

**BOARD OF SUPERVISORS
COUNTY OF MADISON**

PROPOSED SUPPLEMENTAL APPROPRIATION

DATE: 11/26/2019

FY2020

Type of Supplement	Interdepartmental transfer (same fund)
x	Revenue/Expense offset
	Use of contingency
	Other use of fund balance not in original budget

PURPOSE: To supplement sheriff's insurance for insurance claim (re: vehicle damage)

GL Account Reference	Account type	Fund Name	Department	Object Code/Source	Debit	Credit
10-03-31-31200-6009	Exp	GF	Sheriff	Veh Equip & Repair	1,067.80	
10-180916	Rev	GF	N/A	Ins claims		1,067.80
					1,067.80	1,067.80

Note: A debit charged to a budgeted expense line increases the appropriated expense; a credit charged to a budgeted expense line item decreases the appropriated expense. A credit charged to a budgeted revenue line item increases the anticipated revenue available.

Mary Jane Costello

From: MC Sheriff
Sent: Tuesday, November 19, 2019 10:09 AM
To: Candice Jones
Cc: Tillie Strothers; Mary Jane Costello
Subject: ACE Collision Center
Attachments: img11192019_0003.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Attached is the final repair bill for the damaged vehicle from 10/12/2019 (Motto)

It is my understanding that the county has received the insurance check.

This invoice will be paid from line item 6009 and I request that the insurance check be supplemented back into that line item.

Thank you

Terri Weaver

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

68-183/514

412 VOID AFTER 180 DAYS

DATE	CHECK NO.
11/4/2019	380824
AMOUNT	
\$	**1,067.80**

PAY
TO
THE
ORDER
OF

One Thousand Sixty-Seven and 80/100 Dollars*****

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

Steve L. Rawlings

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

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑈ 3808 24 ⑈ ⑆ 053 1 1 2039 ⑆ 800 1046 349 10 ⑈

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

Description	From Date	To Date	Invoice #	Invoice Amt	Amount
Auto Comprehensive			2019 Ford Explorer	\$1,017.80	\$1,017.80
Auto Comprehensive			Deductible	(\$250.00)	(\$250.00)
Auto Comprehensive			Decals	\$300.00	\$300.00

Claim Number: 0562019253584 Claimant: Madison County Payee: MADISON COUNTY
Check Number: 380824 Total Check Amt: \$1,067.80 Event Date: 10/15/2019 Department: 056 Madison Date of Check: 11/4/2019

Sheriff - claims

1009