



ATTACHMENTS	Bliss and Associates Fee Proposal <i>copy of Farmers Ins check</i>	
REVIEW	Department Director: <i>[Signature]</i>	Date: <i>23 Aug 2018</i>
	Finance (Budget Approval): <i>If applicable</i> <i>Sarah M...</i>	Date: <i>8/28/18</i>
	Division Manager: <i>[Signature]</i>	Date: <i>8.28.18</i>
	County Counselor's Office:	Date:

Fiscal Information (to be verified by Budget Office in Finance Department)

- This expenditure was included in the annual budget.
- Funds for this were encumbered from the \_\_\_\_\_ Fund in \_\_\_\_.
- There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- Funds sufficient for this expenditure will be/were appropriated by Ordinance #
- Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:
<i>004-9999-47040</i>	<i>Road + Bridge Fund - Damage Claim Reimb</i>	<i>\$ 886.67</i>

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.

CLAIMS SERVICE CENTER

Check Number: 1621292766  
Date: 08/17/2018

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE  
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE \$886.67\*\*\*\*\*

To Attention:sara Mathasis  
the Jackson County Mo  
order 415 E 12TH ST ROOM 105  
of KANSAS CITY, MO, 64106

Claimant/Patient: Business Jackson County Mo  
Insured: Joseph Ziolkowski  
Date of Loss: 05/13/2018  
Claim Unit Number: 3011255653-1-1  
Check Number: 1621292766  
Payment Under Insured's: Property Damage  
Correspondence Reference: FTXHR3JS  
Reference Number: undefined  
Print Date: 08/17/2018 08:52 AM  
Requested By: Penni L Jackson

004-9999-47040-18  
Farmers Ins Sheriff Dmg Claim 5/13/18

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW



THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

62-20/311

Farmers Insurance Company, Inc  
CLAIMS SERVICE CENTER  
NATIONAL DOCUMENT CENTER PO BOX 268994  
OKLAHOMA CITY OK 73126

Claim Unit #  
3011255653-1-1

Check No. 1621292766  
Date: 08/17/2018

PAY Eight Hundred Eighty Six Dollars And Sixty Seven Cents \$886.67\*\*\*\*\*

NOT GOOD AFTER SIX MONTHS

To Attention:sara Mathasis  
the Jackson County Mo  
order 415 E 12TH ST ROOM 105  
of KANSAS CITY, MO, 64106

FARMERS  
INSURANCE

Citibank N.A. - One Penns Way - New Castle, DE 19720

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

