



Jackson County, Missouri

Request for Legislative Action

REQUESTED MEETING DATE: _____ SPONSOR: _____

To be completed by the County Counselor's Office:

NUMBER: _____ ASSIGNED MEETING DATE: _____

STAFF CONTACT: _____ PHONE: _____

EMAIL: _____

DEPARTMENT: _____

TITLE: _____

SUMMARY: _____

FINANCIAL IMPACT: NO ☐

YES ☐

Amount

Fund

Department

Line-Item Detail

ACTION NEEDED: _____

ATTACHMENT(S): _____

Fiscal Note:

This expenditure was included in the Annual Budget.

PC# _____

Date: March 4, 2024

RES # _____
eRLA ID #: _____

002 Health Fund

Cost Center		Spend Category	Program/Grant/Project	Not to Exceed
1503	Environmental Health	56809 Hazardous Waste	PGHHW1524	\$ 26,795
APPROVED				\$ 26,795

Budget Office