DATE: 01/10/2017

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 7-1293-441-00-340-059-0-XXX Medicaid Administrative Claiming

SUBJECT: Budget Amendments (Increases) 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 (increase) to my department budget in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT -
Travel		
Equipment		
Supplies		
7-1293-441-00-340-059-0-610	MAC - General Supplies	$ 35,880.00
Other		
7-1293-441-00-340-059-0-339	MAC - Other Professional Services	$ 50,000.00
	TOTAL APPROPRIATION	$ 85,880.00
7-1293-331-12-340-059-0-000	MAC - Revenue	$ 85,880.00
	TOTAL APPROPRIATION	$ 85,880.00

REASON: To appropriate Medicaid Administrative Claiming funds (Quarter January through March 2016)

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S DATE ATTEST CO. CLERK