Date: October 29,2008
Department Head: Eduardo Olivarez, Chief Administrative Officer
Department Name: Hidalgo County Health Department
Account Number: 8-1100-441-00-340-001-0 Administration
Budget Line Item Transfer(s)

Honorable Commissioner's Court of Hidalgo County

I submit to you for your consideration the following line-item transfers in accordance with Local Government Code. Chapter 111, Subchapter C:

FROM		TO		
ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	AMOUNT
8-1100-441-00-340-001-0-442	Equip. & Vehicle Rentals	8-1100-441-00-340-001-0-780	Capital Leases	$ 1,000.00
8-1100-441-00-340-001-0-550	Printing & Binding	8-1100-441-00-340-001-0-780	Capital Leases	$ 1,555.46
			Amount	$ 2,555.46

Revenue Account
Amount Requested: $ 2,555.46

Reason: Funds needed in the object code listed above in order to meet expenditures

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK