**DATE:** October 24, 2017

**DEPARTMENT HEAD:** Eduardo Olivarez

**DEPARTMENT NAME:** Health & Human Services

**ACCOUNT NUMBER:** 7-1100-441-00-340-001-0-

**2017**
**Transfer**

**AI - 62153**

**Contact Person:** Mike Escaname **Ph#:** 7210

**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 |
|---|---|---|---|---|
| 605 | HEALTH ADM-CLOTHING & UNIFORMS | 610 | HEALTH ADM-GENERAL SUPPLIES | 1,000.00 |
| 810 | HEALTH ADM-DUES & MEMBERSHIPS | 610 | HEALTH ADM-GENERAL SUPPLIES | 500.00 |
| 810 | HEALTH ADM-DUES & MEMBERSHIPS | 535 | HEALTH ADM-POSTAGE | 500.00 |
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| | | | TOTAL | 2,000.00 |

**REASON**: ***To cover anticipated expenditure***

**DEPARTMENT HEAD SIGNATURE**

/ /
**DATE**

**APPROVED COMMISSIONERS' COURT**

**ATTEST COUNTY CLERK**