**DATE:** January 29, 2019

**DEPARTMENT HEAD:** Eduardo Olivarez

**DEPARTMENT NAME:** Health & Human Services

**ACCOUNT NUMBER:** 8-1293-441-00-340-069-9-

**2018**
**Transfer**

**AI - 68649**

**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** |
|---|---|---|---|---|
| 113 | ELC-REG F/T EMPLOYEES | 610 | ELC-GENERAL SUPPLIES | 25,000.00 |
| 220 | ELC-FICA | 610 | ELC-GENERAL SUPPLIES | 1,000.00 |
| 230 | ELC-RETIREMENT | 610 | ELC-GENERAL SUPPLIES | 1,000.00 |
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| | | | **TOTAL** | **27,000.00** |

**REASON**: ***To cover anticipated expenditures; Funds available through lapsed salaries/fringes.***

**DEPARTMENT HEAD SIGNATURE**

____/____/____
**DATE**

**APPROVED COMMISSIONERS' COURT**

**ATTEST COUNTY CLERK**