DATE: August 27, 2019

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 9-1293-441-00-340-059-0-

Contact Person: Mike Escaname **Ph#:** 7210

2019
Transfer

AI - 71907

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
339	MEDICAID ADMIN-OTHER PROF SERVICES	412	MEDICAID ADMIN-CABLE/SATELLITE TV	5,000.00
			TOTAL	5,000.00

REASON: ***To cover anticipated expenditure;***

DEPARTMENT HEAD SIGNATURE

____/____/____
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK