

DATE: JUNE 7, 2016  
 DEPARTMENT HEAD: RAY EUFRACIO, CPA, HIDALGO COUNTY AUDITOR  
 DEPARTMENT NAME: HIDALGO COUNTY AUDITOR'S OFFICE  
 ACCOUNT NUMBER: 5-XXXX-XXX-XX-XXX-XXX-X-XXX

SUBJECT: Interfund transfer(s) (Increases(decrease)) in Accordance with Local Government Code, Chapter 111, Subchapter C

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following amendments (increases) in accordance with Local Government Code, Chapter 111, Subchapter C.

				PERIOD 1-7
Account Name		Account Number		Amount
C.a	5-1100-412-00-008-001-0-780	389TH DC-CAPITAL LEASES	XDC-400520	4,152.63
	5-1100-393-70-000-000-0-000	OTHER FINANCING SOURCES-CAPITAL LEASES		4,152.63
C.b	5-1100-415-15-140-001-0-780	TAX OFF-CAPITAL LEASES	EX7-401140	4,074.15
	5-1100-393-70-000-000-0-000	OTHER FINANCING SOURCES-CAPITAL LEASES		4,074.15
C.c	5-1100-415-15-140-001-0-780	TAX OFF-CAPITAL LEASES	EX7-401158	4,074.15
	5-1100-393-70-000-000-0-000	OTHER FINANCING SOURCES-CAPITAL LEASES		4,074.15
C.d	5-1100-415-15-140-001-0-780	TAX OFF-CAPITAL LEASES	EX7-401319	4,074.15
	5-1100-393-70-000-000-0-000	OTHER FINANCING SOURCES-CAPITAL LEASES		4,074.15
C.e	5-1100-415-15-140-001-0-780	TAX OFF-CAPITAL LEASES	EX7-401556	4,074.15
	5-1100-393-70-000-000-0-000	OTHER FINANCING SOURCES-CAPITAL LEASES		4,074.15
C.1	5-1100-412-00-027-001-0-780	CCL#7-CAPITAL LEASES	C85065935	5,746.91
	5-1100-393-70-000-000-0-000	OTHER FINANCING SOURCES-CAPITAL LEASES		5,746.91
C.2	5-1200-431-00-124-005-0-780	PCT4 ADM-CAPITAL LEASES	C85072502	10,038.66
	5-1200-393-70-000-000-0-000	OTHER FINANCING SOURCES-CAPITAL LEASES		10,038.66
C.3	5-1100-414-00-130-001-0-780	ELECTIONS DEPT-CAPITAL LEASES	C85072601	13,511.81
	5-1100-393-70-000-000-0-000	OTHER FINANCING SOURCES-CAPITAL LEASES		13,511.81
<b>TOTAL BUDGET INCREASE REQUEST \$</b>				<b>49,746.61</b>

REASON: TO APPROPRIATE FOR CAPITAL LEASE AGREEMENTS APPROVED BY ON COMMISSIONERS' COURT ON VARIOUS DATES AND TO ESTIMATE REVENUES FOR THE SAME AMOUNT.

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

APPROVED COMMISSIONERS' COURT

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 ATTEST COUNTY CLERK