**DATE:** **May 17, 2022**

**2022**
**Transfer**

**AI - 85787**

**DEPARTMENT HEAD:** **Eduardo Olivarez**

**DEPARTMENT NAME:** **Health & Human Services**

**ACCOUNT NUMBER:** **2-1100-441-00-340-001-0-**

**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** |
|---|---|---|---|---|
| 610 | HEALTH ADM-GENERAL SUPPLIES | 540 | HEALTH ADM-ADVERTISING STATUTORY | 2,000.00 |
| 610 | HEALTH ADM-GENERAL SUPPLIES | 584 | HEALTH ADM-REGISTRATION FEES | 1,000.00 |
| 610 | HEALTH ADM-GENERAL SUPPLIES | 855 | HEALTH ADM-LATE FEES,PNLT & FIN CHRG | 300.00 |
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| | | | **TOTAL** | **3,300.00** |

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

**DEPARTMENT HEAD SIGNATURE**

_____/_____/_____
**DATE**

**APPROVED COMMISSIONERS' COURT**

**ATTEST COUNTY CLERK**