

Date: March 6, 2015
 Department Head: Eduardo Olivarez, Chief Administrative Officer
 Department Name: Hidalgo County Health & Human Services Department
 Account Number: 5-1293-441-00-340-011-5-
 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		AMOUNT
ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	
5-1293-441-00-340-011-5-581	TDH T.B.ELIM-TRAVEL IN COUNTY	5-1293-441-00-340-011-5-810	TDH T.B.ELIM-DUES & MEMBERSHIPS	\$ 600.00
			Amount	\$ 600.00

Revenue Account
 Amount Requested: \$ 600.00

Reason: Funds needed to cover anticipated expenditures.

 DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK