Date: June 9, 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	6-1293-441-00-340-012-6-610	IMM DIV LOCAL-GENERAL SUPPLIES	$ 5,000.00
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	$ 1,000.00
			Amount	$ 6,000.00

Revenue Account
Amount Requested: $ 6,000.00

Reason: Line item transfer needed to cover anticipated expenditures.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK