

DATE: June 14, 2022

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 2-1293-441-00-340-070-3-XXX

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

2022
Appropriation
AI-86092



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
2-1293-441-00-340-070-3-113	PHHS-REG F/T EMPLOYEES	75,996.00
2-1293-441-00-340-070-3-117	PHHS-SUPPLEMENTAL PAY	4,080.00
2-1293-441-00-340-070-3-211	PHHS-HEALTH INSURANCE	17,049.00
2-1293-441-00-340-070-3-212	PHHS-LIFE INSURANCE	88.00
2-1293-441-00-340-070-3-220	PHHS-FICA	6,126.00
2-1293-441-00-340-070-3-230	PHHS-RETIREMENT	10,433.00
2-1293-441-00-340-070-3-250	PHHS-UNEMPLOYMENT COMP	801.00
2-1293-441-00-340-070-3-260	PHHS-WORKERS COMP	801.00
2-1293-441-00-340-070-3-581	PHHS-IN COUNTY TRAVEL	2,340.00
2-1293-441-00-340-070-3-583	PHHS-OUT OF COUNTY TRAVEL	2,284.00
2-1293-441-00-340-070-3-610	PHHS-GENERAL SUPPLIES	4,972.00
2-1293-441-00-340-070-3-584	PHHS-REGISTRATION	30.00
2-1293-331-12-340-070-3-000	PHHS-REVENUES	125,000.00
TOTAL BUDGET INCREASE (DECREASE)		125,000.00

REASON: Appropriation of funds for PHHS FY 23 program that starts on 10/01/2022 and ends on 08/31/2023.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

_____/_____/_____
DATE

ATTEST COUNTY CLERK