



Legislation Details (With Text)

File #: 24-2444 **Version:** 1 **Name:**
Type: Financial Authorization **Status:** Agenda Ready
File created: 4/15/2024 **In control:** Commissioners Court
On agenda: 4/23/2024 **Final action:**
Title: Request for approval of payment of Audited Claims.
Sponsors:
Indexes:
Code sections:
Attachments:

Date	Ver.	Action By	Action	Result
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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 (*Requires Fiscal Review Request Form*)

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: 4/23/2024

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):