IN THE MATTER OF TRANSFERRING OF BUDGET SURPLUS OF FORT BEND COUNTY FOR THE YEAR 2024

On this the	day of	<u>January</u>	2023/2024 , the Commissioner	s' Court, with the followin	g members being present:	
		KP George	 County Judge 			
		Vincent Morales	 Commissioner Prec 			
		Grady Prestage	 Commissioner Prec 			
		Andy Meyers	- Commissioner Prec			
		Dexter McCoy	- Commissioner Prec	inct #4		
The followin	g proceedings were	had, to-writ,				
THAT WHE	EREAS, theretofore	on September 12, 202	3, the Court heard and approved th	e budget for the year 2024	for Fort Bend County; as	nd
	on proper application of increase the tot		s' Court has transferred an existing	budget surplus to a budge	t of a similar kind and fun	d. The
The followin	g transfers to said b	oudget are hereby autho	rized:			
Department 1	Name:	Medical	Examiner Office	Accounting Unit:	100565200	
TRANSFER	R ТО:					
ACCOUNT	NAME		ACCOUNT NUMBER		AMOUNT	
IT Fees			100503100-63000	\$	THIT CONT	118
		(
			TOTAL TRANSFERRED	TO: \$		118
TRANSFER	EDOM:					
IKANSPER	TROM.					
ACCOUNT			ACCOUNT NUMBER		AMOUNT	
Information 7	Гесhnology		65000	\$	Account of the second second second	118
						<u>.</u>
			TOTAL TRANSFERRED FRO	OM. ¢		110
			TOTAL TRANSFERRED FRO	OM: <u>\$</u>		118
EXPLANAT	TION:	To cover the cost of A	dobe Pro software for Dr. Paul Ur.	ibe.		
)		
		1				-111
		11	111			
Department I	Head:	ten &	me (u)	Date:	10-Jan-24	
		*** USI	E WHOLE DOLLAR AMOUNT	TS ONLY ***		
THE COUN	TY OF FORT BE	END	I.		GL Transfer	
DV.						
BY:	KP George, Cou	nty Judge			AC Transfer	
	George, Cou	ary ounge				



Information Technology Department Fort Bend County, Texas

Software Request

Please fill out the information below, including the signatures, and scan/email this form to the IT ServiceDesk at IT_ServiceDesk@fortbendcountytx.gov. Access to the requested software is licensed and requires departmental approval for the applicable license fees. Funds must be transferred to the I.T. Department's account prior to installation.

Requested Software:	Adobe Pro	Date of Request:	1/4/24					
Department Name:	MedicalExaminerOffice							
Employee's Name:	Paul Uribe, M.D.	_						
Employee's Email Address: Paul.Uribe@fortbendcountytx.gov								
Computer Name: MDXJK2Y1Z2 Reason For Request: Needs to be able to convert PDF documents into Word Documents to create our office SOPs.								
This is to tertify that the above the requested software is needed for County Business purposes. Department Head/Manager/Supervisor Signature (or Authorized Agent) Date								