DATE: April 18, 2019

DEPARTMENT HEAD: VALDE GUERRA

DEPARTMENT NAME: INSURANCE

ACCOUNT NUMBER: 9-1100-419-00-125-009-0-XXX

SUBJECT: **Intra-departmental Transfer/s (increase/decrease) in Accordance with Local Government Code, Chapter 111, Subchapter C, Section 111.070, Subsection C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intra-departmental transfer/s (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C Section 111.070, Subsection C.

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
820	CLAIMS & JUDGMENTS	520	INSURANCE	$ 6,802.10
			TOTAL	$ 6,802.10

REASON: To pay invoice#H123118 from McGriff, Seibels & Williams of Texas, 1st quarter invoice

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE / /

ATTEST COUNTY CLERK