



# COLLIN COUNTY

OFFICE OF THE SHERIFF  
4300 Community Avenue  
McKinney, Texas 75071

**Jim Skinner, Sheriff**

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DATE: June 6, 2017  
TO: Commissioners' Court  
FROM: Sheriff Jim Skinner *JOS*  
RE: Advertise for Food: Bread

The current contract that we have in place for Food: Bread will expire on September 30, 2017.

I am requesting permission to advertise for bids for the Food: Bread (IFB No. 2017-209).

BT/agg

# 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 \_\_\_\_\_

INSTRUCTIONS ON THE REVERSE

## REQUESTING DEPARTMENT

Date: June 6, 2017 Court Date: June 12, 2017 Phone/Ext: 5200 Department: Sheriff's Office

Description of Agenda Item: Requesting approval to advertise for bids

for Food: Bread Products (IFB 2017-209).

### 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 <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 _____
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: