Date: December 16, 2014
Department Head: Eduardo Olivarez, Chief Administrative Officer
Department Name: Hidalgo County Health Department
Account Number: 4-1293-441-00-340-052-5 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
4-1293-441-00-340-052-5-603	PRENATAL/MATERNITY-EDUC/INSTRUCT SUPPL	4-1293-441-00-340-052-5-581	PRENATAL/MATERNITY-TRAVEL IN COUNTY	$ 2,519.00
			Amount	$ 2,519.00

Revenue Account
Amount Requested: $ 2,519.00

Reason: Funds needed to cover anticipated expenditures.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK