COMMISSIONERS' COURT AGENDA REQUEST FORM

REQUESTS MUST BE RECEIVED NO LATER THAN 12:00 PM

ON THE TUESDAY PRIOR TO THE MONDAY MEETING.

INSTRUCTIONS ON THE REVERSE

This space for Court Clerk

AGENDA NUMBER:
REGULAR _____
CONSENT X
32602

REQUESTING DEPARTMENT

Date: 09/09/10 Court Date: 09/27/10 Phone/Ext: 5200 Department: Sheriff's Office

Description of Agenda Item: Request Commissioners Court approval of Amendment No. 1 to Contract No. 04479-10 Services: Inmate Healthcare.

DEPARTMENT HEAD SIGNATURE:

BUDGET RELATED INFORMATION

MUST COMPLETE FOR ALL EXPENDITURES/RFP'S

This item is part of the current budget: X Yes ___ No

Amount Budgeted: (or needed) $4,625,000.00

Account Number: 001-6040-725-6430

PURCHASING DEPARTMENT ACTION & COMMENTS

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

CHECK TWO OF THE BELOW			
ADVERTISE		BIDS	
AWARD		PROPOSALS	

BOND REQUIRED:
ANNUAL ACTION:
AD DATES:

INS. REQ'D:
EFFECTIVE:
OPEN DATE/TIME:

Item Description for Agenda:

Remarks:

PURCHASING AGENT SIGNATURE:

AUDITOR'S OFFICE ACTION & COMMENTS

BUDGET/FUNDING VERIFICATION	
BUDGETED	
UNBUDGETED	
FUNDS NOT AVAILABLE	

FUNDS AVAILABLE	
ACCOUNT NUMBER FOR AVAILABLE FUNDS	
(Needed for Agenda Submission)	

BUDGET AMENDMENT REQUIRED	
NON-EMERGENCY, Sec 111.011 LGC	
EMERGENCY, Sec 111.010 LGC	

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: