**DATE:** July 13, 2022

**DEPARTMENT HEAD:** Ricardo Rodriguez

**DEPARTMENT NAME:** District Attorney's Office

**ACCOUNT NUMBER:** 2-1281-412-00-080-017-0-XXX CJD-VAP

**2022**
**Transfer**

**AI-86581**

**Contact Person:** Ramiro Sendejo **Ph#:** (956)292-7604 ext. 8082

**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** |
|---|---|---|---|---|
| 211 | HEALTH INSURANCE | 584 | REGISTRATION FEES | 525.00 |
| 211 | HEALTH INSURANCE | 583 | TRAVEL OUT OF COUNTY | 3,013.00 |
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| | | | TOTAL | $ 3,538.00 |

**REASON**:
Transfer is needed for anticipated expenditures.

**DEPARTMENT HEAD SIGNATURE**

**DATE**

**APPROVED COMMISSIONERS' COURT**

**ATTEST COUNTY CLERK**