



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).

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

REASON: _____

Department Head Signature

Date

Approved Commissioners' Court

Attest County Clerk