

Harris County, Texas

1001 Preston St., 1st Floor Houston, Texas 77002

Legislation Details (With Text)

File #: 23-2744 Version: 1 Name:

Type: Financial Authorization Status: Passed

File created: 5/4/2023 In control: Commissioners Court

On agenda: 5/16/2023 **Final action:** 5/16/2023

Title: Request for approval of payment of Audited Claims.

Sponsors:

Indexes:

Code sections:

Attachments:

| Date | Ver. | Action By | Action | Result |
|-----------|------|---------------------|--------|--------|
| 5/16/2023 | 1 | Commissioners Court | | |
| 5/16/2023 | 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

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|-------|----------|----------|---|
|-------|----------|----------|---|

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): N/A

| 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 <mark>NOT</mark> w | rite values in th | nousands or millions | s) |
| Labor Expenditures | \$ | \$ | \$ |
| Non-Labor Expenditures | \$ | \$ | \$ |
| Total Incremental Expenditures | \$ | \$ | \$ |
| Funding Sources (do NOT write value | s 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 reques | ting new PCNs) | • | • |
| Current Position Count for Service | - | - | - |

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| Additional Positions Requested | - | - | - |
|--------------------------------|---|---|---|
| Total Personnel | - | - | - |

Anticipated Court Date: 5/16/2023

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):