

# 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 35375

INSTRUCTIONS ON THE REVERSE

## REQUESTING DEPARTMENT

Date: 6/11/12 Court Date: 6/25/12 Phone/Ext: 5100 Department: Sheriff

Description of Agenda Item: Request authorization to renew inmate  
medical services contract with Correctional Healthcare Companies for  
one year.

### BUDGET RELATED INFORMATION

*MUST COMPLETE FOR ALL EXPENDITURES/RFP'S*

This item is part of the current budget:        Yes  
       No

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

Account Number: 001-6040-725-6430

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	<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)	<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: