DATE: September 19, 2023

2023
Transfer

AI - 92365

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 3-1293-441-20-340-083-1-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
260	HEALTH DISP-WORKERS COMP	584	HEALTH DISP-REGISTRATION FEES	200.00
			TOTAL	200.00

REASON:

To cover anticipated expenditures

DEPARTMENT HEAD SIGNATURE

/ /
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK