DATE: July 31, 2008

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 8-1293-441-00-340-008-9 (TB Control Grant)

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 -
8-1293-441-00-340-008-9-113	Salary F/T Employee	$ 57,042.00
8-1293-441-00-340-008-9-220	FICA	$ 4,364.00
8-1293-441-00-340-008-9-230	Retirement	$ 5,088.00
8-1293-441-00-340-008-9-250	Unemployment Comp	$ 285.00
8-1293-441-00-340-008-9-260	Workers Comp	$ 1,865.00
8-1293-441-00-340-008-9-211	Health Insurance	$ 6,620.00
8-1293-441-00-340-008-9-212	Life Insurance	$ 53.00
	TOTAL BUDGET	$ 75,317.00

INCREASE REQUEST $

Revenue Account #8-1293-334-10-340-008-9-000 $ 75,317.00

REASON: Implement TB Control Grant Budget for the period 9/1/2008 - 8/31/2009.

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