

**BUDGET INTER-DEPARTMENTAL TRANSFER**

**DATE:** July 1, 2021

**DEPARTMENT HEAD:** VALDE GUERRA

**DEPARTMENT NAME:** COUNTY COMMISSIONERS

**ACCOUNT NUMBER:** 1-1100-413-30-125-004-0-XXX

**CONTACT PERSON:** MONICA SALINAS **TELEPHONE NO.** X5602

**SUBJECT:** **Inter-departmental Transfer/s**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Inter-departmental Transfer/s (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C, Section 111.070, Subsection C.

| <b>INCREASE/DECREASE<br/>ACCOUNT NUMBER</b> | <b>ACCOUNT (OBJECT)<br/>NAME</b>        | <b>AMOUNT</b> |
|---|---|---------------|
| <b>FROM</b>                                 |   |               |
| 1-1100-444-00-125-017-0-831                 | MENTAL HEALTH TRIALS - CRT COSTS & INV. | \$ (5,000.00) |
|   |   |               |
|   |   |               |
| <b>TO</b>                                   |   |               |
| 1-1100-413-30-125-004-0-583                 | CO COMM - TRAVEL OUT OF COUNTY          | \$ 4,000.00   |
| 1-1100-413-30-125-004-0-584                 | CO COMM - REGISTRATION FEES             | \$ 1,000.00   |
|   |   |               |
|   |   |               |
| <b>TOTAL BUDGET INCREASE (DECREASE)</b>     |   | <b>\$0.00</b> |

**REASON:** For any upcoming travel by court members for trainings/conferences.

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DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

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**APPROVED COMMISSIONERS' COURT**

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**ATTEST COUNTY CLERK**