



DATE: December 19, 2017

DEPARTMENT HEAD: Sergio Cruz

DEPARTMENT NAME: Dept. of Budget & Mgmt for Health Clinics

ACCOUNT NUMBER: 8-1100-44X-00-X40-00X-0-115

CONTACT PERSON: Patricia Ramos

PHONE: (956) 292-7025 Ext. 5416

**2018**

Transfer

AI-62975



**SUBJECT: Interdepartmental Transfer/s in Accordance with Local Government Code Chapter 111, Subchapter C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Interdepartmental transfer/s (transfer in/out) (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE/DECREASE ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
<b>FROM</b>		
8-1100-444-00-240-001-0- 115	HUMAN SERVICES- LONGEVITY PAY	(540.00)
8-1100-444-00-240-001-0- 220	HUMAN SERVICES- FICA	(41.31)
8-1100-444-00-240-001-0- 230	HUMAN SERVICES- RETIREMENT	(63.72)
8-1100-444-00-240-001-0- 250	HUMAN SERVICES- UNEMPLOYMENT COMP	(3.24)
8-1100-444-00-240-001-0- 260	HUMAN SERVICES- WORKER'S COMP	(5.08)
<b>TO</b>		
8-1100-441-00-340-003-0- 115	HEALTH CLINICS- LONGEVITY PAY	540.00
8-1100-441-00-340-003-0- 220	HEALTH CLINICS- FICA	41.31
8-1100-441-00-340-003-0- 230	HEALTH CLINICS- RETIREMENT	63.72
8-1100-441-00-340-003-0- 250	HEALTH CLINICS- UNEMPLOYMENT COMP	3.24
8-1100-441-00-340-003-0- 260	HEALTH CLINICS- WORKER'S COMP	5.08
TOTAL BUDGET INCREASE (DECREASE)		\$ (0.00)

REASON: **Transfer needed to fund personnel action AI-62975.**

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SIGNATURE

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COMMISSIONERS COURT

\_\_\_\_\_  
DATE

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ATTEST, COUNTY CLERK