

Date: April 7, 2015
 Department Head: Eduardo Olivarez, Chief Administrative Officer
 Department Name: Hidalgo County Health Department
 Account Number: 5-1100-441-00-340-003-0 Health Clinics
 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)	
5-1100-441-00-340-003-0-780	HEALTH CLINICS-CAPITAL LEASES	5-1100-441-00-340-003-0-411	HEALTH CLINICS-WATER/SEWERAGE	\$ 2,000.00
5-1100-441-00-340-003-0-780	HEALTH CLINICS-CAPITAL LEASES	5-1100-441-00-340-003-0-413	HEALTH CLINICS-ELEC SURVEILL & SECURITY	\$ 1,000.00
5-1100-441-00-340-003-0-780	HEALTH CLINICS-CAPITAL LEASES	5-1100-441-00-340-003-0-421	HEALTH CLINICS-DISPOSAL	\$ 1,000.00
5-1100-441-00-340-003-0-780	HEALTH CLINICS-CAPITAL LEASES	5-1100-441-00-340-003-0-531	HEALTH CLINICS-TELEPHONE	\$ 5,000.00
			Amount	\$ 9,000.00

Revenue Account
 Amount Requested: \$ 9,000.00

Reason: Funds needed to cover anticipated expenditures.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK