



HIDALGO COUNTY

Department Of Budget & Management

INTERDEPARTMENTAL TRANSFER FORM

DATE: _____

DEPARTMENT HEAD: _____

DEPARTMENT NAME: _____

ACCOUNT NUMBER: _____

CONTACT PERSON: _____

PHONE: _____

PREPARED BY: _____

SUBJECT: _____

Hidalgo County Auditor's Office:

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.

| Account Number | Account Name | Increase/(Decrease) Amount |
|----------------|--------------|----------------------------|
| FROM: | | |
| | | |
| | | |
| | | |
| | | |
| TO: | | |
| | | |
| | | |
| | | |

TOTAL BUDGET INCREASE (DECREASE) \$ -

REASON: _____

AUTHORIZED SIGNATURE/DBM

DATE