

**BOARD OF SUPERVISORS
COUNTY OF MADISON**

PROPOSED SUPPLEMENTAL APPROPRIATION

DATE: 8/28/2018

FY2019

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

PURPOSE: To supplement Emergency Management budget for insurance claim received to reimburse vehicle damage

GL Account Reference	Account type	Fund Name	Department	Object Code/Source	Debit	Credit
10-03-31-31400-6009	EXP	GF	Emergency Management	Vehicle/Equip Maintenance	1,894.00	
10-180916	Rev	GF	N/A	insurance claims		1,894.00
					<u>1,894.00</u>	<u>1,894.00</u>

Supplemental Appropriation for BoS vote
General Fund appropriation

1,894.00

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

Upon approval by the Board of Supervisors, the County Administrator shall forward a signed copy of the proposed supplemental appropriation to the County Finance Director.

Jack Holsub
Jack Holsub, County Administrator

8/29/2018
Date

REMITTANCE ADVICE

CHECK NUMBER	ACCOUNT	ID	ISSUE DATE	CHECK AMOUNT
0406272456	EPIC CLAIMS	21	07/16/2018	\$2,125.72
6542726040				DO NOT CASH

EPA
PO BOX 705
MADISON VA 22727-0705

Estimate Payment
Property Damage, EPA

** DESCRIPTION **

John Sherr's Vehicle

*FY19 Supplement
31400
Waiting on getting
a permit*

*Emergency services claim
public safety*

DETACH CAREFULLY AND RETAIN THIS PORTION FOR YOUR RECORDS PRIOR TO CASHING OR DEPOSITING

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM.



JPMorgan Chase Bank N.A.
NEW YORK, NY

P.O. Box 3199
Winston-Salem, NC 27102-3199

AMOUNT: *Two Thousand One Hundred And Twenty Five And 72/100 US Dollars*

PAY TO THE
ORDER OF EPA

Property Damage, EPA

CHECK NO. 0406272456

50-937/213

POLICY/VENDOR/CLAIM/DATE OF LOSS:

3400647

07/10/2018

VOID AFTER SIX MONTHS
ISSUE DATE

AMOUNT

07/16/2018

\$2,125.72

Integon Casualty Insurance Company

Counter Signature

[Handwritten Signature]

⑈0406272456⑈ ⑆021309379⑆

508072712⑈

Check # 1015109
 10-03-31-31400-1009
 PUMPS STORE

#31400/1009

SLIP FOR REFERENCE

KEEP THIS SLIP FOR REFERENCE

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	2000 Labor		
1	1 Day 1/2 Day Usor	700.00	200.00
1	1 1/2 Day Usor	419.06	50.00
	13000 R. Purn		100.00
	13000 R. Purn		950.00
	175.00		175.00
	1894.00		1894.00

DATE 8.9.18

CHARGE ON ACCT. MDSE. RETD. PAID OUT

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	2000 Labor		
1	1 Day 1/2 Day Usor	700.00	200.00
1	1 1/2 Day Usor	419.06	50.00
	13000 R. Purn		100.00
	13000 R. Purn		950.00
	175.00		175.00
	1894.00		1894.00

DATE 8.9.18

CHARGE ON ACCT. MDSE. RETD. PAID OUT

Hawkins Body Shop Inc.
 P.O. Box 137
 Pratts, VA 22731

