

Date: May 20, 2015
 Department Head: Eduardo Olivarez, Chief Administrative Officer
 Department Name: Hidalgo County Health & Human Services Department
 Account Number: 5-1293-441-00-340-012-5-
 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)	
5-1293-441-00-340-012-5-113	IMM DIV LOCAL-REG F/T EMPLOYEES	5-1293-441-00-340-012-5-540	IMM DIV LOCAL-ADVERTISING	\$ 5,000.00
5-1293-441-00-340-012-5-113	IMM DIV LOCAL-REG F/T EMPLOYEES	5-1293-441-00-340-012-5-660	IMM DIV LOCAL-FURNISHINGS & EQUIPMENT	\$ 2,000.00
5-1293-441-00-340-012-5-584	IMM DIV LOCAL-REGISTRATION FEES	5-1293-441-00-340-012-5-660	IMM DIV LOCAL-FURNISHINGS & EQUIPMENT	\$ 8,000.00
5-1293-441-00-340-012-5-230	IMM DIV LOCAL-RETIREMENT	5-1293-441-00-340-012-5-660	IMM DIV LOCAL-FURNISHINGS & EQUIPMENT	\$ 4,000.00
			Amount	\$ 19,000.00

Revenue Account

Amount Requested: \$ 19,000.00

Reason: Line item transfer needed to cover anticipated expenditures.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT

DATE

ATTEST COUNTY CLERK