DATE: **July 27, 2021**

2021
Transfer

AI - 81611

DEPARTMENT HEAD: **Eduardo Olivarez**

DEPARTMENT NAME: **Health & Human Services**

ACCOUNT NUMBER: **1-1293-441-00-340-079-1**

Contact Person: Bryon Vela **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**
113	COVID-19 IMM PRJ1-REG F/T EMPLOYEES	610	COVID-19 IMM PRJ1-GENERAL SUPPLIES	50,000.00
			TOTAL	**50,000.00**

REASON:

To cover anticipated expenditures.

_____ ____/____/____

DEPARTMENT HEAD SIGNATURE **DATE**

_____ _____

APPROVED COMMISSIONERS' COURT **ATTEST COUNTY CLERK**