Date: November 6, 2013
Department Head: Eduardo Olivarez, Chief Administrative Officer
Department Name: Hidalgo County Health & Human Services Department
Account Number: 3-1293-441-00-340-012-4-
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
3-1293-441-00-340-012-4-113	IMM DIV LOCAL-REG F/T EMPLOYEES	3-1293-441-00-340-012-4-211	IMM DIV LOCAL-HEALTH INSURANCE	$ 17,500.00
3-1293-441-00-340-012-4-220	IMM DIV LOCAL-FICA	3-1293-441-00-340-012-4-211	IMM DIV LOCAL-HEALTH INSURANCE	$ 1,500.00
3-1293-441-00-340-012-4-260	IMM DIV LOCAL-WORKERS COMP	3-1293-441-00-340-012-4-230	IMM DIV LOCAL-RETIREMENT	$ 900.00
3-1293-441-00-340-012-4-250	IMM DIV LOCAL-UNEMPLOYMENT COMP	3-1293-441-00-340-012-4-601	IMM DIV LOCAL-OFFICE & COMPUTER SUPPLIES	$ 1,750.00
			Amount	$ 21,650.00

Revenue Account
Amount Requested: $ 21,650.00

Reason: Line item transfer needed to cover anticipated deficits and expenditures.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK