

Date: February 10, 2016
 Department Head: Eduardo Olivarez, Chief Administrative Officer
 Department Name: Hidalgo County Health & Human Services Department
 Account Number: 6-1293-441-00-340-012-6-
 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)	
6-1293-441-00-340-012-6-113	IMM DIV LOCAL-REG F/T EMPLOYEES	6-1293-441-00-340-012-6-610	IMM DIV LOCAL-GENERAL SUPPLIES	\$ 11,500.00
6-1293-441-00-340-012-6-113	IMM DIV LOCAL-REG F/T EMPLOYEES	6-1293-441-00-340-012-6-581	IMM DIV LOCAL-TRAVEL IN COUNTY	\$ 2,000.00
6-1293-441-00-340-012-6-113	IMM DIV LOCAL-REG F/T EMPLOYEES	6-1293-441-00-340-012-6-583	IMM DIV LOCAL-TRAVEL OUT OF COUNTY	\$ 1,500.00
			Amount	\$ 15,000.00

Revenue Account
 Amount Requested: \$ 15,000.00

Reason: Line item transfer needed to cover anticipated expenditures.

DEPARTMENT HEAD SIGNATURE _____

APPROVED COMMISSIONER'S COURT _____ DATE _____ ATTEST COUNTY CLERK _____