HIDALGO COUNTY

Department Of Budget & Management

BUDGET AMENDMENT FORM

DATE: _____

DEPARTMENT HEAD: _____

DEPARTMENT NAME: _____

ACCOUNT NUMBER: _____

SUBJECT: **2009 Budget Amendment (Reduction)**

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following amendments (decreases) to my deparmtneal budget in accordance with Local Government Code, Chapter 11, Section 111.0709

Account Number	Account Name	Amount

TOTAL BUDGET DECREASE: **$** **-**

REASON:

2009 Budget reduction as per Bulletin 2009-4

_____

DEPARTMENT HEAD SIGNATURE

_____ ____/____/____ _____

APPROVED COMMISSIONERS' COURT DATE ATTEST COUNTY CLERK