**DATE:** September 24, 2019

**DEPARTMENT HEAD:** Eduardo Olivarez

**DEPARTMENT NAME:** Health & Human Services

**ACCOUNT NUMBER:** 9-1293-441-00-340-012-0-XXX

**2019**
**Transfer**

**AI - 72478**

**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 | IMM DIV LOCAL-REG F/T EMPLOYEES | 211 | IMM DIV LOCAL-HEALTH INSURANCE | 2,000.00 |
| 113 | IMM DIV LOCAL-REG F/T EMPLOYEES | 230 | IMM DIV LOCAL-RETIREMENT | 1,700.00 |
| | | | **TOTAL** | **3,700.00** |

**REASON:** ***To cover anticipated expenditure; Available Funds due to lapse salaries and fringes***

**DEPARTMENT HEAD SIGNATURE**

/ /
**DATE**

**APPROVED COMMISSIONERS' COURT**

**ATTEST COUNTY CLERK**