Date: January 14, 2009
Department Head: Eduardo Olivarez, Chief Administrative Officer
Department Name: Hidalgo County Health Department
Account Number: 8-1293-441-00-340-005-0 (Program Income Acct)
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
8-1293-441-00-340-005-0-431	Bldg R&M Service	8-1293-441-00-340-005-0-434	Vehicle R&M Service	$ 700.38
			Amount	$ 700.38

Revenue Account
Amount Requested: $ 700.38

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

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK