Date: March 15, 2016
Department Head: Eduardo Olivarez, Chief Administrative Officer
Department Name: Hidalgo County Health & Human Services Department
Account Number: 6-1293-441-00-340-060-6- INFECTIOUS DISEASE CONTROL
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
6-1293-441-00-340-060-6-113	INFECTIOUS DISEASE-REG F/T EMPLOYEES	6-1293-441-00-340-060-6-211	INFECTIOUS DISEASE-HEALTH INSURANCE	$270.00
6-1293-441-00-340-060-6-113	INFECTIOUS DISEASE-REG F/T EMPLOYEES	6-1293-441-00-340-060-6-583	INFECTIOUS DISEASE-TRAVEL OUT OF COUNTY	$ 500.00
6-1293-441-00-340-060-6-113	INFECTIOUS DISEASE-REG F/T EMPLOYEES	6-1293-441-00-340-060-6-610	INFECTIOUS DISEASE-GENERAL SUPPLIES	$ 2,500.00
6-1293-441-00-340-060-6-113	INFECTIOUS DISEASE-REG F/T EMPLOYEES	6-1293-441-00-340-060-6-660	INFECTIOUS DISEASE-FURNISHINGS & EQUIPMENT	$ 4,100.00
6-1293-441-00-340-060-6-113	INFECTIOUS DISEASE-REG F/T EMPLOYEES	6-1293-441-00-340-060-6-584	INFECTIOUS DISEASE-REGISTRATION	$ 300.00
			Amount	$ 7,670.00

Revenue Account
Amount Requested: $ 7,670.00

Reason: Line item transfer needed to cover anticipated expenditures.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK