

City of Milwaukee Fiscal Impact Statement

	Date	4/2/2013	File Number	121599	\boxtimes	Original	Substitute
Α	Subject	A substitute ordinance relating	to retiree health l	penefits			
В	Submitted By (Name/Title/Dept./Ext.)		Michael Brady, Employee Benefits Director, DER, 286-2317				
С	Suspends expenditure Increases or decrease Authorizes a departme Increases or decrease Requests an amendme Authorizes borrowing Authorizes contingent		es city services. ent to administer a program affecting the city's fiscal liability.				
D	Charge To	Department Account Capital Projects Fund	I		Contingent Fu		ts
		☐ Debt Service ☐ Other (Specify)			Grant & Aid A	ccounts	

	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
E			\$0.00	\$0.00
	Services			\$0.00
			\$0.00	\$0.00
	Other		\$0.00	\$0.00
			\$0.00	\$0.00
	TOTALS		\$ 0.00	\$ 0.00

F	Assumptions used in arriving at fiscal estimate.	This file has no fiscal impact.			
G	For expenditures and revenues which will occur of below and then list each item and dollar amount states. 1-3 Years 3-5 Years 1-3 Years 3-5 Years 1-3 Years 3-5 Years	on an annual basis over several years check the appropriate box separately.			
H List any costs not included in Sections D and E above.					
Additional information.					
J This Note ☐ Was requested by committee chair.					