DATE: August 18, 2015

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

DEPARTMENT NAME: Department of Budget & Management for Health Department

2015
Interfund Transfer

ACCOUNT NUMBER: **5-1XXX-XXX-0X-XXX-XXX-X-XXX**

CONTACT PERSON: Debbie Tamez **PHONE:** (956) 292-7025 ext. 5427

SUBJECT: **Interfund & BA - Transfer/s (transfer in/out) (increase/decrease) 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 (increases) to my departmental budget in accordance with Local Government Code, Chapter 111 Subchapter C.

INCREASE/DECREASE ACCOUNT NUMBER		ACCOUNT (OBJECT) NAME		AMOUNT
FROM:				
5-1100-415-00-115-002-0-	**899**	**Co Wide Adm-**	**Contingency**	**(1,753.00)**
5-1100-491-01-000-293-6-	**891**	**Transfers Out-**	**Health Grants**	**1,753.00**
TO:				
5-1293-391-01-000-100-6-	**000**	**Transfers In-**	**General Fund**	**1,753.00**
		TOTAL BUDGET INCREASE (DECREASE)		**(1,753.00)**

REASON: Interfund transfer to fund the total local cash match required for the TB Control State Grant Contract No. 2016-001417-00 acceptance, AI-50832 (CC 8/18/15).

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT / / **DATE** **ATTEST COUNTY CLERK**