

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 36194

INSTRUCTIONS ON THE REVERSE

REQUESTING DEPARTMENT

Date: 12/6/12 Court Date: 01/07/13 Phone/Ext: 5109 Department: Sheriff/Field Ops

Description of Agenda Item: Request to accept the Internet Crimes

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: 199-5115-640-5102
GTO53D

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)	

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: _____