

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

~~Res~~Ord No.: 4751

Sponsor(s): Crystal Williams

Date: July 6, 2015

<p>SUBJECT</p>	<p>Action Requested <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Ordinance</p> <p>Appropriating \$1398.83 from the undesignated fund in acceptance of insurance proceeds for the repair of a vehicle for the use of the Environmental Health Division in the Public Works Department.</p>										
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="305 541 1187 856"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>1398.83\$</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>1398.83\$</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM / TO</td> <td>FROM ACCT 002-9999-47040 TO ACCT 002-1503-56530</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <p><input type="checkbox"/> No budget impact (no fiscal note required) <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract: Department: Estimated Use: \$</p> <p>Prior Year Budget (if applicable): Prior Year Actual Amount Spent (if applicable):</p>	Amount authorized by this legislation this fiscal year:	1398.83\$	Amount previously authorized this fiscal year:	\$	Total amount authorized after this legislative action:	1398.83\$	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number; FROM / TO	FROM ACCT 002-9999-47040 TO ACCT 002-1503-56530
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): Prior resolutions and (date):</p>										
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, & phone): Debbie Sees, EH Administrator 847-7070</p>										
<p>REQUEST SUMMARY</p>	<p>Requesting \$1398.83 to be transferred from 004-9999-47040, Increase Revenues, to account 002-1503-56530, Maintenance and Auto Repair, repair damage to a 2008 Ford Escape, 060PWD. The county received a payment from Shelter Mutual Insurance Company representing the cost of an Environmental Health fleet vehicle damaged as a result of a motor vehicle accident on May 13th, 2015 dated June 12th, 2015 for 1398.83.</p>										
<p>CLEARANCE</p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & Department) <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>										

ATTACHMENTS		
REVIEW	Department Director: Brian Gaddie, PE <i>BEG</i>	Date: 06/25/2015
	Finance (Budget Approval): <i>If applicable</i> <i>Mary Rasmussen</i>	Date: <i>6/29/15</i>
	Division Manager: <i>Mary John Brown</i>	Date: <i>4/30/15</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:
004-9999-47040	Increase Revenues	\$1398.83

- 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.



SHELTER MUTUAL INSURANCE COMPANY

Columbia, Missouri 65218-0001

Date: 06/12/2015
Claim No.: AT0000001436327
Loss Date: 05/13/2015

Invoice No.:
Invoice Date: 06/12/2015
Service from:
Service to:

Jackson County
415 E 12th St Room 105
Kansas City, MO 64106-

Attached below is our check in the amount of \$1,398.83 on the above claim.

PAYMENT DESCRIPTION:

Damages To 2008 Ford Escape

COVERAGE(S): PROPERTY DAMAGE \$1,398.83

PAYMENT NOTES:

Thanks Brandon Cowan

(Please retain this letter for your records.)

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

CLAIM NO. AT0000001436327 SHELTER MUTUAL INSURANCE COMPANY Columbia, Missouri 65218-0001 DATE 06/12/2015 CHECK NO. 040101480

PAY TO THE ORDER OF:

Jackson County

BOONE COUNTY NATIONAL BANK
Columbia, Missouri 65205
\$1,398.83

AMOUNT

One thousand three hundred ninety eight and 83/100 Dollars

\$1,398.83

S. Daniel Clapp
Authorized Signature

THIS DOCUMENT IS PROTECTED AGAINST ALTERATIONS WITH CHECK PROTECT FEATURES

040101480 08 500859 28 28 53

