**DATE:** September 6, 2018

**DEPARTMENT HEAD:** Ricardo Rodriguez

**DEPARTMENT NAME:** District Attorney's Office

**ACCOUNT NUMBER:** 8-1281-412-00-080-011-9-XXX VCLG

**2018**
**Transfer**

**AI-66544**

**Contact Person:** Ramiro Sendejo **Ph#:** (956)292-7604 ext. 8082

**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 |
|---|---|---|---|---|
| 211 | HEALTH INSURANCE | 113 | REGULAR F/T EMPLOYEES | 862.50 |
| 212 | LIFE INSURANCE | 113 | REGULAR F/T EMPLOYEES | 7.26 |
| 220 | FICA | 113 | REGULAR F/T EMPLOYEES | 366.36 |
| 230 | RETIREMENT | 113 | REGULAR F/T EMPLOYEES | 429.94 |
| 250 | UNEMPLOYMENT | 113 | REGULAR F/T EMPLOYEES | 19.38 |
| 260 | WORKERS COMP | 113 | REGULAR F/T EMPLOYEES | 3.56 |
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| | | | TOTAL | $ 1,689.00 |

**REASON**:
Transfer is needed for anticipated expenditures.

**DEPARTMENT HEAD SIGNATURE**

**DATE**

**APPROVED COMMISSIONERS' COURT**

**ATTEST COUNTY CLERK**