Date: July 9, 2015
Department Head: Eduardo Olivarez, Chief Administrative Officer
Department Name: Hidalgo County Health Department
Account Number: 5-1100-441-00-340-001-0 Administration
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 |
| 5-1100-441-00-340-001-0-626 | HEALTH ADM-GASOLINE/DIESEL | 5-1100-441-00-340-001-0-430 | HEALTH ADM-REPAIR & MAINT SERVICES | $ 15,000.00 |
| 5-1100-441-00-340-001-0-583 | HEALTH ADM-TRAVEL OUT OF COUNTY | 5-1100-441-00-340-001-0-430 | HEALTH ADM-REPAIR & MAINT SERVICES | $ 2,761.00 |
| 5-1100-441-00-340-001-0-583 | HEALTH ADM-TRAVEL OUT OF COUNTY | 5-1100-441-00-340-001-0-412 | HEALTH ADM-CABLE/SATELLITE TV | $ 550.00 |
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| | | | | |
| | | | Amount | $ 18,311.00 |

**Revenue Account**
Amount Requested: $ 18,311.00

Reason: Funds needed to cover anticipated expenditures.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK