**DATE:** May 4, 2021

**DEPARTMENT HEAD:** Eduardo Olivarez

**DEPARTMENT NAME:** Health & Human Services

**ACCOUNT NUMBER:** 1-1293-441-00-340-008-2-XXX

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

**2021**
**Appropriation**
**AI-80689**

**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 |
|---|---|---|
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| 1-1293-441-00-340-008-2-610 | T.B. CONTROL-GENERAL SUPPLIES | 10,000.00 |
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| | | |
| | | |
| 1-1293-345-40-340-008-2-000 | T.B. CONTROL-PROGRAM INCOME REVENUES | 10,000.00 |
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| | **TOTAL BUDGET INCREASE (DECREASE)** | **10,000.00** |

**REASON:** Appropriation of program income funds for TB/PC State FY 22 program that starts on 09/01/2021 and closes on 08/31/2022.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

____/____/____
DATE

ATTEST COUNTY CLERK