



HIDALGO COUNTY

Department Of Budget & Management
INTER-DEPARTMENTAL TRANSFER FORM

DATE: Tuesday, December 29, 2020 **JE#** _____

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

DEPARTMENT NAME: Dept of Budget & Mgmt for - County Auditor's

ACCOUNT NUMBER: 1-1100-415-XX-1XX-00X-0-XXX

CONTACT PERSON: Damaris SanMiguel, Dir. Budget & Mgmt **PHONE:** (956) 292-7025 ext. 5410

PREPARED BY: Antonio Martinez III, Budget Analyst III **REVIEWED BY:** _____
Initial and Date

SUBJECT: Emergency Inter-departmental Transfer/s

Hidalgo County Auditor's Office:

I would like to request the following Inter-fund transfer/s (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C.

Account Number	Account Name	Increase/(Decrease) Amount
FROM:		
1-1100-415-00-115-002-0-899	CO WIDE ADM- CONTINGENCY	(299,904.02)
TO:		
1-1100-415-21-170-001-0-113	CO AUDITOR PERMANENT FULL-TIME EMPLOYEES	214,338.00
1-1100-415-21-170-001-0-211	CO AUDITOR HEALTH INSURANCE	39,240.00
1-1100-415-21-170-001-0-220	CO AUDITOR FICA	16,373.72
1-1100-415-21-170-001-0-230	CO AUDITOR RETIREMENT CONTRIBUTIONS	27,247.02
1-1100-415-21-170-001-0-250	CO AUDITOR UNEMPLOYMENT COMPENSATION	2,250.39
1-1100-415-21-170-001-0-260	CO AUDITOR WORKERS COMPENSATION	449.89
1-1100-415-21-170-001-0-212	CO AUDITOR LIFE INSURANCE	5.00
TOTAL BUDGET INCREASE (DECREASE)		\$ 0.00

REASON: Transfer needed to comply with the 2021 Board of Judges approved County Auditor Budget (Court Order Approval Date 11-12-2020).

AUTHORIZED SIGNATURE/DBM _____

DATE _____