**DATE:** May 5, 2020

**2020**
**Transfer**

**AI - 75376**

**DEPARTMENT HEAD:** Eduardo Olivarez

**DEPARTMENT NAME:** Health & Human Services

**ACCOUNT NUMBER:** 0-1293-441-00-340-008-0-

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

**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 | 610 | T.B. CONTROL-GENERAL SUPPLIES | 13,000.00 |
| 211 | T.B. CONTROL-HEALTH INSURANCE | 610 | T.B. CONTROL-GENERAL SUPPLIES | 8,000.00 |
| 230 | T.B. CONTROL-RETIREMENT | 610 | T.B. CONTROL-GENERAL SUPPLIES | 1,000.00 |
| 230 | T.B. CONTROL-RETIREMENT | 605 | T.B. CONTROL-CLOTHING & UNIFORMS | 2,000.00 |
| | | | **TOTAL** | **24,000.00** |

**REASON**: *To cover anticipated expenditures*

**DEPARTMENT HEAD SIGNATURE**

/ /
**DATE**

**APPROVED COMMISSIONERS' COURT**

**ATTEST COUNTY CLERK**