DATE: October 13, 2023

DEPARTMENT HEAD: VALDE GUERRA

DEPARTMENT NAME: INSURANCE

ACCOUNT NUMBER: 3-1100-419-00-125-009-0-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
820	CLAIMS & JUDGMENTS	520	INSURANCE	$700.00
			TOTAL	$700.00

REASON: To pay invoice from McGriff, Seibels & Williams of Texas, 3rd quarter invoice

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT | **DATE** | **ATTEST COUNTY CLERK**