FY 2018 Budget Amendment Request Form

Date: January 8, 2018

Department: Fire, Rescue, and Emergency Management

Contact person: James Cullinan, III – Fire Chief

Phone #: (540) 507-7186

Explanation of need for budget amendment:

An insurance claim was made to the insurance company for \$4,270.76 in damages to Medic 5-2; and approved for coverage, less a \$250 deductible.

An insurance claim was made to the insurance company for \$2,475 in damages to the bay door at Station 8; and approved for coverage, less a \$250 deductible.

The insurance reimbursement revenue from these claims will cover the cost of the repairs.

<u>Reminder</u>: Agenda item summary must be attached if BOS approval is required.

Revenue accounts affected:

| Account Number | | Amount | |
|----------------|--|-------------|--|
| Acct # | 110-0000-318.99-20 – Insurance Reimbursement Revenue | \$ 6,246 | |
| | Total Revenue Adjustment | \$ 6,246 | |

Expenditure accounts affected:

| Account Number | | Amount | |
|----------------|---|-------------|--|
| Acct # | 110-3240-422.33-11 FREMS – Auto Repairs & Maintenance | \$ 4,021 | |
| Acct # | 110-3210-422.33-10 EMLOG – Repairs & Maintenance | \$ 2,225 | |
| | Total Expenditure Adjustment | \$ 6,246 | |

Note: If amendment is between expenditure accounts only, net impact must be zero.

Transfer requests must be signed by the requestor(s). In the case of transfers between departments or capital projects, the transfer request must be signed by the director of each affected department, or by the project manager of each affected capital project. A typed signature will be accepted.

James Cullinan, III; FREM Name, Department

Name, Department

Recommendations

not-recommended

Budget: __X_recommended ____ Explanation if not recommended:

County Admin: __X_recommended _____ not-recommended Explanation if not recommended:

Finance Committee: _X__ recommended _____not-recommended Explanation if not recommended: