DATE: May 19, 2015

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 5-1293-441-00-340-008-5-XXX T.B. Control (State) Program Income

SUBJECT: Budget Amendments (Increases) 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 (increase) to my department budget in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT -
Supplies		
5-1293-441-00-340-008-5-610	T.B. CONTROL-GENERAL SUPPLIES	$ 7,000.00
5-1293-441-00-340-008-5-660	T.B. CONTROL-FURNISHINGS & EQUIP	$ 5,000.00
	TOTAL APPROPRIATION	$ 12,000.00
5-1293-345-40-340-008-5-000	T.B. Control - Program Income Revenue	$ 12,000.00
	TOTAL APPROPRIATION	$ 12,000.00

REASON: To appropriate additional program income funds for the T.B. Control program for FY 15.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S DATE ATTEST CO. CLERK