Date: November 10, 2015
Department Head: Eduardo Olivarez, Chief Administrative Officer
Department Name: Hidalgo County Health Department
Account Number: 5-1100-441-00-340-003-0 Health Clinics
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		
ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	AMOUNT
5-1100-441-00-340-003-0-751	HEALTH CLINICS-MACHINERY & EQUIPMENT	5-1100-441-00-340-003-0-421	HEALTH CLINICS-DISPOSAL	$ 36.25
5-1100-441-00-340-003-0-660	HEALTH CLINICS-FURN & EQUIP CNTRLD	5-1100-441-00-340-003-0-421	HEALTH CLINICS-DISPOSAL	$ 1,150.00
5-1100-441-00-340-003-0-660	HEALTH CLINICS-FURN & EQUIP CNTRLD	5-1100-441-00-340-003-0-631	HEALTH CLINICS-BOTTLED WATER	$ 350.00
5-1100-441-00-340-003-0-640	HEALTH CLINICS-REFERENCE MATERIALS	5-1100-441-00-340-003-0-631	HEALTH CLINICS-BOTTLED WATER	$ 40.22
			Amount	$ 1,576.47

Revenue Account
Amount Requested: $ 1,576.47

Reason: Funds needed to cover anticipated expenditures for year end.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK