



Legislation Details (With Text)

File #: 24-2053 **Version:** 1 **Name:**
Type: Financial Authorization **Status:** Passed
File created: 3/27/2024 **In control:** Commissioners Court
On agenda: 4/4/2024 **Final action:** 4/4/2024
Title: Request for approval of payment of Audited Claims.

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
4/4/2024	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:

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

Anticipated Court Date: 4/04/2024

Anticipated Implementation Date (if different from Court date):

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):