Date: April 29, 2016
Department Head: Eduardo Olivarez, Chief Administrative Officer
Department Name: Hidalgo County Health Department
Account Number: 6-1100-441-00-340-003-0 Health Clinics
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
6-1100-441-00-340-003-0-610	HEALTH CLINICS-GENERAL SUPPLIES	6-1100-441-00-340-003-0-584	HEALTH CLINICS-REGISTRATION FEES	$ 3,000.00
6-1100-441-00-340-003-0-610	HEALTH CLINICS-GENERAL SUPPLIES	6-1100-441-00-340-003-0-442	HEALTH CLINICS-EQUIP & VEHICLE RENT	$ 200.00
			Amount	$ 3,200.00

Revenue Account
Amount Requested: $ 3,200.00

Reason: Funds needed to cover anticipated expenditure. .

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK