

DATE: May 2, 2023

DEPARTMENT HEAD: Eduardo Olivarez

2023
Appropriation
AI-90620



DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 3-1293-441-00-340-070-4-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
3-1293-441-00-340-070-4-113	PHHS-REG F/T EMPLOYEES	79,631.00
3-1293-441-00-340-070-4-211	PHHS-HEALTH INSURANCE	18,258.00
3-1293-441-00-340-070-4-212	PHHS-LIFE INSURANCE	112.00
3-1293-441-00-340-070-4-220	PHHS-FICA	6,092.00
3-1293-441-00-340-070-4-230	PHHS-RETIREMENT	10,097.00
3-1293-441-00-340-070-4-250	PHHS-UNEMPLOYMENT COMP	796.00
3-1293-441-00-340-070-4-260	PHHS-WORKERS COMP	797.00
3-1293-441-00-340-070-4-581	PHHS-IN COUNTY TRAVEL	1,310.00
3-1293-441-00-340-070-4-583	PHHS-OUT OF COUNTY TRAVEL	1,688.00
3-1293-441-00-340-070-4-610	PHHS-GENERAL SUPPLIES	6,189.00
3-1293-441-00-340-070-4-584	PHHS-REGISTRATION	30.00
3-1293-331-12-340-070-4-000	PHHS-REVENUES	125,000.00
TOTAL BUDGET INCREASE (DECREASE)		125,000.00

REASON: Appropriation of funds for PHHS FY 24 program that starts on 09/01/2023 and ends on 08/31/2024.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

_____/_____/_____
DATE

ATTEST COUNTY CLERK