Date: November 5, 2013
Department Head: Eduardo Olivarez, Chief Administrative Officer
Department Name: Hidalgo County Health & Human Services Department
Account Number: 3-1293-441-00-340-008-4- T.B. CONTROL
Budget Line Item Transfer(s)

Honorable Commissioner's Court of Hidalgo County

I submit to you for your consideration the following line-item transfers in accordance with Local Government Code, Chapter 111, Subchapter C:

FROM		TO	
ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)
3-1293-441-00-340-008-4-113	T.B. CONTROL-REG F/T EMPLOYEES	3-1293-441-00-340-008-4-211	T.B. CONTROL-HEALTH INSURANCE
3-1293-441-00-340-008-4-113	T.B. CONTROL-REG F/T EMPLOYEES	3-1293-441-00-340-008-4-601	T.B. CONTROL-OFFICE & COMPUTER SUPPLIES
3-1293-441-00-340-008-4-260	T.B. CONTROL-WORKERS COMP	3-1293-441-00-340-008-4-230	T.B. CONTROL-RETIREMENT
			Amount

Revenue Account
Amount Requested: $ 16,100.00

Reason: Line item transfer needed to cover anticipated expenditure.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK

AMOUNT
$14,000.00
$ 1,500.00
$ 600.00
$16,100.00