**DATE:** April 24, 2023

**DEPARTMENT HEAD:** Eduardo Olivarez

**DEPARTMENT NAME:** Health & Human Services

**ACCOUNT NUMBER:** 3-1293-441-00-340-070-3-XXX

**Contact Person:** Carlos Oliva **Ph#:** 7241

**2023**
**Transfer**

**AI -90596**

**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 |
|---|---|---|---|---|
| 113 | PHHS-REG F/T EMPLOYEES | 610 | PHHS-GENERAL SUPPLIES | 6,000.00 |
| 211 | PHHS-HEALTH INSURANCE | 610 | PHHS-GENERAL SUPPLIES | 2,100.00 |
| 220 | PHHS-FICA | 610 | PHHS-GENERAL SUPPLIES | 750.00 |
| 230 | PHHS-RETIREMENT | 610 | PHHS-GENERAL SUPPLIES | 1,400.00 |
| 250 | PHHS-UNEMPLOYMENT | 610 | PHHS-GENERAL SUPPLIES | 350.00 |
| 260 | PHHS-WORKERS COMP. | 610 | PHHS-GENERAL SUPPLIES | 400.00 |
| 583 | PHHS-TRAVEL OUT-OF-COUNTY | 610 | PHHS-GENERAL SUPPLIES | 2,086.00 |
| 581 | PHHS-IN COUNTY TRAVEL | 610 | PHHS-GENERAL SUPPLIES | 1,800.00 |
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| | | | **TOTAL** | **14,886.00** |

**REASON**: ***To cover anticipated expenditures.***

**DEPARTMENT HEAD SIGNATURE**

**DATE**

**APPROVED COMMISSIONERS' COURT**

**ATTEST COUNTY CLERK**