

DATE: 5/12/2016
 DEPARTMENT NAME: HIDALGO COUNTY WIC PROGRAM
 ACCOUNT NUMBER: 6.1292.441.00.350.017.6.xxx Lactation Center
 SUBJECT: BUDGET LINE ITEM TRANSFER

Honorable Commissioners' Court of Hidalgo County:

I submit to you for your consideration the following line-item transfer(s) in accordance with the Local Government Code

| FROM | | TO | | |
|-------------------------|------------------------|---------------------------|--------------------------|----------|
| ACCOUNT NUMBER | Account Name | ACCOUNT NO.(S) | ACCOUNT NAME | AMOUNT |
| 6.1292.441.00.350.017.6 | 531 Telephone | → 6.1292.441.00.350.017.6 | 583 Out of County Travel | 2,100.00 |
| 6.1292.441.00.350.017.6 | 532 Wireless Device | → 6.1292.441.00.350.017.6 | 583 Out of County Travel | 1,000.00 |
| 6.1292.441.00.350.017.6 | 550 Printing & Binding | → 6.1292.441.00.350.017.6 | 583 Out of County Travel | 3,000.00 |
| Total: | | | | 6,100.00 |

REASON: To encumber cost on the incentives that are needed for the Lactation Center.