Date: February 25, 2016
Department Head: Eduardo Olivarez, Chief Administrative Officer
Department Name: Hidalgo County Health & Human Services Department
Account Number: 6-1293-441-00-340-059-0- 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		
ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	AMOUNT
6-1293-441-00-340-059-0-660	MEDICAID ADMIN-FURN & EQUIP CNTRLD	6-1293-441-00-340-059-0-752	MEDICAID ADMIN-VEHICLES	$15,000.00
6-1293-441-00-340-059-0-751	MEDICAID ADMIN-MACHINERY & EQUIP	6-1293-441-00-340-059-0-752	MEDICAID ADMIN-VEHICLES	$15,000.00
6-1293-441-00-340-059-0-336	MEDICAID ADMIN-COMPUTER SRV	6-1293-441-00-340-059-0-339	MEDICAID ADMIN-OTHER PROF SRV	$ 5,000.00
			Amount	$ 35,000.00

Revenue Account
Amount Requested: $ 35,000.00

Reason: Line item transfer needed to cover anticipated expenditures.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK