

DATE: May 30, 2023

DEPARTMENT HEAD: Eduardo Olivarez

2023
Appropriation
AI-90931



DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 3-1293-441-00-340-012-4-XXX

Contact Person: Carlos Oliva 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
3-1293-441-00-340-012-4-113	IMM DIV LOCAL-REG F/T EMPLOYEES	69,879.00
3-1293-441-00-340-012-4-211	IMM DIV LOCAL-HEALTH INSURANCE	15,243.74
3-1293-441-00-340-012-4-212	IMM DIV LOCAL-LIFE INSURANCE	93.79
3-1293-441-00-340-012-4-220	IMM DIV LOCAL-FICA	5,345.72
3-1293-441-00-340-012-4-230	IMM DIV LOCAL-RETIREMENT	8,860.62
3-1293-441-00-340-012-4-250	IMM DIV LOCAL-UNEMPLOYMENT COMP	419.27
3-1293-441-00-340-012-4-260	IMM DIV LOCAL-WORKERS COMP	656.86
3-1293-441-00-340-012-4-581	IMM DIV LOCAL-TRAVEL IN COUNTY	501.00
3-1293-441-00-340-012-4-610	IMM DIV LOCAL-GENERAL SUPPLIES	1,000.00
3-1293-345-40-340-012-4-000	IMM DIV LOCAL-PROGRAM INCOME REVENUES	102,000.00
TOTAL BUDGET INCREASE (DECREASE)		102,000.00

REASON: Appropriation of Program Income funds projected for the IMMUNIZATION BRANCH / LOCALS FY 24 program that starts on 09/01/2023 and closes on 08/31/2024.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

_____/_____/_____
DATE

ATTEST COUNTY CLERK