

# INTRADEPARTMENTAL TRANSFER REQUEST

**DATE:** September 24, 2021

2021

**DEPARTMENT HEAD:** Faustino Lopez

Transfer

**DEPARTMENT NAME:** ADULT PROBATION



**ACCOUNT NUMBER:** 1-1289-423-00-320-032-1-XXX DWI Court Court

**SUBJECT:** Intradepartmental transfer(s)

**Contact:** Rosario Castilleja

**Ph#:** 587-6009 ext 4414

Honorable Commissioners' Court of Hidalgo County:

I submit for your consideration the following Intradepartmental transfer(s) (increase/decrease) in accordance with Local Government Code, Chapter 111, 111.070, Item C (2).

FROM Object Code	Description	TO Object Code	Description	Amount
211	Health Insurance	113	Regular F/T Employees	\$ 2,535.94
211	Health Insurance	220	FICA	\$ 49.90
211	Health Insurance	230	Retirement	\$ 177.31
<b>TOTAL</b>				<b>\$ 2,763.15</b>

**REASON:**

Transfer to cover salaries and fringe benefits through end of the fiscal year

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DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_  
APPROVED COMMISSIONERS' COURT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ATTEST COUNTY CLERK