



CERTIFICATE

Agency Name _____ Texas Department of State Health Services

This is to certify that the information contained in the agency Legislative Appropriation Request filed with the Legislative Budget Board (LBB) and the Governor's Office Budget Division (Governor's Office) is accurate to the best of my knowledge and that the electronic submission to the LBB via the Automated Budget and Evaluation System of Texas (ABEST) and the PDF file submitted via the LBB Document Submission application are identical.

Additionally, should it become likely at any time that unexpended balances will accrue for any account, the LBB and the Governor's Office will be notified in writing in accordance with Article IX, Section 7.01 (2018-19 GAA).

Chief Executive Office or Presiding Judge

Signature

Handwritten signature in blue ink, appearing to read "John Hellerstedt".

Printed Name
John Hellerstedt, M.D.

Commissioner
Title

Date
August 17, 2018

Board or Commission Chair

Signature

Printed Name

Title

Date

Chief Financial Officer

Signature

Handwritten signature in blue ink, appearing to read "Donna Sheppard".

Printed Name
Donna Sheppard

Chief Financial Officer
Title

Date
August 17, 2018

