUDGET INCREASE (DECREASE)	**(500,000.00)**

REASON: **TO DEOBLIGATE FUNDS FROM THE INDIGENT HEALTH CARE FUND (1249) FOR FY 2007-2008 AND APPROPRIATE INTO COUNTY WIDE ADMINISTRATION - CONTINGENCY.**

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

____/____/____
DATE

ATTEST COUNTY CLERK