DATE: **September 05,2023**

DEPARTMENT HEAD: **Andrea Valdez**

DEPARTMENT NAME: **TEXAS A&M AGRILIFE EXTENSION SERVICE**

ACCOUNT NUMBER: **3-1100-461-00-380-001-0-XXX**

SUBJECT: **Intra-departmental Transfer/s (increase/decrease) in Accordance with Local Government Code, Chapter 111, Subchapter C, Section 111.070, Subsection C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intra-departmental transfer/s (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C Section 111.070, Subsection C.

FROM OBJECT CODE	OBJECT DESCRIPTION	**TO** OBJECT CODE	OBJECT DESCRIPTION	**AMOUNT**
610	General Supplies	**584**	Registration Fee	**$600.00**
			TOTAL	**$600.00**

REASON: **To properly classify expenditures needed in the office.**

Dr. Andrea Valdez

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

____/____/____
DATE

ATTEST COUNTY CLERK