



City of Milwaukee Fiscal Impact Statement

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|----------|---|----------------------------------|---|--|
| A | Date <u>7/21/2023</u> | File Number <u>230432</u> | <input checked="" type="checkbox"/> Original | <input type="checkbox"/> Substitute |
| | Subject <u>Ordinance relating to allowable expenses for travel reimbursement</u> | | | |

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| B | Submitted By (Name/Title/Dept./Ext.) <u>Aycha Sawa/Comptroller/Comptroller's Office/x2301</u> |
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| C | 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. |

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

| E | Purpose | Specify Type/Use | Expenditure | Revenue |
|---|--------------------|---------------------------------------|--------------------|----------------|
| | Salaries/Wages | | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 |
| | Supplies/Materials | Additional travel reimbursement costs | \$55,000.00 | \$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 | | \$0.00 | \$0.00 |
| | | | \$0.00 | \$0.00 |
| | TOTALS | | \$55,000.00 | \$ 0.00 |

F

Assumptions used in arriving at fiscal estimate.

Typically around 400 employees each year use travel reimbursement for conferences involving hotel stays. This assumes 50% (200) will require reimbursement for 1 additional night of hotel stay and 2 additional meals plus registration costs for the conference-related event at a combined estimated cost of \$275. Assuming 200 employees at \$275 each require additional reimbursement, the increased cost for this fiscal impact statement comes to \$55,000.

G

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.

- 1-3 Years 3-5 Years \$55,000 per year plus inflationary increases
- 1-3 Years 3-5 Years _____
- 1-3 Years 3-5 Years _____

H

List any costs not included in Sections D and E above. _____

I

Additional information. _____

J

This Note Was requested by committee chair.