

Legislation Details (With Text)

File #:	21-6	3391	Version	: 1	Name:			
Туре:	Financial Authorization				Status:	Passed		
File created:	11/1	11/15/2021			In control:	Commissioners Court		
On agenda:	11/3	11/30/2021			Final action:	11/30/2021		
Title:	Req	Request for approval of payment of Audited Claims.						
Sponsors:								
Indexes:								
Code sections:								
Attachments:								
Date	Ver.	Ver. Action By			Act	ion	Result	
11/30/2021	1	Commis	sioners Co	ourt				
11/30/2021	1	Commis	sioners Co	ourt				
Department: A Department He Michael Post Regular or Sup Type of Reques	ead/E pleme	lected Of ental RCA	A: Regular					
Project ID (if ap Vendor/Entity MWDBE Partic	Legal	Name (if		•	Ą			
Request Summ Request for app		-		dited	Claims.			
Background an	d Diso	cussion:						

Expected Impact:

Alternative Options:

Alignment with Goal(s):

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

Prior Court Action (if any):

Date	Agenda Item #	Action Taken

Location:

Address (if applicable): Precinct(s): Countywide

Service Name -		FY 21-22	Estimates		
			FY 22	Next 3 FYs	
Incremental Expenditures			·		
Labor Expenditures		-	-	-	
Non-Labor Expenditures	-	-	-		
Total Incremental Expenditures	5	-	-	-	
Funding Sources (General Fund,	PIC Fund, Debt or Cl	P, Grants, or Ot	ther - Please Spe	cify)	
Existing Budget	-	-	-	-	
	-	-	-	-	
	-	-	-	-	
Total Current Budget	-	-	-	-	
Additional Budget Requested	-	-	-	-	
	-	-	-	-	
	-	-	_	-	
Total Additional Budget Reques	ted	-	-	-	
Total Funding Sources	-	-	-		
Personnel (Fill out section only if	requesting new PCN	ls)	-		
Current Position Count for Serv	-	_	-		
Additional Positions Requested	-	-	-		

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				L	4	
	Total Personnel	-	-	-		

Anticipated Implementation Date:

Emergency/Disaster Recovery Note: Not an emergency, disaster, or COVID-19 related item

Contact(s) name, title, department: Carmella Sanford, Executive Assistant/Executive Division, Auditor's Office **Attachments (if applicable):**