



Legislation Details (With Text)

**File #:** 24-1009      **Version:** 1      **Name:**  
**Type:** Financial Authorization      **Status:** Passed  
**File created:** 2/14/2024      **In control:** Commissioners Court  
**On agenda:** 2/27/2024      **Final action:** 2/27/2024  
**Title:** Request for approval to use the departmental procurement card and/or reimburse personnel for food expenses incurred for meetings and unforeseen circumstances throughout the year.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:**

Date	Ver.	Action By	Action	Result
2/27/2024	1	Commissioners Court		

**Department:** Sheriff

**Department Head/Elected Official:** Ed Gonzalez

**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 to use the departmental procurement card and/or reimburse personnel for food expenses incurred for meetings and unforeseen circumstances throughout the year.

**Background and Discussion:**

We estimate approximately \$5000 for these expenses. These costs will be covered by existing funds.

**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):

Precinct(s): Choose an item.

<b>Fiscal and Personnel Summary</b>				
Service Name				
	<b>Current Fiscal Year Cost</b>			<b>Annual Fiscal Cost</b>
	<b>Labor</b>	<b>Non-Labor</b>	<b>Total</b>	<b>Recurring Expenses</b>
<b>Funding Sources</b>				
<b>Existing Budget</b>				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$	\$
<b>Additional Budget Request (Requires Fiscal Review Request Form)</b>				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
<b>Total Additional Budget Request</b>	\$	\$	\$	\$
<b>Total Funding Request</b>	\$	\$	\$	\$
<b>Personnel (Fill out section only if requesting new PCNs)</b>				
Current Position Count for Service	-	-	-	-
Additional Positions Request	-	-	-	-
<b>Total Personnel</b>	-	-	-	-

**Anticipated Court Date:** February 27, 2024

**Anticipated Implementation Date (if different from Court date):** January 1, 2024

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

**Contact(s) name, title, department:** Laura Wilson, Accounting Analyst, Harris County Sheriff's Office

**Attachments** (if applicable):