DATE: July 15, 2010

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 0-1293-441-00-340-008-0 TB Control 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 -
0-1293-441-00-340-008-0-601	Office & Computer Supplies	$ 7,500.00
0-1293-441-00-340-008-0-603	Educational/Instructional Supplies	$ 7,500.00
	TOTAL BUDGET	$ 15,000.00

INCREASE REQUEST $

Revenue Account # 0-1293-345-40-340-008-0-000 $ 15,000.00

REASON: Implement TB Control Program Income Budget for the period 9/1/2009 - 8/31/2010.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST CO. CLERK