

City of Milwaukee Fiscal Impact Statement

Α	Date Subject	10/11/2017 Payment of uninsured motorist	File Number settlement of Jeffry Cullen	Original Substitute
[1]	Submitted	By (Name/Title/Dept./Ext.)	Jan A. Smokowicz, Deputy City A	torney, X2601
C	This File	Suspends expenditur Increases or decrease Authorizes a departm Increases or decrease Requests an amendm Authorizes borrowing Authorizes contingen	es city services. ent to administer a program affec	ting the city's fiscal liability. inance.
D	Charge To	 □ Department Account □ Capital Projects Func □ Debt Service □ Other (Specify) 	□ 	Contingent Fund Special Purpose Accounts Grant & Aid Accounts

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages		\$0.00	\$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	Uninsured Motorist Settlement	\$25,000.00	\$0.00
		\$0.00	\$0.00
TOTALS	-	\$25,000.00	\$ 0.00

	For expenditures and revenues which will occur on an annual basis over several years check the appropriate box below and then list each item and dollar amount separately.							
G	☐ 1-3 Years	3-5 Years						
G	☐ 1-3 Years	3-5 Years).		
	☐ 1-3 Years	3-5 Years						
H	List any costs n	ot included in Sectio	ns D and E above.		/			
	Additional infor	mation.			/			