

DATE: April 17, 2019

2019
Transfer



DEPARTMENT HEAD: Sergio Cruz

DEPARTMENT NAME: Hidalgo County - DBM- Health Ins.

ACCOUNT NUMBER: 9-2201-415-00-115-009-0-XXX

Contact Person: Veronica Ortiz Ph#: (956) 292-7025

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 <small>OBJECT CODE</small>	OBJECT DESCRIPTION	TO <small>OBJECT CODE</small>	OBJECT DESCRIPTION	AMOUNT
890	Other	441	Land & Bldg Rent	3,000.00
TOTAL				3,000.00

REASON:
Funds needed for Rental of Pharr Event Center for Hidalgo County Health Fair Req# 392326.

DEPARTMENT HEAD SIGNATURE

_____/_____/_____
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK