

Date: November 23, 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- MAC
 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)	
5-1293-441-00-340-059-0-540	MEDICAID ADMIN-ADVERTISING	5-1293-441-00-340-059-0-340	MEDICAID ADMIN-TECHNICAL SERVICES	\$10,000.00
Amount				\$ 10,000.00

Revenue Account
 Amount Requested: \$ 10,000.00

Reason: Line item transfer needed to cover anticipated expenditures.

 DEPARTMENT HEAD SIGNATURE

 APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK