Revised 08/16/10

DATE: August 6, 2010

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 0-1293-441-00-340-012-1 Imm Contract Program Income

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 -
0-1293-441-00-340-012-1-540	Advertising	$ 10,000.00
0-1293-441-00-340-012-1-550	Printing & Binding	$ 5,000.00
0-1293-441-00-340-012-1-581	Travel In County	$ 5,000.00
0-1293-441-00-340-012-1-583	Travel Out Of County	$ 30,000.00
0-1293-441-00-340-012-1-601	Office and Computer Supplies	$ 25,000.00
0-1293-441-00-340-012-1-603	Educational/Instructional Supplies	$ 20,000.00
0-1293-441-00-340-012-1-604	Medical & Lab Supplies	$ 20,000.00
0-1293-441-00-340-012-1-619	Other Misc. Supplies	$ 10,000.00
0-1293-441-00-340-012-1-661	Minor Office Furniture & Equipment	$ 6,367.00
0-1293-441-00-340-012-1-664	Other Minor Equipment	$ 6,367.00
	TOTAL BUDGET	$ 137,734.00

INCREASE REQUEST $

Revenue Account # 0-1293-345-40-340-012-1-000

REASON: Implement FY2011 Immunization Program Income Budget for the period 9/1/2010 to 8/31/2011.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST CO. CLERK