

Resolution Required

Form CBP 177 (Rev. 3/01)

CITY OF MILWAUKEE
CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: DPW-ADMINISTRATION

Department

Date MARCH 26

20 09

I recommend that the following claim or account be adjusted or cancelled as indicated.

Claim or Account No 514000554 07-22-2008

Department: DPW-ADMINISTRATION

Due From:

Name: KORY D. SPIVEY

Amount of claim or Account as billed.....	\$ <u>7595.93</u>
Recommended Adjustment	\$ <u>7595.93</u>
Adjusted Balance	\$ <u>0.00</u>

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT ENTERED ON 03-11-09, JUDGMENT TO REMAIN OF RECORD.

Submitted by

Joan Rossetti

DPW-ADMINISTRATION Department

Adjustment or cancellation approved

by Megan Cuenep

City Attorneys Office

Date: 6-5 20 09

C.A. File No. _____

In accordance with section 2-20.1(1) of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

by Delisha Schweder

Dept of Public Works

Department Head

Date: March 27 20 09

In accordance with section 2-20.1(2) of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated.

by order of

City Comptroller
Date: _____ 20 _____

Distribution:

- (White) – Comptrollers Office
- (Canary) – Originating department of claim or account
- (Pink) – City Attorney’s Office
- (Goldenrod) – Originator
(Detach prior to submitting to City Attorney’s Office)

For Megan

Dept of Public Works, City of Milwaukee Invoice
Miscellaneous Accounts Receivable
Goods, Services or Damages

Bill To:

KORY D. SPIVEY
1613 W. CAPITOL DR.
MILWAUKEE WI 53206

Page: 1
Invoice No: 5140000554
Invoice Date: 07/22/2008
Customer Number: 000829
Payment Terms: 30 Days
Due Date: 08/21/2008

For billing questions, please call 414-286-8282 DPW Call Center Invoice No: 5140000554

Line	Adj	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
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LOCATION: 20 & CAPITOL

LABOR, MATERIAL & EQUIPMENT SERVICES NEEDED TO MAKE REPAIRS TO A TRAFFIC SIGNAL CONTROL CABINET DAMAGED ON 6-20-08

1		LABOR	Labor	1.00			737.53
2		LABOR2	Additional Labor	1.00		533.31	533.31
3		MATERIAL	Material	1.00			6,295.09
4		P EQUIP	EQUIPMENT	1.00	EA	30.00	30.00

Please Remit To:
City Treasurer
City of Milwaukee
Box 514062
Milwaukee, WI 53203-3462

Invoice No: 5140000554
Invoice Date: 07/22/2008
Customer Number: 000829
Payment Terms: 30 Days
Due Date: 08/21/2008

Bill To:

AMOUNT DUE: \$ 7,595.93 USD

KORY D. SPIVEY
1613 W. CAPITOL DR.
MILWAUKEE WI 53206

Please return this coupon with payment

49990092330000000000000000759593000000000051400005541