

INTRADEPARTMENTAL TRANSFER REQUEST

DATE: September 24, 2021

DEPARTMENT HEAD: Faustino Lopez

DEPARTMENT NAME: ADULT PROBATION

ACCOUNT NUMBER: 1-1289-423-00-320-051-1-XXX Youthful Offender Court

SUBJECT: Intradepartmental transfer(s)

2021
Transfer



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
250	Unemployment Compensation	211	Health Insurance	\$ 530.53
220	FICA	211	Health Insurance	\$ 75.57
TOTAL				\$ 606.10

REASON:

Transfer to cover health insurance through end of the fiscal year

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

_____/_____/_____
DATE

ATTEST COUNTY CLERK