



# 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**