



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
TOTAL				\$

REASON: _____

Clarissa Ramirez

Department Head Signature

Date

Approved Commissioners' Court

Attest County Clerk