

Date: April 25, 2016  
 Department Head: Eduardo Olivarez, Chief Administrative Officer  
 Department Name: Hidalgo County Health & Human Services Department  
 Account Number: 6-1293-441-00-340-008-6- T.B. 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
6-1293-441-00-340-008-6-660	T.B. CONTROL-FURN & EQUIP CNTRLD	6-1293-441-00-340-008-6-113	T.B. CONTROL-REG F/T EMPLOYEES	\$ 1,100.00
6-1293-441-00-340-008-6-660	T.B. CONTROL-FURN & EQUIP CNTRLD	6-1293-441-00-340-008-6-211	T.B. CONTROL-HEALTH INSURANCE	\$ 1,320.00
6-1293-441-00-340-008-6-584	T.B. CONTROL-REGISTRATION FEES	6-1293-441-00-340-008-6-211	T.B. CONTROL-HEALTH INSURANCE	\$ 1,250.00
6-1293-441-00-340-008-6-230	T.B. CONTROL-RETIREMENT	6-1293-441-00-340-008-6-212	T.B. CONTROL-LIFE INSURANCE	\$ 50.00
6-1293-441-00-340-008-6-583	T.B. CONTROL-TRAVEL OUT OF COUNTY	6-1293-441-00-340-008-6-610	T.B. CONTROL-GENERAL SUPPLIES	\$ 1,000.00
			Amount	\$ 4,720.00

**Revenue Account**  
 Amount Requested: \$ 4,720.00

Reason: Line item transfer needed to cover anticipated expenditures;

DEPARTMENT HEAD SIGNATURE \_\_\_\_\_

APPROVED COMMISSIONER'S COURT \_\_\_\_\_ DATE \_\_\_\_\_ ATTEST COUNTY CLERK \_\_\_\_\_