Date: February 10, 2015
Department Head: Eduardo Olivarez, Chief Administrative Officer
Department Name: Hidalgo County Health & Human Services Department
Account Number: 5-1293-441-00-340-005-0- H.D. ADM
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
5-1293-441-00-340-005-0-339	H.D. ADM-OTHER PROF SRV	5-1293-441-00-340-005-0-583	H.D. ADM-TRAVEL OUT OF COUNTY	$ 5,000.00
5-1293-441-00-340-005-0-339	H.D. ADM-OTHER PROF SRV	5-1293-441-00-340-005-0-584	H.D. ADM-REGISTRATION FEES	$ 3,000.00
			Amount	$ 8,000.00

Revenue Account
Amount Requested: $ 8,000.00

Reason: Needed to cover anticipated expenditures.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK