

DATE: May 25, 2021

DEPARTMENT HEAD: Eduardo Olivarez

2021
Appropriation
AI-80895



DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 1-1293-441-00-340-070-2-XXX

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

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
1-1293-441-00-340-070-2-113	PHHS-REG F/T EMPLOYEES	67,488.00
1-1293-441-00-340-070-2-117	PHHS-SUPPLEMENTAL PAY	4,080.00
1-1293-441-00-340-070-2-211	PHHS-HEALTH INSURANCE	14,916.00
1-1293-441-00-340-070-2-212	PHHS-LIFE INSURANCE	87.00
1-1293-441-00-340-070-2-220	PHHS-FICA	5,475.00
1-1293-441-00-340-070-2-230	PHHS-RETIREMENT	9,115.00
1-1293-441-00-340-070-2-250	PHHS-UNEMPLOYMENT COMP	716.00
1-1293-441-00-340-070-2-260	PHHS-WORKERS COMP	716.00
1-1293-441-00-340-070-2-581	PHHS-IN COUNTY TRAVEL	3,002.00
1-1293-441-00-340-070-2-583	PHHS-OUT OF COUNTY TRAVEL	2,964.00
1-1293-441-00-340-070-2-610	PHHS-GENERAL SUPPLIES	15,841.00
1-1293-441-00-340-070-2-584	PHHS-REGISTRATION	600.00
1-1293-331-12-340-070-2-000	PHHS-REVENUES	125,000.00
TOTAL BUDGET INCREASE (DECREASE)		125,000.00

REASON: Appropriation of funds for PHHS FY 22 program that starts on 10/01/2021 and ends on 09/30/2022.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

_____/_____/_____
DATE

ATTEST COUNTY CLERK