

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 _____
INSTRUCTIONS ON THE REVERSE		

REQUESTING DEPARTMENT

Date: **07-11-12** Court Date: _____ Phone/Ext: **5109** Department: **SHERIFF'S OFFICE**

Description of Agenda Item: **TO TRANSFER FUNDS FROM SHERIFF'S DRUG FORFEITURE FUND TO DRUG FORFEITURE FUND--LEASE**

VEHICLES

DEPARTMENT HEAD SIGNATURE:

BUDGET RELATED INFORMATION	
MUST COMPLETE FOR ALL EXPENDITURES/RFP'S	
This item is part of the current budget: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Amount Budgeted: \$17,325.00	(or needed)
Account Number: TRANSFER FUNDS FROM ACCT. #036-0000-251.00-00 TO ACCT. #036-5013-640.65-38	

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	
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: _____