

DATE: September 13, 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).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
851	Taxes	339	Other professional services	\$1,500.00
890	Other	631	Bottled water	\$150.00
TOTAL				1,650.00

REASON:
Funds needed for translating and water expenses.

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK