

Date: March 6, 2015  
 Department Head: Eduardo Olivarez, Chief Administrative Officer  
 Department Name: Hidalgo County Health Department  
 Account Number: 5-1293-441-00-340-052-5 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		AMOUNT
ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	
5-1293-441-00-340-052-5-610	PRENATAL/MATERNITY-GENERAL SUPPLIES	5-1293-441-00-340-052-5-810	PRENATAL/MATERNITY-DUES & MEMBERSHIPS	\$ 200.00
			Amount	\$ 200.00

**Revenue Account**  
 Amount Requested: \$ 200.00

Reason: Funds needed to cover anticipated expenditures.

\_\_\_\_\_  
 DEPARTMENT HEAD SIGNATURE

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 APPROVED COMMISSIONER'S COURT                      DATE                      ATTEST COUNTY CLERK