DATE: September 01, 2011

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 1-1293-441-00-340-008-2-XXX T.B. Control

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 -
Supplies		
1-1293-441-00-340-008-2-601	T.B. Control - Office & Comp Supplies	$ 8,000.00
1-1293-441-00-340-008-2-604	T.B. Control - Medical & Lab Supplies	$ 8,000.00
	TOTAL APPROPRIATION	$ 16,000.00
1-1293-345-40-340-008-2-000	T.B. Control - Program Income Revenue	$ 16,000.00
	TOTAL APPROPRIATION	$ 16,000.00

REASON: To appropriate the program income monies for the T.B. Control program

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S CC DATE ATTEST CO. CLERK