DATE: **May 25, 2021**

2021
Transfer

AI - 80930

DEPARTMENT HEAD: **Eduardo Olivarez**

DEPARTMENT NAME: **Health & Human Services**

ACCOUNT NUMBER: **1-1293-441-00-340-074-0**

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**
211	ZIKA CMM-HEALTH INSURANCE	113	ZIKA CMM-REG F/T EMPLOYEES	3,865.00
211	ZIKA CMM-HEALTH INSURANCE	610	ZIKA CMM-GENERAL SUPPLIES	1,135.00
250	ZIKA CMM-UNEMPLOYMENT COMP	610	ZIKA CMM-GENERAL SUPPLIES	1,000.00
250	ZIKA CMM-UNEMPLOYMENT COMP	212	ZIKA CMM-LIFE INSURANCE	5.00
581	ZIKA CMM-TRAVEL IN COUNTY	610	ZIKA CMM-GENERAL SUPPLIES	1,000.00
550	ZIKA CMM-PRINTING & BINDING	610	ZIKA CMM-GENERAL SUPPLIES	2,987.00
			TOTAL	**9,992.00**

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

DEPARTMENT HEAD SIGNATURE

____/____/____
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK