Date: July 17, 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		
ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	AMOUNT
5-1293-441-00-340-012-5-113	IMM DIV LOCAL-REG F/T EMPLOYEES	5-1293-441-00-340-012-5-751	IMM DIV LOCAL-MACHINERY EQUIPMENT	$ 8,000.00
5-1293-441-00-340-012-5-211	IMM DIV LOCAL-HEALTH INSURANCE	5-1293-441-00-340-012-5-212	IMM DIV LOCAL-LIFE INSURANCE	$ 30.00
			Amount	$ 8,030.00

Revenue Account
Amount Requested: $ 8,030.00

Reason: Line item transfer needed to cover anticipated expenditures.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK