DATE: October 15, 2019

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 9-1293-441-00-340-008-9-XXX

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

2019
Transfer

AI - 72797

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. CONTROL-REG F/T EMPLOYEES	211	T.B. CONTROL-HEALTH INSURANCE	1,000.00
220	T.B. CONTROL-FICA	211	T.B. CONTROL-HEALTH INSURANCE	600.00
			TOTAL	1,600.00

REASON: ***To cover negative health insurance grant only;***

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK