



## Legislation Details (With Text)

**File #:** 22-5666 **Version:** 1 **Name:**  
**Type:** Transmittal **Status:** Accepted  
**File created:** **In control:** Commissioners Court  
**On agenda:** 9/27/2022 **Final action:** 9/27/2022  
**Title:** Transmittal by the Auditor of the unaudited and unadjusted monthly financial report for the month of May 2022.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. May Monthly

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

**Department:** Auditor

**Department Head/Elected Official:** Michael Post

**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 Auditor of the unaudited and unadjusted monthly financial report for the month of May 2022.

**Background and Discussion:** N/A

**Expected Impact:** N/A

**Alternative Options:** N/A

**Alignment with Goal(s):**

- ☐ 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

**Location:**

Address (if applicable): N/A

Precinct(s): Countywide

<b>Fiscal and Personnel Summary</b>			
Service Name			
	<b>SFY 22</b>	<b>FY 23</b>	<b>Next 3 FYs</b>
<b>Incremental Expenditures (do NOT write values in thousands or millions)</b>			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
<b>Total Incremental Expenditures</b>	\$	\$	\$
<b>Funding Sources (do NOT write values in thousands or millions)</b>			
<b>Existing Budget</b>			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$
<b>Additional Budget Requested</b>			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Additional Budget Requested</b>	\$	\$	\$
<b>Total Funding Sources</b>	\$	\$	\$
<b>Personnel (Fill out section only if requesting new PCNs)</b>			

Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
<b>Total Personnel</b>	-	-	-

**Anticipated Implementation Date:** N/A

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

**Contact(s) name, title, department:** Carmella Sanford, Executive Assistant; Auditor's Office

**Attachments** (if applicable):