

Date: September 16, 2015
 Department Head: Eduardo Olivarez, Chief Administrative Officer
 Department Name: Hidalgo County Health & Human Services Department
 Account Number: 5-1293-441-00-340-011-5-
 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		AMOUNT
ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	
5-1293-441-00-340-011-5-113	TDH T.B.ELIM-REG F/T EMPLOYEES	5-1293-441-00-340-011-5-660	TDH T.B.ELIM-FURNISHINGS & EQUIPMENT	\$ 5,000.00
5-1293-441-00-340-011-5-113	TDH T.B.ELIM-REG F/T EMPLOYEES	5-1293-441-00-340-011-5-610	TDH T.B.ELIM-GENERAL SUPPLIES	\$ 3,500.00
5-1293-441-00-340-011-5-113	TDH T.B.ELIM-REG F/T EMPLOYEES	5-1293-441-00-340-011-5-430	TDH T.B.ELIM-REPAIR & MAINTENANCE SERVICES	\$ 500.00
5-1293-441-00-340-011-5-220	TDH T.B.ELIM-FICA	5-1293-441-00-340-011-5-610	TDH T.B.ELIM-GENERAL SUPPLIES	\$ 1,600.00
5-1293-441-00-340-011-5-230	TDH T.B.ELIM-RETIREMENT	5-1293-441-00-340-011-5-610	TDH T.B.ELIM-GENERAL SUPPLIES	\$ 3,000.00
			Amount	\$ 13,600.00

Revenue Account
 Amount Requested: \$ 13,600.00

Reason: Funds needed to cover anticipated expenditures.

DEPARTMENT HEAD SIGNATURE _____

APPROVED COMMISSIONER'S COURT _____ DATE _____ ATTEST COUNTY CLERK _____