DATE: January 6, 2015

2015
Transfer

DEPARTMENT HEAD: Dairen Sarmiento - Director of Human Services

DEPARTMENT NAME: Human Services (1100)

ACCOUNT NUMBER: 5-1100-444-00-240-001-0-XXX

AI - 47969

Contact Person: Dairen Sarmiento **Ph#:** 956-292-7000 ext. 7365

SUBJECT: **Intradepartmental transfer(s)** (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 Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
610	General Supplies	350	Other services	500.00
			TOTAL:	**500.00**

REASON:
Transfer form Shredding of Health information services

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK