DATE: May 19, 2010

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 0-1293-441-00-340-046-0 H1N1 Stipend

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 -
0-1293-441-00-340-046-0-550	Printing & Binding	$ 3,000.00
	TOTAL BUDGET	$ 3,000.00

INCREASE REQUEST $

Revenue Account # 0-1293-331-12-340-046-0-000 $ 3,000.00

REASON: Implement H1N1 Stipend award for the period 10/1/2009 - 6/30/2010.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST CO. CLERK