INTRADEPARTMENTAL TRANSFER REQUEST

DATE: November 8, 2018

2018
Transfer

DEPARTMENT HEAD: Arnold K. Patrick

DEPARTMENT NAME: ADULT PROBATION

ACCOUNT NUMBER: 8-1289-423-00-320-049-7-XXX HCEAS

SUBJECT: **Intradepartmental transfer(s)**

Contact: Rosario Castilleja
Ph#: 587-6009 ext 4414

Honorable Commissioners' Court of Hidalgo County:

I submit for your consideration the following Intradepartmental transfer(s) (increase/decrease) in accordance with Local Government Code, Chapter 111, 111.070, Item C (2).

FROM Object Code	**Description**	**TO** Object Code	**Description**	**Amount**
220	FICA	211	Health Insurance	$ 7,633.00
230	Retirement	211	Health Insurance	$ 9,071.00
250	Unemployment Compensation	211	Health Insurance	$ 1,480.00
			TOTAL	**$ 18,184.00**

REASON:

Transfer to correctly classify fringe for grant

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE / /

ATTEST COUNTY CLERK

Form DBM-201