

BUDGET INTER-DEPARTMENTAL TRANSFER

Attn: Vangie

DATE: February 7, 2008

DEPARTMENT HEAD: VALDE GUERRA

DEPARTMENT NAME: DEPT OF BUDGET & MGMT FOR HEALTH ADMINISTRATION

ACCOUNT NUMBER: 8-1100-41X-X0-X1X-00X-0-XXX

CONTACT PERSON: IVAN CANTU TELEPHONE NO. (956) 292-7025 EXT. 5425

SUBJECT: **Inter-departmental Transfer/s**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Inter-departmental Transfer/s (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C, Section 111.070, Subsection C.

INCREASE/DECREASE ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
FROM		
8-1100-41S-00-115-002-0- 899	CO WIDE ADMIN- CONTINGENCY	(771,095.00)
TO		
8-1100-441-00-340-036-0- 843	HLTH ADM PYSICANS EDUCATIONAL FOUNDAT AID TO NON GOV T AGENCIES	163,630.00
8-1100-441-00-340-037-0- 843	HEALTH ADM HOPE FAMILY CENTER AID TO NON GOV T AGENCIES	174,287.00
8-1100-441-00-340-038-0- 843	HEALTH ADM NUESTRA CLINICA AID TO NON GOV T AGENCIES	217,619.00
8-1100-441-00-340-039-0- 843	HEALTH ADM EL MILAGRO AID TO NON GOV T AGENCIES	215,559.00
TOTAL BUDGET INCREASE (DECREASE)		0.00

REASON: **To fund the Demonstration Program Primary/Specialty Health Care Services and/or Targeted Case Management Services. See AI #7809 under Purchasing Dept.**

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEN T COUNTY CLERK