



# City of Milwaukee Fiscal Impact Statement

<b>A</b>	Date	<u>2/1/2017</u>	File Number	_____	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
	Subject	<u>Settlement of the uninsured motorist claim of Michael Dukat</u>				

<b>B</b>	Submitted By (Name/Title/Dept./Ext.)	<u>Miriam R. Horwitz, Deputy City Attorney, X2601</u>
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<b>C</b>	This File	<input checked="" type="checkbox"/> Increases or decreases previously authorized expenditures.
		<input type="checkbox"/> Suspends expenditure authority.
		<input type="checkbox"/> Increases or decreases city services.
		<input type="checkbox"/> Authorizes a department to administer a program affecting the city's fiscal liability.
		<input type="checkbox"/> Increases or decreases revenue.
		<input type="checkbox"/> Requests an amendment to the salary or positions ordinance.
		<input type="checkbox"/> Authorizes borrowing and related debt service.
		<input type="checkbox"/> Authorizes contingent borrowing (authority only).
		<input type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget.

<b>D</b>	Charge To	<input type="checkbox"/> Department Account	<input type="checkbox"/> Contingent Fund
		<input type="checkbox"/> Capital Projects Fund	<input checked="" type="checkbox"/> Special Purpose Accounts
		<input type="checkbox"/> Debt Service	<input type="checkbox"/> Grant & Aid Accounts
		<input type="checkbox"/> Other (Specify) _____	

<b>E</b>	Purpose	Specify Type/Use	Expenditure	Revenue
		Salaries/Wages		\$0.00
			\$0.00	\$0.00
	Supplies/Materials		\$0.00	\$0.00
			\$0.00	\$0.00
	Equipment		\$0.00	\$0.00
			\$0.00	\$0.00
	Services		\$0.00	\$0.00
			\$0.00	\$0.00
	Other	Michael Dukat uninsured motorist claim settlement	\$25,000.00	\$0.00
			\$0.00	\$0.00
	<b>TOTALS</b>		<b>\$25,000.00</b>	<b>\$ 0.00</b>

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