**DATE:** **December 4, 2018**

**2018**
**Transfer**

**AI - 67844**

**DEPARTMENT HEAD:** **Eduardo Olivarez**

**DEPARTMENT NAME:** **Health & Human Services**

**ACCOUNT NUMBER:** **8-1293-441-00-340-052-9-610**

**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 | PRENATAL/MATERNITY-GENERAL SUPPLIES | 211 | PRENATAL/MATERNITY-HEALTH INSURANCE | 700.00 |
| 610 | PRENATAL/MATERNITY-GENERAL SUPPLIES | 212 | PRENATAL/MATERNITY-LIFE INSURANCE | 10.00 |
| | | | **TOTAL** | **710.00** |

**REASON:** ***To cover anticipated expenditures.***

**DEPARTMENT HEAD SIGNATURE**

____/____/____
**DATE**

**APPROVED COMMISSIONERS' COURT**

**ATTEST COUNTY CLERK**