



Legislation Details (With Text)

File #: 22-5679 **Version:** 1 **Name:**

Type: Transmittal **Status:** Accepted

File created: 9/14/2022 **In control:** Commissioners Court

On agenda: 9/27/2022 **Final action:** 9/27/2022

Title: Transmittal by the County Treasurer of the Harris County Treasurer's Amended May 2022 Report.

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
9/27/2022	1	Commissioners Court		

Department: Treasurer
Department Head/Elected Official: Dylan Osborne, Harris County Treasurer

Regular or Supplemental RCA: Regular RCA
Type of Request: Transmittal

Project ID (if applicable):N/A
Vendor/Entity Legal Name (if applicable):N/A

MWDBE Contracted Goal (if applicable):N/A
MWDBE Current Participation (if applicable):N/A
Justification for 0% MWDBE Participation Goal: N/A - Goal not applicable to request

Request Summary (Agenda Caption):
 Transmittal by the County Treasurer of the Harris County Treasurer's Amended May 2022 Report.

Background and Discussion:
 Sec. 114.026. COUNTY TREASURER'S REPORT TO COMMISSIONERS COURT AT REGULAR TERM. (a) At least once a month at a regular term of the commissioners court, the county treasurer shall make a detailed report of:
 (1) money received and disbursed;
 (2) debts due to and owed by the county; and
 (3) all other proceedings in the treasurer's office.

Expected Impact: N/A

Alternative Options: N/A

Alignment with Goal(s): N/A

- Justice and Safety
- Economic Opportunity
- Housing
- Public Health
- Transportation
- Flooding
- Environment
- Governance and Customer Service

Prior Court Action (if any):

Date	Agenda Item #	Action Taken
08/23/2022	383	Approved

Location:N/A

Address (if applicable):

Precinct(s): Choose an item.

Fiscal and Personnel Summary			
Service Name			
	SFY 22	FY 23	Next 3 FYs
Incremental Expenditures (do NOT write values in thousands or millions)			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write values in thousands or millions)			
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Current Budget	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Additional Budget Requested	\$	\$	\$
Total Funding Sources	\$	\$	\$

Personnel (Fill out section only if requesting new PCNs)			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
Total Personnel	-	-	-

Anticipated Court Date:

Anticipated Implementation Date (if different from Court date):

Emergency/Disaster Recovery Note: Choose an item.

Contact(s) name, title, department:

Attachments (if applicable):