DATE: July 30, 2019

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 9-1293-441-00-340-013-0-XXX

2019
Transfer

AI -71398

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
583	CPS/HAZARDS-TRAVEL OUT-OF-COUNTY	581	CPS/HAZARDS-TRAVEL IN-COUNTY	1,000.00
			TOTAL	**1,000.00**

REASON: ***To cover anticipated In- County Travel expenditure during program period.***

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK