DATE: **May 5, 2020**

2020
Transfer

AI -75386

DEPARTMENT HEAD: **Eduardo Olivarez**

DEPARTMENT NAME: **Health & Human Services**

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

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**
610	CPS/HAZARDS-GENERAL SUPPLIES	660	CPS/HAZARDS-FURN & EQUIP CONTROLLED	1,750.00
			TOTAL	**1,750.00**

REASON: ***To cover anticipated expenditure***

DEPARTMENT HEAD SIGNATURE

/ /
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK