**DATE:** March 5, 2019

**2019**
**Transfer**

**DEPARTMENT HEAD:** Dairen Sarmiento

**DEPARTMENT NAME:** Human Services (1100)

**ACCOUNT NUMBER:** 9-1100-444-00-240-010-0-XXX

**Contact Person:** Dairen Sarmiento **Ph#:** 956-318-2011 ext. 7365

**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 |
|---|---|---|---|---|
| | | | | |
| 339 | Other professional Services | 610 | General Supplies | 50,000.00 |
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| | | | **TOTAL:** | **50,000.00** |

**REASON**:
To pay for Medimpact pharmacy invoice.

**2019 - ENHANCED INDIGENT HEALTH PROGRAM (1100)**

DAIREN SARMIENTO

**DEPARTMENT HEAD SIGNATURE**

3/1/2019

**DATE**

**APPROVED COMMISSIONERS' COURT**

**ATTEST COUNTY CLERK**