

Cameron County Commissioners' Court Agenda Request Form

No. _____

Date: _____ Meeting Date Request: _____
Department Name: _____ Contact Person: _____
Phone: _____ Fax: _____
Department Head Name: _____ Signature: _____

Caption:

Background: *(Briefly summarize your request, if needed use separate sheet(s) or attach supporting documentation).*

*PLEASE FILL IN ALL BLANKS WITH REQUIRED INITIALS AND FISCAL DATA INFORMATION
OR PLACE N/A IF IS NOT APPLICABLE:*

County Judge _____ Auditor _____ Budget _____ Legal _____ Human
Resources _____ Purchasing _____
1295 Form _____

Fiscal Data:

Dept. Name: _____ Fund No. _____ Department: Yes ___ No ___ Amt. Expended : \$ _____
Funds Available: Yes ___ No ___ General: Yes ___ No ___ Impact on future budget: Yes ___ No ___

Grant: Yes ___ No ___

Comments:

Action taken by Commissioners' Court

Approved _____ Tabled _____ Denied _____ Motion made by _____ Seconded _____ Vote _____