

DATE: May 22, 2018

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

DEPARTMENT NAME: Department of Budget & Management for
Transfers In/Transfers Out (Health Grants)

ACCOUNT NUMBER: 8-1XXX-X91-01-00X-XXX-9-XXX

CONTACT PERSON: Debbie Tamez PHONE: (956) 292-7025 ext. 5427

SUBJECT: **Interfund & BA - Transfer/s (transfer in/out) (increase/decrease) in Accordance with Local Government Code Chapter 111, Subchapter C.**



2018
Interfund Transfer
AI-64981

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following amendments (increases) to my departmental budget in accordance with Local Government Code, Chapter 111 Subchapter C.

INCREASE/DECREASE ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
FROM:		
8-1100-491-01-000-293-9- 891	Transfers Out- Health Grants	(121,112.00)
8-1293-391-01-000-100-9- 000	Transfers In- General Fund	(121,112.00)
TO:		
8-1100-491-01-008-293-9- 891	Transfers Out- Health Grants-Prog 008	121,112.00
8-1293-391-01-008-100-9- 000	Transfers In- General Fund-Prog 008	121,112.00
TOTAL BUDGET INCREASE (DECREASE)		\$ -

REASON: **Transfer of funds to allocate the local catch match into the appropriate program account number.**

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK