DATE: November 19, 2008

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 8-1293-441-00-340-012-9 (Immunization 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 -
8-1293-441-00-340-012-9-113	Salary F/T Employee	$ (3,334.00)
8-1293-441-00-340-012-9-211	Health Insurance	$ 3,334.00
	TOTAL BUDGET	$ -

INCREASE REQUEST $

Revenue Account #

REASON: Implement amended Immunization 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