



# HIDALGO COUNTY

Department Of Budget & Management

## INTERDEPARTMENTAL TRANSFER FORM

**DATE:** \_\_\_\_\_

**DEPARTMENT HEAD:** \_\_\_\_\_

**DEPARTMENT NAME:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PREPARED BY:** \_\_\_\_\_

**SUBJECT:** \_\_\_\_\_

Hidalgo County Auditor's Office:

I would like to request the following Interdepartmental transfer/s (transfer in/out) (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C.

Account Number	Account Name	Increase/(Decrease) Amount
FROM:		
TO:		

**TOTAL BUDGET INCREASE (DECREASE) \$ -**

**REASON:** \_\_\_\_\_

*Sergio Cruz*  
\_\_\_\_\_  
AUTHORIZED SIGNATURE/DBM

\_\_\_\_\_  
DATE