

AUG 28 2017

**REQUEST FOR AGENDA PLACEMENT FORM**

Submission Deadline - Tuesday, 12:00 PM before Court Dates

**SUBMITTED BY:** Debbie Rice  
**TODAY'S DATE:** 08/21/2017

**DEPARTMENT:** Treasurer Office

**SIGNATURE OF DEPARTMENT HEAD:**

**REQUESTED AGENDA DATE:** 08/28/2017

**SPECIFIC AGENDA WORDING:** Consideration to give the County Treasurer Authorization to release funds to Pay the Indigent Health Care payment in the amount of \$178,276.77 TEXNET(state system) September 7, 2017.

**PERSON(S) TO PRESENT ITEM:** Debbie Rice

**SUPPORT MATERIAL:** (Must enclose supporting documentation)

<b>TIME:</b> 5 min	<b>ACTION ITEM</b>	<b>X</b>
	<b>WORKSHOP</b>	_____
(Anticipated number of minutes needed to discuss item)	<b>CONSENT:</b>	_____
	<b>EXECUTIVE:</b>	_____

**STAFF NOTICE:**

**COUNTY ATTORNEY:** X                      **IT DEPARTMENT:**  
**AUDITOR:** \_\_\_\_\_ X \_\_\_\_\_ **PURCHASING DEPARTMENT:** \_\_\_\_\_  
**PERSONNEL:**            **PUBLIC WORKS:** \_\_\_\_\_  
**BUDGET COORDINATOR:**            **OTHER:** \_\_\_\_\_

\*\*\*\*\*This Section to be Completed by County Judge's Office\*\*\*\*\*

ASSIGNED AGENDA DATE: \_\_\_\_\_

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE \_\_\_\_\_

COURT MEMBER APPROVAL \_\_\_\_\_ Date \_\_\_\_\_