

VACORP CLAIMS
1819 Electric Rd. Suite C
Roanoke, VA 24018
540-345-8500

88-183/514
412 VOID AFTER 180 DAYS

PAY
TO
THE
ORDER
OF

One Thousand One Hundred Fifty-Nine and 17/100 Dollars*****

| DATE | CHECK NO. |
|-----------------|-----------|
| 05/12/2023 | 546189 |
| AMOUNT | |
| \$ **1,159.17** | |

MADISON COUNTY

Stev 2. Rawlings

AUTHORIZED ACCOUNT SIGNER
TWO SIGNATURES REQUIRED OVER \$30,000

SECURITY FEATURES INCLUDED, DETAILS ON BACK

⑈546189⑈ ⑆053112039⑆800104634910⑈

REMITTANCE STATEMENT- PLEASE DETACH BEFORE DEPOSITING

| Description | From Date | To Date | Invoice # | Invoice Amt | Amount |
|----------------------|-----------|----------|------------|-------------|------------|
| Auto Property Damage | 5/9/2023 | 5/9/2023 | DAMAGES | \$1,659.17 | \$1,659.17 |
| Auto Property Damage | | | DEDUCTIBLE | (\$500.00) | (\$500.00) |

Claim Number: 0562023323827 Payee: MADISON COUNTY
Check Number: 546189 Total Check Amt: \$1,159.17 Event Date: 4/12/2023 Department: 056 Madison Date of Check: 5/12/2023

Facilities / Maintenance
Building Official



February 9, 2023

Madison County
Attn: Tillie Strothers
PO Box 705
Madison, VA 22727

Virginia Association of Counties Self Insurance Risk Pool
Member: Madison County
Claim Number: 0562023318261
Date of Loss: 1/11/2023

Dear Ms. Strothers,

Enclosed please find VACorp property damage check in the amount of \$3,415.60 to cover the repairs for your vehicle that was damaged from an accident that occurred on 1/11/2023. This amount was determined by the appraisal submitted from *S&S Appraisal Services* for \$3,915.60 less the \$500.00 deductible.

Please provide the *S&S Appraisal Services* appraisal (emailed to you) to the body shop of your choice to work off. Any supplements that are received and approved by *S&S Appraisal Services* will be paid directly to the body shop.

If you should have any questions regarding this payment, please feel free to call me at 540-345-8500.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tyler Raymond'.

Tyler Raymond
Claims Specialist

Enclosed – Check

Check sent

batch # 45

MAR 09 2023

V10005

ACE COLLISION CENTER

16 Campground Ln.
Madison, VA 22727
(540) 948-4000
Federal Tax # 54-2189623



| |
|----------------|
| BILL TO |
| Madison County |

Invoice

| DATE | INVOICE # |
|-----------|-----------|
| 1/11/2023 | 14173 |

| DESCRIPTION | AMOUNT |
|---|-------------------|
| Repair 2020 Ford Explorer, VIN: 1FMSK8BB7LGA94059 per VA Corp estimate (supplement bill of \$1,646.17 to be paid directly from insurance company to Ace) | |
| Parts | 1,615.25T |
| Body Labor | 416.00 |
| Paint Labor | 499.20 |
| Paint & materials | 364.80T |
| Scan / Diagnostic services | 170.00 |
| Paint & materials | 26.00T |
| Paint & materials | 11.00T |
| Hazardous Waste fee | 9.00T |
| Sales Tax | 107.38 |
| <p>OLD 34100-6009 NEW 34100-660090</p> <p><i>Janet Sawyer Henshaw</i> 03/09/23</p> <p>CHECK# <u>20000434</u> 3/15/23 1110-2340-03-34100-<u>660090</u></p> <p>BUILDING OFFICIAL</p> | |
| Total | \$3,218.63 |

A service charge of 1.5 % per month, 18% APR, will be added to all overdue accounts. Also liable for all legal and collection fees. THANKS!

Phone # (540) 948 - 4000

Fax # (540) 948 - 3337

acecollisionusa@gmail.com

VACORP CLAIMS
1818 Electric Rd. Suite C
Roanoke, VA 24018
540-345-8500

68-183/514

412 VOID AFTER 180 DAYS

**PAY
TO
THE
ORDER
OF**

Six Hundred Eighteen and 64/100 Dollars*****

| | |
|------------|------------|
| DATE | CHECK NO. |
| 02/22/2023 | 534539 |
| AMOUNT | |
| \$ | **618.64** |

Steve 2. Rawlings

MADISON COUNTY
PO Box 705
Madison, VA 22727

**AUTHORIZED ACCOUNT SIGNER
TWO SIGNATURES REQUIRED OVERS 30,000**

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑆534539⑆ ⑆053112039⑆800104634910⑆

REMITTANCE STATEMENT- PLEASE DETACH BEFORE DEPOSITING

| Description | From Date | To Date | Invoice # | Invoice Amt | Amount |
|----------------------|-----------|-----------|-----------|-------------|----------|
| Auto Property Damage | 2/17/2023 | 2/17/2023 | | \$618.64 | \$618.64 |

Claim Number: 0562023320460 Payee: MADISON COUNTY
Check Number: 534539 Total Check Amt: \$618.64 Event Date: 2/16/2023 Department: 058 Madison Date of Check: 2/22/2023
Check Memo: Cover Letter

VACORP CLAIMS
1819 Electric Rd. Suite C
Roanoke, VA 24018
540-345-8500

PINNACLE FINANCIAL PARTNERS

68-183/514

412 **VOID AFTER 180 DAYS**

**PAY
TO
THE
ORDER
OF**

Two Thousand Eight Hundred Fifty-Five and 00/100 Dollars*****

| DATE | CHECK NO. |
|------------|--------------|
| 04/28/2023 | 544373 |
| AMOUNT | |
| \$ | **2,855.00** |

MADISON COUNTY

Steve 2. Rawlings

**AUTHORIZED ACCOUNT SIGNER
TWO SIGNATURES REQUIRED OVER \$30,000**

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑆544373⑆ ⑆053112039⑆800104634910⑆

REMITTANCE STATEMENT- PLEASE DETACH BEFORE DEPOSITING

| Description | From Date | To Date | Invoice # | Invoice Amt | Amount |
|---------------|-----------|-----------|------------|--------------|--------------|
| Inland Marine | 4/26/2023 | 4/26/2023 | ESTIMATE | \$3,855.00 | \$3,855.00 |
| Inland Marine | | | DEDUCTIBLE | (\$1,000.00) | (\$1,000.00) |

Claim Number: 0562023320178 Payee: MADISON COUNTY
Check Number: 544373 Total Check Amt: \$2,855.00 Event Date: 2/10/2023 Department: 056 Madison Date of Check: 4/28/2023

Admin Bldg - claim

VACDRP CLAIMS
1819 Electric Rd. Suite C
Roanoke, VA 24011
540-345-8500

68-168/514

VOID AFTER 180 DAYS

PAY
TO
THE
ORDER
OF

Six Thousand Three Hundred Six and 49/100 Dollars

| | |
|-----------------|-----------|
| DATE | CHECK NO. |
| 05/04/2023 | 545381 |
| AMOUNT | |
| \$ **6,306.49** | |

MADISON COUNTY
PO Box 705
ATTN: Tillie Strothers
Madison, VA 22727

Steve L. Rawlings

AUTHORIZED ACCOUNT SIGNER
TWO SIGNATURES REQUIRED OVER \$30,000

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑈545381⑈ ⑆05112039⑆800104634910⑈

REMITTANCE STATEMENT- PLEASE DETACH BEFORE DEPOSITING

| Description | From Date | To Date | Invoice # | Invoice Amt | Amount |
|--------------------------|-----------|----------|------------------------|-------------|------------|
| Temporary Total Employee | 2/24/2023 | 3/2/2023 | Waiting Period | \$981.01 | \$981.01 |
| Temporary Total Employee | 3/3/2023 | 4/9/2023 | Temp Total 5 3/7 Weeks | \$5,325.48 | \$5,325.48 |

Claim Number: WC056320948 Claimant: John Pollina Payee: MADISON COUNTY
Check Number: 545381 Total Check Amt: \$6,306.49 Event Date: 2/23/2023 Department: 056 Madison Date of Check: 5/4/2023

Worker's comp claim - Sheriff office

GREENE COUNTY ADMINISTRATION
PAYABLE ACCOUNT
PO BOX 368 • STANARDSVILLE, VA 22973

UNITED BANK
68-4441500

100894

Refund from Greene back to Madison

DATE: 9/29/2022 AMOUNT: \$*****52.26

FIFTY TWO DOLLARS 26CENTS*****

PAY TO THE ORDER OF: COUNTY OF MADISON
P. O. BOX 705
MADISON, VA 22727

BY ORDER OF THE BOARD OF SUPERVISORS
COUNTY OF GREENE, VIRGINIA
Lucy G. Morris
MAYOR
Marie E. Sinner
CHAIRMAN
Stephanie A. Deal
TREASURER

⑈00100894⑈ ⑆056004445⑆ 0067369890⑈

MADISON COUNTY - 221867 / 44 / 18416-8816

Pay to the order of
Atlantic Union Bank & Trust
81803164
for deposit only
Madison County
Treasurer,
Freddy

11-16-22:03:39PM:Greene County Treasurer
11/16/22, 3:38 PM

Cashed on 10/12/22
will show on 4th qtr Expend report

Account: **VCJF**

PLEASE POST THIS PAYMENT FOR OUR MUTUAL CUSTOMER

\$1,651.40

VIRGINIA CRIMINAL JUSTICE FOUNDATION IN
231 INSTITUTE ST
STAUNTON, VA 24401-3337

Please Direct Any Questions To
(855) 739-0856
Payment Processing Center
P.O. Box 74818
Chicago, IL 60675-4818

-156/531

0062386499

MEMO: Comm Atty Training Grant

WELLS FARGO BANK, NA

April 07, 2023

1184 0856 EPY 07 8403 1/2 46637304.2 00037670

Pay **ONE THOUSAND SIX HUNDRED FIFTY ONE AND 40/100** DOLLARS

TO THE ORDER OF
MADISON COUNTY TREASURER
PO BOX 309
MADISON, VA 22727-0309



\$ **1,651.40**

REMITTANCE VOID IF NOT CASHED WITHIN 90 DAYS.



AUTHORIZED SIGNATURE

WARNING: THIS BORDER CONTAINS MICROTYPED TEXT WHICH WILL NOT REPRODUCE ON A COPY

⑈0062386499⑈ ⑆053101561⑆ 8018548167⑈

Reimbursement Request 2023 Spring Institute

DEADLINE May 5, 2023

Requested by (Jurisdiction):

Madison

Total Reimbursement Requested:

\$1,582.68

(Total will autofill based on input on Detail Page)

We hereby certify that the Madison County Commonwealth's Attorneys' Office accepts responsibility for the integrity and accuracy of the financial transactions reported to the Commonwealth's Attorneys' Services Council (CASC) on the CATF Reimbursement Worksheet (Worksheet). We certify that the data provided on the attached Worksheet are true and accurate and only include actual expenses related to the attendance of the listed office personnel at CASC's 2023 Spring Institute Program. Internal controls of the Madison Commonwealth's Attorney's Office adequately provide assurance as to the proper recording of these transactions.

We understand that CATF Reimbursement Worksheets will be subject to random audit by CASC and are subject the Freedom of Information Act (FOIA). We understand that failure to accurately report actual expenses may have both ethical and legal implications.

Both the completed and signed Certification and the Reimbursement Worksheet must be returned to CASC by email, fax, or mail no later than 5:00 p.m. on May 5, 2023. This is a hard deadline and will not be extended.

Reimbursement Coordinator Signature: _____



Name: Clarissa T. Berry

Title: Commonwealth's Attorney

Jurisdiction: Madison

Date: April 6, 2023

Commonwealth's Attorney Signature: _____



Name: Clarissa T. Berry

Jurisdiction: Madison

Date: April 6, 2023

Email: mmheard@wm.edu

Fax: 757-253-7159

Mail: CASC, P.O. Box 3549, Williamsburg, VA 23187

Madison County ~VA 48382~



FY23 REVENUE

FOR 2023 99

JOURNAL DETAIL 2023 1 TO 2023 12

ACCOUNTS FOR: ORIGINAL REVISED YTD EXPENDED LTD EXPENDED ENCUMBRANCES AVAILABLE BUDGET PCT USED

0000 UNDEFINED

30 UNDEFINED

1110-0000-00-00000-408914-0000-000000-00000-0000- 0 GIFTS/DONATIONS/CONTRIBUTIONS -850.00 .00 .00 850.00 100.0%

2023/06/000005 12/31/2022 GNI -750.00 REF CONV
 2023/11/000102 05/21/2023 GNI -100.00 REF 052123 EMS Related Donations

Donations to EMS in FY23 put to Medical Supplies Expense

DATE: 5/30/2023

TIME: 04:01 PM

CASHIER: tricholson

DRAWER # 10856

PMT #: 33642



MADISON COUNTY
Receipt For Transactions Paid

Stephanie G. Murray
PO Box 309 410 N.Main St, Madison, Virginia 22727
Phone: 540-948-4409 www.madisonco.virginia.gov

DATE: 5/30/2023

TIME: 04:01 PM

CASHIER: tricholson

DRAWER # 10856

PMT #: 33642

| Item # | Description | Amount |
|----------|---|-----------------|
| 1 | MISC. GIFTS/DONATIONS/CONTRIBU | \$500.00 |
| | TOTAL TRANSACTIONS | \$500.00 |
| | PAYMENT METHOD/AMOUNT | |
| | CHECK #139039, RAPPAHANNOCK ELECTRIC COOPERATIVE | \$500.00 |
| | TOTAL PAYMENT RECEIVED | \$500.00 |
| | CHANGE DUE | \$0.00 |

FY23 Final EMS Donation from REC put to Medical Expense