

DATE: September 29, 2015

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services Dept.

ACCOUNT NUMBER: 5-1100-441-00-340-00X-0-xxx

SUBJECT: Budget Amendments (Increases) in Accordance with
Local Government Code, Chapter 111, Subchapter C

Honorable Commissioners' 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 OBJECT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT
5-1100-441-00-340-001-0-430	HEALTH ADM-REPAIR & MAINTENANCE SERVICES	\$ (5,000.00)
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- - - -		
5-1100-441-00-340-003-0-430	HEALTH CLINICS-REPAIR & MAINTENANCE SERVICES	\$ 5,000.00
- - - -		
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- - - -		
- - - -		
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TOTAL BUDGET INCREASE REQUEST		\$ -

REASON: Transferring funds from Dept. 340, Program 001 to Dept. 340 Program 003 to cover anticipated costs of TB Clinic repairs. (reference AI-51546)

There are no areas in my current budget to reduce in order to fund the above mentioned item's).

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK