Date: June 3, 2014
Department Head: Eduardo Olivarez, Chief Administrative Officer
Department Name: Hidalgo County Health & Human Services Department
Account Number: 4-1293-441-00-340-008-4- 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)
4-1293-441-00-340-008-4-581	T.B. CONTROL-TRAVEL IN COUNTY	4-1293-441-00-340-008-4-607	T.B. CONTROL-HOUSEHOLD & JANITORIAL SUPP
4-1293-441-00-340-008-4-581	T.B. CONTROL-TRAVEL IN COUNTY	4-1293-441-00-340-008-4-613	T.B. CONTROL-SAFETY SUPPLIES
4-1293-441-00-340-008-4-581	T.B. CONTROL-TRAVEL IN COUNTY	4-1293-441-00-340-008-4-619	T.B. CONTROL-OTHER MISCELLANEOUS SUPPLIES
4-1293-441-00-340-008-4-581	T.B. CONTROL-TRAVEL IN COUNTY	4-1293-441-00-340-008-4-672	T.B. CONTROL-REPAIRS & MAINT SUPP - EQUIP & VEH
			Amount

Revenue Account
Amount Requested: $ 8,100.00

Reason: Line item transfer needed to cover anticipated expenditure.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK

AMOUNT
$ 6,500.00
$ 300.00
$ 1,000.00
$ 300.00
$ 8,100.00