



## Legislation Details (With Text)

**File #:** 23-0217      **Version:** 1      **Name:**  
**Type:** Financial Authorization      **Status:** Passed  
**File created:** 12/29/2022      **In control:** Commissioners Court  
**On agenda:** 1/10/2023      **Final action:** 1/10/2023  
**Title:** Request for approval of payment of Audited Claims.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:**

Date	Ver.	Action By	Action	Result
1/10/2023	1	Commissioners Court		
1/10/2023	1	Commissioners Court		

**Department:** Auditor

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

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Financial Authorization

**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):**

Request for approval of payment of Audited Claims.

**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): N/A**

Date	Agenda Item #	Action Taken

**Location:**Address (if applicable): **N/A**

Precinct(s): Countywide

<b>Fiscal and Personnel Summary</b>			
Service Name			
	FY 23	FY 24	Next 3 FYs
<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 Court Date:** 1/10/2023

**Anticipated Implementation Date (if different from Court 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 to Mike Post, County Auditor

**Attachments** (if applicable):