**DATE:** October 5, 2021

**DEPARTMENT HEAD:** Eduardo Olivarez

**DEPARTMENT NAME:** Health & Human Services

**ACCOUNT NUMBER:** 1-1100-441-00-340-001-0-

**2021**
**Transfer**

**AI - 82660**

**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 |
|---|---|---|---|---|
| 550 | HEALTH ADM-PRINTING & BINDING | 610 | HEALTH ADM-GENERAL SUPPLIES | 2,000.00 |
| | | | TOTAL | 2,000.00 |

**REASON**: ***To cover anticipated expenditure;***

DEPARTMENT HEAD SIGNATURE

/ /
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK