DATE: March 31, 2015

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

DEPARTMENT NAME: Department of Budget & Management for Health Department

2015
Interfund Transfer

ACCOUNT NUMBER: **5-1XXX-XXX-0X-XXX-XXX-X-XXX**

CONTACT PERSON: Debbie Tamez **PHONE:** (956) 292-7025 ext. 5427

SUBJECT: **Interfund & BA - Transfer/s (transfer in/out) (increase/decrease) in Accordance with Local Government Code Chapter 111, Subchapter C.**

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following amendments (increases) to my departmental budget in accordance with Local Government Code, Chapter 111 Subchapter C.

INCREASE/DECREASE ACCOUNT NUMBER		ACCOUNT (OBJECT) NAME		AMOUNT
FROM:				
5-1100-415-00-115-002-0-	**899**	**Co Wide Adm-**	**Contingency**	**(930.00)**
5-1100-491-01-000-293-5-	**891**	**Transfers Out-**	**Health Grants**	**930.00**
TO:				
5-1293-391-01-000-100-5-	**000**	**Transfers In-**	**General Fund**	**930.00**
		TOTAL BUDGET INCREASE (DECREASE)		**0.00**

REASON: Interfund transfer to fund the local cash match required for the PPCPS Grant Contract Amendment No. 2015-047253-001A acceptance, AI-48989 (CC 3/31/15).

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT / / **DATE** **ATTEST COUNTY CLERK**