Date: May 10, 2016
Department Head: Eduardo Olivarez, Chief Administrative Officer
Department Name: Hidalgo County Health & Human Services Department
Account Number: 6-1293-441-00-340-012-6-
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
6-1293-441-00-340-012-6-113	IMM DIV LOCAL-REG F/T EMPLOYEES	6-1293-441-00-340-012-6-660	IMM DIV LOCAL-FURN & EQUIP CNTRLD	$ 1,400.00
6-1293-441-00-340-012-6-113	IMM DIV LOCAL-REG F/T EMPLOYEES	6-1293-441-00-340-012-6-610	IMM DIV LOCAL-GENERAL SUPPLIES	$ 600.00
6-1293-441-00-340-012-6-211	IMM DIV LOCAL-HEALTH INSURANCE	6-1293-441-00-340-012-6-540	IMM DIV LOCAL-ADVERTISING	$ 500.00
6-1293-441-00-340-012-6-211	IMM DIV LOCAL-HEALTH INSURANCE	6-1293-441-00-340-012-6-610	IMM DIV LOCAL-GENERAL SUPPLIES	$ 1,500.00
6-1293-441-00-340-012-6-220	IMM DIV LOCAL-FICA	6-1293-441-00-340-012-6-610	IMM DIV LOCAL-GENERAL SUPPLIES	$ 2,000.00
6-1293-441-00-340-012-6-260	IMM DIV LOCAL-WORKERS COMP	6-1293-441-00-340-012-6-212	IMM DIV LOCAL-LIFE INSURANCE	$ 50.00
			Amount	$ 6,050.00

Revenue Account
Amount Requested: $ 6,050.00

Reason: Line item transfer needed to cover anticipated expenditures.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK