

**BUDGET INTER-DEPARTMENTAL TRANSFER**

**DATE:** November 10, 2021

**DEPARTMENT HEAD:** VALDE GUERRA

**DEPARTMENT NAME:** INSECT ERADICATION

**ACCOUNT NUMBER:** 1-1100-461-00-125-026-0-XXX

**CONTACT PERSON:** MONICA SALINAS **TELEPHONE NO.** X5602

**SUBJECT:** Inter-departmental Transfer/s

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Inter-departmental Transfer/s (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C, Section 111.070, Subsection C.

<b>INCREASE/DECREASE ACCOUNT NUMBER</b>	<b>ACCOUNT (OBJECT) NAME</b>	<b>AMOUNT</b>
<b>FROM</b>		
1-1100-444-00-125-017-0-831	MENTAL HEALTH TRIALS - COURT COSTS	\$ (200.00)
<b>TO</b>		
1-1100-461-00-125-026-0-411	INSECT ERADICATION - WATER/SEWER	\$ 200.00
	<b>TOTAL BUDGET INCREASE (DECREASE)</b>	<b>\$0.00</b>

**REASON:** For end of year expenditures.

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**DEPARTMENT HEAD SIGNATURE** **DATE**

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**BUDGET INTER-DEPARTMENTAL TRANSFER**

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**APPROVED COMMISSIONERS' COURT**

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**ATTEST COUNTY CLERK**