**DATE:** July 11, 2023

**2023**
**Transfer**

**AI - 91461**

**DEPARTMENT HEAD:** Eduardo Olivarez

**DEPARTMENT NAME:** Health & Human Services

**ACCOUNT NUMBER:** 3-1293-441-00-340-012-3-XXX

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

**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 | IMM DIV LOCAL-REG F/T EMPLOYEES | 660 | IMM DIV LOCAL-FURNISHINGS&EQUIPMENT | 4,000.00 |
| 220 | IMM DIV LOCAL-FICA | 660 | IMM DIV LOCAL-FURNISHINGS&EQUIPMENT | 3,200.00 |
| 260 | IMM DIV LOCAL-WORKERS COMP | 660 | IMM DIV LOCAL-FURNISHINGS&EQUIPMENT | 2,780.00 |
| 751 | IMM DIV LOCAL-MACHINERY&EQUIPMENT | 660 | IMM DIV LOCAL-FURNISHINGS&EQUIPMENT | 8,600.00 |
| 211 | IMM DIV LOCAL-HEALTH INSURANCE | 610 | IMM DIV LOCAL-GENERAL SUPPLIES | 1,000.00 |
| 230 | IMM DIV LOCAL-RETIREMENT | 610 | IMM DIV LOCAL-GENERAL SUPPLIES | 2,000.00 |
| 583 | IMM DIV LOCAL-TRAVEL OUT OF COUNTY | 610 | IMM DIV LOCAL-GENERAL SUPPLIES | 2,500.00 |
| 584 | IMM DIV LOCAL-REGISTRATION | 610 | IMM DIV LOCAL-GENERAL SUPPLIES | 195.00 |
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| | | | **TOTAL** | **24,275.00** |

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

**DEPARTMENT HEAD SIGNATURE**

**DATE**

**APPROVED COMMISSIONERS' COURT**

**ATTEST COUNTY CLERK**