DATE: **September 27, 2016**

DEPARTMENT HEAD: **Arnold K Patrick, Executive Director**

DEPARTMENT NAME: **Hidalgo County CSCD - REENTRY**

ACCOUNT NUMBER: **6-1289-423-00-320-044-6-**

SUBJECT: **Intra-departmental Transfer/s**

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 NAME	**TO** OBJECT CODE	OBJECT NAME	AMOUNT
211	**Health Insurance**	**113**	**Regular Full - time employees**	**271.00**
211	**Health Insurance**	**230**	**Retirement**	**79.00**
117	**Supplemental Pay**	**220**	**FICA**	**66.00**
117	**Supplemental Pay**	**230**	**Retirement**	**168.00**
			TOTAL	**584.00**

REASON: To cover salaries and fringe benefits through year end.

Arnold K Patrick, Director
Hidalgo County CSCD

Date

Ray Eufracio, CPA
County Auditor

Date