**DATE:** May 11, 2017

**DEPARTMENT HEAD:** Eduardo Olivarez

**DEPARTMENT NAME:** Health & Human Services

**ACCOUNT NUMBER:** 7-1293-441-10-340-013-6-

**2017**
**Transfer**

**AI - 59811**

**Contact Person:** Rene Cavazos **Ph#:** 7226

**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 |
|---|---|---|---|---|
| 113 | CPS/HAZARDS-REG F/T EMPLOYEES | 583 | CPS/HAZARDS-TRAVEL OUT OF COUNTY | 600.00 |
| 113 | CPS/HAZARDS-REG F/T EMPLOYEES | 610 | CPS/HAZARDS-GENERAL SUPPLIES | 1,400.00 |
| 220 | CPS/HAZARDS-FICA | 610 | CPS/HAZARDS-GENERAL SUPPLIES | 500.00 |
| 230 | CPS/HAZARDS-RETIREMENT | 610 | CPS/HAZARDS-GENERAL SUPPLIES | 500.00 |
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| | | | TOTAL | 3,000.00 |

**REASON**: ***To cover anticipated expenditures***

**DEPARTMENT HEAD SIGNATURE**

/ /
**DATE**

**APPROVED COMMISSIONERS' COURT**

**ATTEST COUNTY CLERK**