

COMMISSIONERS' COURT AGENDA REQUEST FORM

REQUESTS MUST BE RECEIVED NO LATER THAN 12:00 PM

ON THE TUESDAY PRIOR TO THE MONDAY MEETING.

This space for Court Clerk

AGENDA NUMBER:

REGULAR

CONSENT 30080

INSTRUCTIONS ON THE REVERSE

4/30/09

REQUESTING DEPARTMENT

Date: 4/30/09 Court Date: 5/11/09 Phone/Ext: 5200 Department: Sheriff

Description of Agenda Item: Change order to Inmate Food Supply

contract reflecting a 1% across the board price decrease.

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

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: