DATE: December 10, 2019

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services

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

2019
Transfer

AI - 73624

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
211	CPS/HAZARDS-HEALTH INSURANCE	583	CPS/HAZARDS-TRAVEL OUT OF COUNTY	5,000.00
			TOTAL	**5,000.00**

REASON: ***To cover anticipated expenditure;Available funds due to lapsed salaries***

DEPARTMENT HEAD SIGNATURE

/ /
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK