Date: June 7, 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- T.B. CONTROL
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		
ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	AMOUNT
5-1293-441-00-340-008-5-211	T.B. CONTROL-HEALTH INSURANCE	5-1293-441-00-340-008-5-610	T.B. CONTROL-GENERAL SUPPLIES	$ 5,000.00
5-1293-441-00-340-008-5-230	T.B. CONTROL-RETIREMENT	5-1293-441-00-340-008-5-610	T.B. CONTROL-GENERAL SUPPLIES	$ 1,000.00
			Amount	$ 6,000.00

Revenue Account
Amount Requested: $ 6,000.00

Reason: Line item transfer needed to cover anticipated expenditures;

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK