Date: April 7, 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
6-1293-441-00-340-059-0-581	MEDICAID ADMIN-TRAVEL IN COUNTY	6-1293-441-00-340-059-0-430	MEDICAID ADMIN-REPAIR & MAINT SRV	$2,000.00
6-1293-441-00-340-059-0-340	MEDICAID ADMIN-TECHNICAL SRV	6-1293-441-00-340-059-0-430	MEDICAID ADMIN-REPAIR & MAINT SRV	$5,000.00
6-1293-441-00-340-059-0-340	MEDICAID ADMIN-TECHNICAL SRV	6-1293-441-00-340-059-0-650	MEDICAID ADMIN-SOFTWARE CNTRLD	$ 13,000.00
			Amount	$ 20,000.00

Revenue Account
Amount Requested: $ 20,000.00

Reason: Line item transfer needed to cover anticipated expenditures.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK