



Legislation Details (With Text)

File #: 23-0473 **Version:** 1 **Name:**
Type: Financial Authorization **Status:** Passed
File created: 1/19/2023 **In control:** Commissioners Court
On agenda: 1/31/2023 **Final action:** 1/31/2023
Title: Request for approval of payment of Audited Claims.

Sponsors:

Indexes:

Code sections:

Attachments:

| Date | Ver. | Action By | Action | Result |
|-----------|------|---------------------|--------|--------|
| 1/31/2023 | 1 | Commissioners Court | | |
| 1/31/2023 | 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):

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:

Expected Impact:

Alternative Options:

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

| Fiscal and Personnel Summary | | | |
|--|-------|-------|------------|
| Service Name | | | |
| | FY 23 | FY 24 | 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: 1/31/2023

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, Auditor's Office

Attachments (if applicable):