DATE: **August 30, 2018**

2018
Transfer

AI - 66414

DEPARTMENT HEAD: **Eduardo Olivarez**

DEPARTMENT NAME: **Health & Human Services**

ACCOUNT NUMBER: **8-1293-441-00-340-012-9-**

Contact Person: Mike Escaname **Ph#:** 7210

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

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 OBJECT CODE	OBJECT DESCRIPTION	**TO** OBJECT CODE	OBJECT DESCRIPTION	**AMOUNT**
610	IMM DIV LOCAL-GENERAL SUPPLIES	532	IMM DIV LOCAL-WIRELESS SERVICES	2,000.00
			TOTAL	**2,000.00**

REASON: ***To cover anticipated expenditure***

____
DEPARTMENT HEAD SIGNATURE

_____/_____/_____
DATE

____
APPROVED COMMISSIONERS' COURT

____
ATTEST COUNTY CLERK