DATE: September 11, 2018

DEPARTMENT HEAD: VALDE GUERRA

DEPARTMENT NAME: INSURANCE

ACCOUNT NUMBER: 8-1100-419-00-125-009-0-XXX

SUBJECT: **Intra-departmental Transfer/s (increase/decrease) in Accordance with Local Government Code, Chapter 111, Subchapter C, Section 111.070, Subsection C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intra-departmental transfer/s (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C Section 111.070, Subsection C.

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
820	CLAIMS & JUDGMENTS	520	INSURANCE	1,000.00
			TOTAL	1,000.00

REASON: **For pending McGriff Invoice for 2nd qtr. Adjustments.**

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT / / **DATE** **ATTEST COUNTY CLERK**