Date: July 15, 2015
Department Head: Eduardo Olivarez, Chief Administrative Officer
Department Name: Hidalgo County Health Department
Account Number: 5-1293-441-00-340-052-5 Prenatal / Maternity
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
5-1293-441-00-340-052-5-113	PRENATAL/MATERNITY-REG F/T EMPLOYEES	5-1293-441-00-340-052-5-339	PRENATAL/MATERNITY-OTHER PROF SRV	$ 4,000.00
5-1293-441-00-340-052-5-211	PRENATAL/MATERNITY-HEALTH INSURANCE	5-1293-441-00-340-052-5-610	PRENATAL/MATERNITY-GENERAL SUPPLIES	$ 2,300.00
5-1293-441-00-340-052-5-230	PRENATAL/MATERNITY-RETIREMENT	5-1293-441-00-340-052-5-581	PRENATAL/MATERNITY-TRAVEL IN COUNTY	$ 500.00
			Amount	$ 6,800.00

Revenue Account
Amount Requested: $ 6,800.00

Reason: Funds needed to cover anticipated expenditures.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK