



# HIDALGO COUNTY

Department Of Budget & Management

## INTRA-DEPARTMENTAL TRANSFER FORM

**DATE:** \_\_\_\_\_

**DEPARTMENT HEAD:** \_\_\_\_\_

**DEPARTMENT NAME:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**SUBJECT:** Intradepartmental Transfer(s)

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).

| <b>FROM</b><br><small>OBJECT CODE</small> | <b>OBJECT DESCRIPTION</b> | <b>TO</b><br><small>OBJECT CODE</small> | <b>OBJECT DESCRIPTION</b> | <b>AMOUNT</b> |
|---|---------------------------|---|---------------------------|---------------|
|   |                           |   |                           |               |
|   |                           |   |                           |               |
|   |                           |   |                           |               |
|   |                           |   |                           |               |
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|   |                           |   |                           |               |
|   |                           |   |                           |               |
|   |                           |   |                           |               |
| <b>TOTAL</b>                              |                           |   |                           | <b>\$</b>     |

**REASON:** \_\_\_\_\_

\_\_\_\_\_  
**Department Head Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Approved Commissioners' Court**

\_\_\_\_\_  
**Attest County Clerk**