

COMMISSIONERS' COURT AGENDA REQUEST FORM

REQUESTS MUST BE RECEIVED NO LATER THAN 5:00 PM

This space for Court Clerk

ON THE TUESDAY A WEEK AND A HALF PRIOR TO THE MONDAY MEETING.

AGENDA NUMBER:

REGULAR _____

CONSENT _____

INSTRUCTIONS ON THE REVERSE

REQUESTING DEPARTMENT

Date: 6/7/10 Court Date: 6/21/10 Phone/Ext: 4232 Department: TX AgriLife Extension Service

Description of Agenda Item: Request to justify Tech I Part-Time

Support Position.

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:

Carrie Boyer

PURCHASING DEPARTMENT ACTION & COMMENTS

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

CHECK TWO OF THE BELOW			
ADVERTISE	<input type="checkbox"/>	BIDS	<input type="checkbox"/>
AWARD	<input type="checkbox"/>	PROPOSALS	<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	<input type="checkbox"/>	FUNDS AVAILABLE	<input type="checkbox"/>
UNBUDGETED	<input type="checkbox"/>	ACCOUNT NUMBER FOR AVAILABLE FUNDS	<input type="checkbox"/>
FUNDS NOT AVAILABLE	<input type="checkbox"/>	(Needed for Agenda Submission)	

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: _____