

DATE: May 21, 2019

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 9-1293-441-00-340-070-0-XXX

Contact Person: Mike Escaname Ph#: (956) 383-6221

2019
Appropriation
AI-70382



SUBJECT: **Budget Amendments** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

INCREASE ACCOUNT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT
9-1293-441-00-340-070-0-113	PHHS-REG F/T EMPLOYEES	84,392.00
9-1293-441-00-340-070-0-211	PHHS-HEALTH INSURANCE	14,057.00
9-1293-441-00-340-070-0-212	PHHS-LIFE INSURANCE	87.00
9-1293-441-00-340-070-0-220	PHHS-FICA	6,455.00
9-1293-441-00-340-070-0-230	PHHS-RETIREMENT	10,252.00
9-1293-441-00-340-070-0-250	PHHS-UNEMPLOYMENT COMP	844.00
9-1293-441-00-340-070-0-260	PHHS-WORKERS COMP	843.00
9-1293-441-00-340-070-0-583	PHHS-TRAVEL OUT-OF-COUNTY	1,576.00
9-1293-441-00-340-070-0-610	PHHS-GENERAL SUPPLIES	5,609.00
9-1293-441-00-340-070-0-550	PHHS-PRINTING & BINDING	885.00
9-1293-331-12-340-070-0-000	PHHS-REVENUES	125,000.00
TOTAL BUDGET INCREASE (DECREASE)		125,000.00

REASON: Appropriation of funds for PHHS FY 20 program that starts on 10/01/2019 and ends on 08/31/2020.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

_____/_____/_____
DATE

ATTEST COUNTY CLERK