**DATE:** August 26, 2019

**DEPARTMENT HEAD:** Eduardo Olivarez

**DEPARTMENT NAME:** Health & Human Services

**ACCOUNT NUMBER:** 9-1293-441-00-340-011-9-XXX

**2019**
**Transfer**

**AI - 71997**

**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 |
|---|---|---|---|---|
| 113 | T.B. ELINIMATION-REG F/T EMPLOYEES | 610 | T.B. ELIMINATION-GENERAL SUPPLIES | 2,000.00 |
| 211 | T.B. ELIMINATION-HEALTH INSURANCE | 610 | T.B. ELIMINATION-GENERAL SUPPLIES | 3,100.00 |
| 220 | T.B. ELIMINATION-FICA | 610 | T.B. ELIMINATION-GENERAL SUPPLIES | 800.00 |
| 230 | T.B. ELIMINATION-RETIREMENT | 610 | T.B. ELIMINATION-GENERAL SUPPLIES | 500.00 |
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| | | | **TOTAL** | **6,400.00** |

**REASON**: ***To cover anticipated expenditure; Available funds due to laspe in salaries and fringes***

**DEPARTMENT HEAD SIGNATURE**

**DATE**

**APPROVED COMMISSIONERS' COURT**

**ATTEST COUNTY CLERK**