

Date: October 22, 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	5-1293-441-00-340-011-5-610	TDH T.B.ELIM-GENERAL SUPPLIES	\$ 3,800.00
5-1293-441-00-340-011-5-430	TDH T.B.ELIM-REPAIR & MAINT SRV	5-1293-441-00-340-011-5-610	TDH T.B.ELIM-GENERAL SUPPLIES	\$ 325.00
5-1293-441-00-340-011-5-810	TDH T.B.ELIM-DUES & MEMBERSHIPS	5-1293-441-00-340-011-5-610	TDH T.B.ELIM-GENERAL SUPPLIES	\$ 600.00
5-1293-441-00-340-011-5-583	TDH T.B.ELIM-TRAVEL OUT OF COUNTY	5-1293-441-00-340-011-5-610	TDH T.B.ELIM-GENERAL SUPPLIES	\$ 1,014.60
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-FURN & EQUIP CNTRLD	\$ 2,200.00
5-1293-441-00-340-011-5-550	TDH T.B.ELIM-PRINTING & BINDING	5-1293-441-00-340-011-5-610	TDH T.B.ELIM-GENERAL SUPPLIES	\$ 2,641.00
			Amount	\$ 10,580.60

Revenue Account

Amount Requested: \$ 10,580.60

Reason: Funds needed to cover anticipated expenditures.

 DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT

DATE

ATTEST COUNTY CLERK