DATE: April 18, 2019

2019
Transfer

DEPARTMENT HEAD: Ellie Torres

DEPARTMENT Hidalgo County Pct. 4

ACCOUNT NUMBER: 9-1100-441-60-124-212-9-XXX

Contact Perso Nick Perez **Ph#:** (956) 383-3112

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
532	PCT4-ICA UT HEALTH - SNAP-ED-WIRELESS DEV	581	PCT4-ICA UT HEALTH - SNAP-ED- TRV IN COUNTY	$ 417.54
583	PCT4-ICA UT HEALTH - SNAP-ED-TRV OUT OF CO	581	PCT4-ICA UT HEALTH - SNAP-ED-TRV IN COUNTY	$ 404.83
584	PCT4-ICA UT HEALTH - SNAP-ED-REG FEES	610	PCT4-ICA UT HEALTH - SNAP-ED-GENERAL SUP	$ 300.00
630	PCT4-ICA UT HEALTH - SNAP-ED-FOOD	610	PCT4-ICA UT HEALTH - SNAP-ED-GENERAL SUP	$ 700.00
660	PCT4-ICA UT HEALTH - SNAP-ED-FURN & EQUIP	610	PCT4-ICA UT HEALTH - SNAP-ED-GENERAL SUP	$ 2,500.00
810	PCT4-ICA UT HEALTH - SNAP-ED-DUES & MEMBER	610	PCT4-ICA UT HEALTH - SNAP-ED-GENERAL SUP	$ 250.00
430	PCT4-ICA UT HEALTH - SNAP-ED-REPAIR & MAIN	610	PCT4-ICA UT HEALTH - SNAP-ED-GENERAL SUP	$ 2,165.00
			TOTAL	**6,737.37**

REASON:
Needed to future expenditures related to printing and binding.

DEPARTMENT HEAD SIGNATURE	____/____/____ **DATE**
APPROVED COMMISSIONERS' COURT	**ATTEST COUNTY CLERK**