DATE: November 2, 2015

DEPARTMENT HEAD: VALDE GUERRA

DEPARTMENT NAME: INSURANCE

ACCOUNT NUMBER: 5-1100-419-00-125-009-0

SUBJECT: **Intra-departmental Transfer/s (increase/decrease) in Accordance with Local Government Code, Chapter 111, Subchapter C, Section 111.070, Subsection C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intra-departmental transfer/s (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C Section 111.070, Subsection C.

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
820	Claims & Judgments	350	Other Services	200.00
			TOTAL	200.00

REASON: **To pay for upcoming invoices to Montalvo Insurance - Quarterly Reports.**

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT | / / **DATE** | **ATTEST COUNTY CLERK**