DATE: September 10, 2020

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services

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

2020
Transfer

AI - 77325

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	T.B. CONTROL-HEALTH INSURANCE	113	T.B. CONTROL-REG F/T EMPLOYEES	2,300.00
211	T.B. CONTROL-HEALTH INSURANCE	230	T.B. CONTROL-RETIREMENT	700.00
			TOTAL	3,000.00

REASON: ***To cover the negative balances in the local match budget;***

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK