**DATE:** March 22, 2019

**2019**
**Transfer**

**AI - 69573**

**DEPARTMENT HEAD:** Eduardo Olivarez

**DEPARTMENT NAME:** Health & Human Services

**ACCOUNT NUMBER:** 9-1293-441-10-340-006-8-

**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 |
|---|---|---|---|---|
| 211 | RLSS/LPHS-HEALTH INSURANCE | 610 | RLSS/LPHS-GENERAL SUPPLIES | 3,500.00 |
| 250 | RLSS/LPHS-UNEMPLOYMENT COMP | 230 | RLSS/LPHS-RETIREMENT | 145.00 |
| 581 | RLSS/LPHS-TRAVEL IN COUNTY | 610 | RLSS/LPHS-GENERAL SUPPLIES | 1,251.31 |
| 583 | RLSS/LPHS-TRAVEL OUT OF COUNTY | 610 | RLSS/LPHS-GENERAL SUPPLIES | 1,036.00 |
| 761 | RLSS/LPHS-SOFTWARE | 610 | RLSS/LPHS-GENERAL SUPPLIES | 2,375.00 |
| 584 | RLSS/LPHS-REGISTRATION FEES | 610 | RLSS/LPHS-GENERAL SUPPLIES | 1,650.00 |
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| | | | **TOTAL** | **9,957.31** |

**REASON**: ***To cover anticipated expenditure;***

**DEPARTMENT HEAD SIGNATURE**

____/____/____
**DATE**

**APPROVED COMMISSIONERS' COURT**

**ATTEST COUNTY CLERK**