REQUEEK EQUIEN SIQ THE ECTION

OCT 0 3 2018

Completed by County Counselor's Office: RES/Ord No.: 5165

Sponsor(s): Date:

Greg Grounds Oct. 22, 2018

SUBJECT	Action Requested ☐ Resolution ☑ Ordinance Appropriating \$3,241.14 from the undesignated fund in Brothers for repair of damage caused by their employee		
BUDGET INFORMATION To be completed By Requesting Department and Finance	Amount authorized by this legislation this fiscal year: Amount previously authorized this fiscal year: Total amount authorized after this legislative action: Amount budgeted for this item * (including transfers): Source of funding (name of fund) and account code number; FROM / TO FROM: Undesignated Fund 004-9999-47040 TO: Maint & Repair-Auto Equip 004-1502-56530 * If account includes additional funds for other expenses, total budgete OTHER FINANCIAL INFORMATION: No budget impact (no fiscal note required) Term and Supply Contract (funds approved in the an Department: Estimated Use: \$ Prior Year Budget (if applicable): Prior Year Actual Amount Spent (if applicable):		lue and use of contract:
PRIOR LEGISLATION	Prior ordinances and (date): Prior resolutions and (date):		
CONTACT INFORMATION	RLA drafted by (name, title, & phone): Carolyn Barnett,	Administrative Assistant,	881-4447
REQUEST SUMMARY	Requesting \$3,241.14 to be transferred from 004-9999-4' Maintenance and Repair, in order to repair damages to ve		
CLEARANCE	☐ Tax Clearance Completed (Purchasing & Department Business License Verified (Purchasing & Department Chapter 6 Compliance - Affirmative Action/Prevailing	t)	s Office)

ATTACI	HMENTS					
Brian Ga		Department Director: Brian Gaddie, P.E., Dire		3.	Date: 10/2/2018	
		Finance (Budget Appro- If applicable	val): Salel N		Date:	
		Division Manager:	Market	-	Date: 10/4/18	
		County Counselor's Off	ice:		Date:	
Fiscal I	nformatio	n (to be verified by E	Budget Office in Finance Depar	tment)		
	This expend	liture was included in the	annual budget.			
E	Funds for th	is were encumbered from	the	Fund in		
i	s chargeable	e and there is a cash balar	nbered to the credit of the appropriating of the appropriating of the otherwise unencumbered in the truth to provide for the obligation herein a	easury to the credit of the	re fund from which	
] F	Funds suffic	ient for this expenditure	will be/were appropriated by Ordinan	ce#		
⊠ F	unds suffic	ient for this appropriation	are available from the source indica	ted below.		
- [Account N	umber:	Account Title:	Amount Not to Exceed:		
	004-9999-4	17040	Increase Revenues RdB - Reimb Dmg Claim	\$3,241.14		
7 -						
T	nis award i	s made on a need basis at	nd does not obligate Jackson County ecessity, be determined as each using	to pay any specific amount	t. The availability of	
10	unus for spe	citic purchases will, of it	ecessity, 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.

Supplemental Appropriation Request Jackson County, Missouri

Funds sufficient for this appropriation are available from the source indicated below.

Date:	October 10, 2018			ORD #5165
	Department / Division	Character/Description	From	То
Road 8	& Bridge Fund - 004			
9999		47040 - Reimb Damage Claims	3,242	-
2810		Undesignated Fund Balance		3,242
2810		Undesignated Fund Balance	3,242	
1502 -	Engineering	56530 - Maint & Repair Auto		3,242
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Budgeting



CNA ATTN CLAIM PO BOX 8317 CHICAGO IL 60680 olske Wooden



000096

JACKSON COUNTY PUBLIC WORKS



415 E 12TH ST KANSAS CITY MO 64106-2706



' To expedite h	andling of your claim, pl	ease include our claim	number on	ell future com	espondenc	s to us.	Claim Numb		E56361GB
Insured/Clent VANCE	BROTHERS, INC.		Claimant	LIC WORKS,	JACKSON	COUNTY		ATT	09/19/18
Date of Loss 07/19/18	Total WC Ind to Date	-From - thru Dates		SuffiDT	TRAN Code#	···· EXP	Pay Code#	Amount	
				021	23				\$3,241.14
									\$3,241.14

Reason

VEHICLE DAMAGE PAYMENT

To ensure timely delivery of your check, please verify that the address on this check is complete and correct. If not, please notify your claims representative with the correct information. Thank you.

ACCIWF 02.28.13

PLEASE DETACH BEFORE CASHING

Continental Casualty Company Chicago, IL 60604

UNDERWRITTEN BY:

TRANSPORTATION INSURANCE COMPANY

106499598

531

Date Issued 09/19/18 Bank Acct. 4759628092

THIS DOCUMENT CONTAINS A WATERMARK HOLD UP TO LIGHT TO MEW VOID IF PURPLE BACKGROUND IS ABSENT Issuing Off. Claim Number **Desk Code** Insured/Client VANCE BROTHERS, INC. E2 E56361 Claiment Date of Loss Prefix & Contract No. PUBLIC WORKS, JACKSON COUNTY 07/19/18 BUA -4034346024 From-thru (Dates) in Payment of VEHICLE DAMAGE PAYMENT

PAY

THREE THOUSAND TWO HUNDRED FORTYONE AND 14/100THS --

___ Dollars

TO THE ORDER

OF

JACKSON COUNTY PUBLIC WORKS

415 E 12TH ST

KANSAS CITY

MO 64106-2706

Wells Fargo Bank, N.A.

*****\$3,241.14

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE