DATE: 06/27/2017

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 7-1293-441-10-340-008-6-XXX T. B. Control (State)

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 -
Personnel		
Fringes		
Contractual		
7-1293-441-10-340-008-6-331	TB Control - Physican Services	$ 4,200.00
Supplies		
7-1293-441-10-340-008-6-610	T.B. Control - General Supplies	$ 3,000.00
	TOTAL APPROPRIATION	$ 7,200.00
7-1293-334-10-340-008-6-000	T.B. Control - Revenue	$ -
7-1293-391-01-000-100-7-000	Transfers In - General Fund (**DO NOT POST)**	$ 7,200.00
7-1100-491-01-000-293-7-891	Transfers Out - Health Grants (**DO NOT POST)**	$ 7,200.00
	TOTAL APPROPRIATION	$ 7,200.00

REASON: To appropriate the local match portion of the T.B. Control (State) grant Amendment. (Refer to AI-58260 appropriation).

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S DATE ATTEST CO. CLERK