

BUDGET INTER-DEPARTMENTAL TRANSFER

DATE: August 18, 2017

DEPARTMENT HEAD: VALDE GUERRA

DEPARTMENT NAME: INSURANCE

ACCOUNT NUMBER: 7-1100-419-00-125-009-0-XXX

CONTACT PERSON: MONICA SALINAS **TELEPHONE NO.** X5602

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

Honorable Commissioners' Court of Hidalgo County:

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

INCREASE/DECREASE ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
FROM		
7-1100-413-30-125-004-0-583	CO COMM- TRAVEL OUT OF COUNTY	\$ (1,375.00)
7-1100-413-30-125-004-0-584	CO COMM-REGISTRATION FEES	\$ (1,355.00)
7-1100-413-30-125-004-0-810	CO COMM- DUES & MEMBERSHIPS	\$ (27,741.00)
TO		
7-1100-419-00-125-009-0-820	INSURANCE-CLAIMS/JUDMENTS NOT COVERED BY INS	\$ 30,471.00
TOTAL BUDGET INCREASE (DECREASE)		\$ -

REASON: For pending claims and future claims (approx. \$12,250.00 pending).

DEPARTMENT HEAD SIGNATURE

/ /

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK