**DATE:** May 9, 2019

**2019**
**Transfer**

**AI - 70300**

**DEPARTMENT HEAD:** Eduardo Olivarez

**DEPARTMENT NAME:** Health & Human Services

**ACCOUNT NUMBER:** 9-1293-441-00-340-013-9

**Contact Person:** David M. Valdez **Ph#:** 7241

**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 | CPS/HAZARDS-HEALTH INSURANCE | 610 | CPS/HAZARDS-GENERAL SUPPLIES | 600.00 |
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| | | | **TOTAL** | **600.00** |

**REASON**: ***To cover anticipated expenditure; Part II of AI - 70293***

**DEPARTMENT HEAD SIGNATURE**

**DATE**

**APPROVED COMMISSIONERS' COURT**

**ATTEST COUNTY CLERK**