

**DATE: June 23, 2015**

**DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer**

**DEPARTMENT NAME: Hidalgo County Health & Human Services Department**

**ACCOUNT NUMBER: 5-1293-441-00-340-059-0-XXX Medicaid Administrative Claiming**

**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.

<b>INCREASE OBJECT NUMBER(S)</b>	<b>ACCOUNT (OBJECT) NAME</b>	<b>AMOUNT</b>
<b>Travel</b>		
<b>Equipment</b>		
5-1293-441-00-340-059-0-751	MAC - Machinery & Equipment	\$ 25,000.00
<b>Supplies</b>		
5-1293-441-00-340-059-0-610	MAC - General Supplies	\$ 50,539.00
5-1293-441-00-340-059-0-660	MAC - Furnishings and Equipment - Controlled	\$ 10,000.00
<b>Other</b>		
5-1293-441-00-340-059-0-339	MAC - Other Professional Services	\$ 25,000.00
5-1293-441-00-340-059-0-340	MAC - Technical Services	\$ 2,500.00
5-1293-441-00-340-059-0-430	MAC - Repair and Maintenance Services	\$ 2,500.00
	<b>TOTAL APPROPRIATION</b>	\$ 115,539.00
5-1293-331-12-340-059-0-000	MAC - Revenue	\$ 115,539.00
	<b>TOTAL APPROPRIATION</b>	\$ 115,539.00

**REASON: To appropriate Medicaid Administrative Claiming funds (Quarter October through December 2014)**

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S (

DATE

ATTEST CO. CLERK