



HIDALGO COUNTY

Department Of Budget & Management

INTERDEPARTMENTAL TRANSFER FORM

DATE: _____

DEPARTMENT HEAD: _____

DEPARTMENT NAME: _____

ACCOUNT NUMBER: _____

CONTACT PERSON: _____ **PHONE:** _____

PREPARED BY: _____

SUBJECT: _____

Hidalgo County Auditor's Office:

I would like to request the following Interdepartmental transfer/s (transfer in/out) (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C.

Account Number	Account Name	Increase/(Decrease) Amount
FROM:		
TO:		

TOTAL BUDGET INCREASE (DECREASE) \$ -

REASON: _____

AUTHORIZED SIGNATURE/DBM **DATE**