

COMMISSIONERS' COURT AGENDA REQUEST FORM

REQUESTS MUST BE RECEIVED NO LATER THAN 12:00 PM

This space for Court Clerk

ON THE TUESDAY PRIOR TO THE MONDAY MEETING.

AGENDA NUMBER:

REGULAR

CONSENT 30667

INSTRUCTIONS ON THE REVERSE

REQUESTING DEPARTMENT

Date: Aug 27, 2009 Court Date: Sept. 14, 2009 Phone/Ext: 5110 Department: Sheriff/Support Svc

Description of Agenda Item: Approval of Interlocal Dispatch Services

Agreement with the City of Lavon.

BUDGET RELATED INFORMATION

MUST COMPLETE FOR ALL EXPENDITURES/RFP'S

This item is part of the current budget: Yes
 No

Amount Budgeted: _____
(or needed)

Account Number: _____

DEPARTMENT HEAD
SIGNATURE:



PURCHASING DEPARTMENT ACTION & COMMENTS

Enter "not to exceed" cost estimate(s) for the requested item(s):

CHECK TWO OF THE BELOW

ADVERTISE	BIDS
<input type="checkbox"/>	<input type="checkbox"/>
AWARD	PROPOSALS
<input type="checkbox"/>	<input type="checkbox"/>

BOND REQUIRED: _____

INS. REQ'D: _____

ANNUAL ACTION: _____

EFFECTIVE: _____

AD DATES: _____

OPEN DATE/TIME: _____

Item Description for Agenda: _____

Remarks: _____

PURCHASING AGENT
SIGNATURE:

AUDITOR'S OFFICE ACTION & COMMENTS

BUDGET/FUNDING VERIFICATION

BUDGETED	FUNDS AVAILABLE
<input type="checkbox"/>	<input type="checkbox"/>
UNBUDGETED	ACCOUNT NUMBER FOR AVAILABLE FUNDS
<input type="checkbox"/>	<input type="checkbox"/>
FUNDS NOT AVAILABLE	(Needed for Agenda Submission)
<input type="checkbox"/>	

BUDGET AMENDMENT REQUIRED

NON-EMERGENCY, Sec 111.011 LGC	<input type="checkbox"/>
EMERGENCY, Sec 111.010 LGC	<input type="checkbox"/>

FUNDS TRANSFER RECOMMENDATION

AMOUNT

DEPARTMENT NAME

ACCOUNT NUMBER

\$ _____ From _____

\$ _____ From _____

\$ _____ To _____

\$ _____ To _____

Remarks: _____

COUNTY AUDITOR
SIGNATURE:

BUDGET DEPARTMENT ACTION & COMMENTS

COMMENTS RELATED TO BUDGET AMENDMENT JUSTIFICATION SUBMITTED BY DEPARTMENT

BUDGET OFFICER
SIGNATURE: