

AUG 24 2020

Approved

REQUEST FOR AGENDA PLACEMENT FORM

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

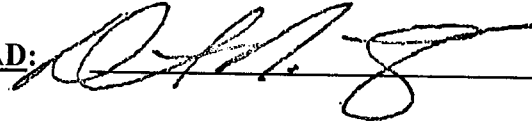
SUBMITTED BY: David Lloyd

TODAY'S DATE: August 15, 2020

DEPARTMENT:

District Clerk-450

SIGNATURE OF DEPARTMENT HEAD:



REQUESTED AGENDA DATE:

August 23, 2020

SPECIFIC AGENDA WORDING:

Approval of Quarterly Request for County Reimbursement of Juror Payments & for the County Judge to sign

PERSON(S) TO PRESENT ITEM:

SUPPORT MATERIAL: (Must enclose supporting documentation)

TIME:

ACTION ITEM:
WORKSHOP

(Anticipated number of minutes needed to discuss item)

CONSENT:

 X

EXECUTIVE:

STAFF NOTICE:

COUNTY ATTORNEY:

IT DEPARTMENT:

AUDITOR: _____

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 _____

Please Circle Claim Quarter

1	2	3	4
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QUARTERLY REQUEST FOR COUNTY
REIMBURSEMENT OF JUROR PAYMENTS

- Texas Government Code 61.0015 -

COMPTROLLER USE ONLY								
AGY	COBJ	TC	FUND	AY	PCA	APPROVAL	DOCUMENT NUMBER	DOCUMENT AMOUNT
241	7612	225	0328	20	04884			

County name/address for warrant or direct deposit notification David Lloyd Johnson County District Clerk P O Box 495 Cleburne, Texas 76033-0495	County taxpayer identification number 17560010302	Mail code 017
		Mail Completed Form to: Comptroller's Judiciary Section P.O. Box 13528 Austin, TX 78711-3528 Call 1-800-531-5441, ext: 3-4849 or email brenda.orona@cpa.texas.gov

JUROR PAYMENT REIMBURSEMENT REQUEST					
CALENDAR CLAIM QUARTER	CLAIM DUE BY	CLAIM WILL BE PAID BY	AMOUNT REQUESTED		
Q2 April. 1 to June. 30 2020	July 17, 2020	Aug. 21, 2020	\$748.00		

Per instructions on reverse side, please attach supporting documentation with this request for payment.

COUNTY CERTIFICATION

I, Roger Harmon, the authorized official of the Commissioner's Court of Johnson County hereby certify that the amounts requested are due and payable pursuant to Section 61.0015 (b) of the Government Code and are to the best of my knowledge true and correct.

Authorized Official/Commissioner's Court <i>Roger Harmon</i>	Title County Judge	Date 08/24/2020
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COUNTY CONTACT INFORMATION

Person to contact regarding information on this form Name & Title	Contact E-mail	Contact Phone Number
Aerie Allen, Jury Administrator	aallen@johnsoncountytexas.org	(817) 556-6343

COMPTROLLER'S JUDICIARY SECTION APPROVAL

I approve this request for payment and to the best of my knowledge this request for payment is true and correct. This payment complies with Section 61.0015 of the Texas Government Code.

Direct deposit Check enclosed

Audited by: _____ Date: _____

SEE REVERSE SIDE FOR PROCEDURES AND FURTHER INSTRUCTIONS

