Date: November 6, 2013
Department Head: Eduardo Olivarez, Chief Administrative Officer
Department Name: Hidalgo County Health Department
Account Number: 3-1293-441-00-340-052-3 Prenatal / Maternity
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)	AMOUNT
3-1293-441-00-340-052-3-260	PRENATAL/MATERNITY-WORKERS COMP	3-1293-441-00-340-052-3-230	PRENATAL/MATERNITY-RETIREMENT	$ 70.00
			Amount	$ 70.00

Revenue Account
Amount Requested: $ 70.00

Reason: Funds needed to cover deficit in account.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK