

DATE: January 12, 2023

**2023
Transfer**



DEPARTMENT HEAD: Erika Reyna

DEPARTMENT NAME: Human Resources (Health Benefits)

ACCOUNT NUMBER: 3-2201-415-50-190-017-0-XXX

Contact Person: Diana Munoz **Ph#:** (956)318-2660

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 |
|-------------------------|---------------------------|-----------------------|---------------------------|-----------------|
| 890 | Other | 583 | Travel out of County | \$4,500.00 |
| 890 | Other | 584 | Registration Fees | \$500.00 |
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| | | | | |
| | | | TOTAL | 5,000.00 |

REASON:
Funds needed to expense training needs for the Division Manager.

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK