

DATE: February 24, 2010

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 0-1293-441-00-340-005-0 Adm Program Income Account

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
0-1293-441-00-340-005-0-113	Regular F/T Employees	\$ 36,525.00
0-1293-441-00-340-005-0-211	Health Insurance	\$ 4,164.00
0-1293-441-00-340-005-0-212	Life Insurance	\$ 37.00
0-1293-441-00-340-005-0-220	FICA	\$ 2,794.16
0-1293-441-00-340-005-0-230	Retirement	\$ 3,258.03
0-1293-441-00-340-005-0-250	Unemployment Compensation	\$ 182.63
0-1293-441-00-340-005-0-260	Worker's Compensation	\$ 1,194.37
0-1293-441-00-340-005-0-336	Computer Services	\$ 25,000.00
0-1293-441-00-340-005-0-431	R&M Services - Bldg	\$ 25,500.00
0-1293-441-00-340-005-0-432	R&M Services - Equipment	\$ 19,000.00
0-1293-441-00-340-005-0-531	Telephone	\$ 15,000.00
0-1293-441-00-340-005-0-583	Out of County Travel	\$ 10,000.00
0-1293-441-00-340-005-0-584	Registration Fees	\$ 5,000.00
0-1293-441-00-340-005-0-601	Office & Computer Supplies	\$ 31,000.00
0-1293-441-00-340-005-0-603	Educational/Instructional Supplies	\$ 5,000.00
0-1293-441-00-340-005-0-604	Medical & Lab Supplies	\$ 62,500.00
0-1293-441-00-340-005-0-619	Other Misc. Supplies	\$ 2,300.00
0-1293-441-00-340-005-0-626	Gasoline / Fuel	\$ 10,000.00
0-1293-441-00-340-005-0-661	Minor Office Furniture & Equipment	\$ 50,845.88
0-1293-441-00-340-005-0-665	Minor Computer Equipment	\$ 25,000.00
0-1293-441-00-340-005-0-743	Office Furniture & Equipment	\$ 136,143.41
0-1293-441-00-340-005-0-745	Computer Equipment	\$ 38,500.00
0-1293-441-00-340-005-0-747	Software	\$ 25,000.00
<b>TOTAL BUDGET</b>		continued on page 2

INCREASE REQUEST \$

Revenue Account #

REASON: Implement Adm Program Income Budget for the period 1/1/2010 - 12/31/2010.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT

DATE

ATTEST CO. CLERK

