



# HIDALGO COUNTY

Department Of Budget & Management

## INTRA-DEPARTMENTAL TRANSFER FORM

**DATE:** October 14, 2022

**DEPARTMENT HEAD:** Samuel Perez Jr.

**DEPARTMENT NAME:** Veterans Services

**ACCOUNT NUMBER:** 2-1283-444-00-370-003-3-XXX

**CONTACT PERSON:** Amanda Silva

**PHONE:** 318-2436

**SUBJECT:** Intradepartmental Transfer(s)

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	Printing & Binding	532	Wireless Devices	455.88
<b>TOTAL</b>				<b>\$455.88</b>

**REASON:** Wireless device needed for HCVS Broken Arrow Grant Division. Outreach Specialist attends home visits and makes presentations.

  
Department Head Signature

10/14/2022  
Date

\_\_\_\_\_  
Approved Commissioners' Court

\_\_\_\_\_  
Attest County Clerk



# WIRELESS DEVICE REQUEST FORM W.2011.2

## TYPE OF REQUEST

### County Owned Wireless Device:

- Office Use or  Individual
- Name Change
- Equipment Change
- Plan Change
- Delete Service

### Wireless Data Device:

- Data Card
- Blackberry
- Other:

### Stipend:

- Cellular Telephone \$50/mo
- Data Pad \$25/mo

## COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Griselda Uresti Employee ID# 235660 Signature: [Signature]  
Broken Arrow Grant Division  
 Department: Veterans Services Dept#: 370

Quantity: 1

Service: \$ 37.99 /mo (x) 12 months = 455.88 Account: 2-1283-444-00370-003-3 -532

Service: \$ \_\_\_\_\_ /mo (x) \_\_\_\_\_ months = \_\_\_\_\_ Account: \_\_\_\_\_ -619/664

Requisition Total: \$ 455.88 Requisition Number: 00462815

## STIPEND

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

Quantity: \_\_\_\_\_

Service: \$ \_\_\_\_\_ /mo (x) \_\_\_\_\_ months = \_\_\_\_\_ Account: \_\_\_\_\_ -532

Total: \_\_\_\_\_

### (2) Elected Official/Department Head Authorization for Request:

[Signature] Samuel Perez Jr. 10/12/2022  
 Signature Print Name Date

### (3) Executive Office Authorization (Commissioner's Court Departments Only):

[Signature] Valde Guerra 10/12/2022  
 Signature Print Name Date

### (4) IT DEPARTMENT ONLY:

Service Type Codes: \_\_\_\_\_

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: \_\_\_\_\_

Approved Date: \_\_\_\_\_  Disapproved

Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: <http://www.irs.gov/gov/isl/article/0,,id=167154,00.html>, EXAMPLE 2.