

**DATE:** May 23, 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).

<b>FROM OBJECT CODE</b>	<b>OBJECT DESCRIPTION</b>	<b>TO OBJECT CODE</b>	<b>OBJECT DESCRIPTION</b>	<b>AMOUNT</b>
890	Other	631	Bottled water	\$150.00
<b>TOTAL</b>				<b>150.00</b>

**REASON:**  
Funds needed to expense water services.

\_\_\_\_\_  
**DEPARTMENT HEAD SIGNATURE**

\_\_\_\_\_  
**DATE**

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

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