

# INTRADEPARTMENTAL TRANSFER REQUEST

**DATE:** September 5, 2017

**DEPARTMENT HEAD:** Arnold K. Patrick

**DEPARTMENT NAME:** ADULT PROBATION

**ACCOUNT NUMBER:** 7-1289-423-00-320-032-7-XXX DWI

**SUBJECT:** Intradepartmental transfer(s)

**2017**  
**Transfer**



**Contact:** Rosario Castilleja  
**Ph#:** 587-6009 ext 4414

Honorable Commissioners' Court of Hidalgo County:

I submit for your consideration the following Intradepartmental transfer(s) (increase/decrease) in accordance with Local Government Code, Chapter 111, 111.070, Item C (2).

FROM Object Code	Description	TO Object Code	Description	Amount
230	Retirement	117	Supplemental Pay	\$ 48.90
230	Retirement	260	Worker's Compensation	\$ 0.06
230	Retirement	211	Health Insurance	\$ 2.71
230	Retirement	212	Life Insurance	\$ 0.73
230	Retirement	220	FICA	\$ 14.73
250	Unemployment Compensation	220	FICA	\$ 13.26
<b>TOTAL</b>				<b>\$ 80.39</b>

**REASON:**

Transfer to correctly classify fringe and supplemental pay for grant

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**DEPARTMENT HEAD SIGNATURE**

\_\_\_\_\_  
**APPROVED COMMISSIONERS' COURT**

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

\_\_\_\_\_  
**ATTEST COUNTY CLERK**