**DATE: 03/24/17**

**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** | | |
| 7-1293-441-00-340-059-0-751 | MAC - Machinery & Equipment | $ 10,000.00 |
| 7-1293-441-00-340-059-0-753 | MAC - Furniture & Fixtures | $ 10,000.00 |
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| | | |
| **Supplies** | | |
| 7-1293-441-00-340-059-0-610 | MAC - General Supplies | $ 63,951.10 |
| 7-1293-441-00-340-059-0-660 | MAC - Furnishings & Equipment | $ 15,000.00 |
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| | | |
| **Other** | | |
| 7-1293-441-00-340-059-0-339 | MAC - Other Professional Services | $ 25,000.00 |
| 7-1293-441-00-340-059-0-550 | MAC - Printing & Binding | $ 5,000.00 |
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| | **TOTAL APPROPRIATION** | $ 128,951.10 |
| | | |
| 7-1293-331-12-340-059-0-000 | MAC - Revenue | $ 128,951.10 |
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| | | |
| | | |
| | **TOTAL APPROPRIATION** | $ 128,951.10 |

REASON: To appropriate Medicaid Administrative Claiming funds (Quarter April through June 2016)

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S C DATE ATTEST CO. CLERK