Legislation Text

File #: 21-6391, **Version:** 1

Department: Auditor
Department Head/Elected Official:
Michael Post
Regular or Supplemental RCA: Regular RCA
Type of Request: Financial Authorization

Project ID (if applicable): NA
Vendor/Entity Legal Name (if applicable): NA
MWDBE Participation (if applicable): NA

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
_X Governance and Customer Service

Prior Court Action (if any):

Date	Agenda Item #	Action Taken

Location:
Address (if applicable):
Precinct(s): Countywide

Fiscal and Personnel Summary				
Service Name	-	**FY 21-22**	**Estimates**	
			FY 22	**Next 3 FYs**
Incremental Expenditures				
Labor Expenditures		-	-	-
Non-Labor Expenditures		-	-	-
Total Incremental Expenditures		**-**	**-**	**-**
Funding Sources (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Current Budget		-	-	-
Additional Budget Requested	-	-	-	-
	-	-	-	-
	-	-	-	-
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 Implementation Date:

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

Contact(s) name, title, department: Carmella Sanford, Executive Assistant/Executive Division, Auditor's Office

Attachments (if applicable):