

DATE: September 6, 2016

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

DEPARTMENT NAME: Department of Budget & Management for Health Grants

ACCOUNT NUMBER: 6-1XXX-X91-01-000-XXX-X-XXX

CONTACT PERSON: Debbie Tamez PHONE: (956) 292-7025 ext. 5427

SUBJECT:

Interfund - Transfer/s (transfer in/out) (increase/decrease) in Accordance with Local Government Code Chapter 111, Subchapter C.

Honorable Commissioner's Court of Hidalgo County:

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

INCREASE/DECREASE ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
FROM:		
6-1293-391-01-000-100-7- 000	Transfers In- General Fund	(57,417.00)
6-1100-491-01-000-293-7- 891	Transfers Out- Health Grants	(57,417.00)
TO:		
6-1293-391-01-000-100-6- 000	Transfers In- General Fund	57,417.00
6-1100-491-01-000-293-6- 891	Transfers Out- Health Grants	57,417.00
TOTAL BUDGET INCREASE (DECREASE)		0.00

REASON: Interfund transfer from Transfers Out - Health Grants (1100) and Transfers In-General Fund (1293) Fiscal Year 7 into Fiscal Year 6 to properly allocate the local match required for the CPS/HAZARDS grant amendment accepted on 07/06/16 (AI-55218).

DEPARTMENT HEAD SIGNATURE _____

APPROVED COMMISSIONERS' COURT _____

_____/_____/_____
DATE

ATTEST COUNTY CLERK _____

2015
Interfund Transfer
AI-56163

