DATE: August 31,2020

DEPARTMENT HEAD: Clarissa Ramirez

DEPARTMENT NAME: Hidalgo County - WIC

ACCOUNT NUMBER: 0-1292-441-00-350-012-0-xxx

2020

AI-77174

Contact Person: Margarita Gonzalez **Ph#:** (956)381-4646 ext. 4042

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	Reg F/T Employees	211	Health Insurance	3,510.00
220	FICA	211	Health Insurance	275.00
230	Retirement	211	Health Insurance	360.00
250	Unemployment	211	Health Insurance	160.00
260	Workers Comp	211	Health Insurance	5.00
260	Workers Comp	212	Life Insurance	20.00
			TOTAL	4,330.00

REASON:

To encumber cost for the Registered Dietician Program until grant ends 9/30/20 .

DEPARTMENT HEAD SIGNATURE

8/31/2020

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK