

# INTRADEPARTMENTAL TRANSFER REQUEST

**DATE:** January 12, 2023

**DEPARTMENT HEAD:** Faustino Lopez

**DEPARTMENT NAME:** ADULT PROBATION

**ACCOUNT NUMBER:** 3-1289-423-00-320-046-3-XXX Misdemeanor DWI Court

**SUBJECT:** Intradepartmental transfer(s)

2023

Transfer



**Contact:** Rosario Castilleja

**Ph#:** 587-6009 ext 4414

Honorable Commissioners' Court of Hidalgo County:

I submit for your consideration the following Intradepartmental transfer(s) (increase/decrease) in accordance with Local Government Code, Chapter 111, 111.070, Item C (2).

FROM Object Code	Description	TO Object Code	Description	Amount
212	Life Insurance	211	Health Insurance	\$ 2.31
113	Regular Full Time Employees	211	Health Insurance	\$ 7,745.11
<b>TOTAL</b>				<b>\$ 7,747.42</b>

**REASON:**

Transfer to correctly appropriate grant funds according to Budget adjustment.

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DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_  
APPROVED COMMISSIONERS' COURT

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
ATTEST COUNTY CLERK