

DATE: October 22, 2015

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 5-1293-441-00-340-059-0-XXX Medicaid Administrative Claiming

**SUBJECT: Budget Amendments (Increases) 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 (increase) to my department budget in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT
Travel		
Equipment		
5-1293-441-00-340-059-0-753	MAC - Furnishings and Fixtures	\$ 5,000.00
Supplies		
5-1293-441-00-340-059-0-610	MAC - General Supplies	\$ 27,835.80
5-1293-441-00-340-059-0-660	MAC - Furnishings and Equipment - Controlled	\$ 10,000.00
Other		
5-1293-441-00-340-059-0-339	MAC - Other Professional Services	\$ 25,000.00
5-1293-441-00-340-059-0-340	MAC - Technical Services	
5-1293-441-00-340-059-0-430	MAC - Repair and Maintenance Services	
5-1293-441-00-340-059-0-550	MAC - Printing & Binding	\$ 3,000.00
	TOTAL APPROPRIATION	\$ 70,835.80
5-1293-331-12-340-059-0-000	MAC - Revenue	\$ 70,835.80
	TOTAL APPROPRIATION	\$ 70,835.80

REASON: To appropriate Medicaid Administrative Claiming funds (Quarter January through March 2015)

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S (

DATE

ATTEST CO. CLERK