

MEMBERS OF COUNCIL

HON. KIM REYNOLDS  
GOVERNOR

HON. PAUL D. PATE  
SECRETARY OF STATE

HON. ROB SAND  
AUDITOR OF STATE

HON. ROBY SMITH  
TREASURER OF STATE

HON. MIKE NAIG  
SECRETARY OF AGRICULTURE



# Executive Council of Iowa

CAPITOL BUILDING  
DES MOINES, IOWA 50319  
PHONE: 515 281-5368

November 6, 2023

Accounting Department  
Office of the Treasurer  
Lucas Building  
321 E 12<sup>th</sup> Street  
Des Moines, IA, 50319

The Executive Council, in a meeting held on this date, approved payment of the following cost item:

Department of Public Safety .....\$5,538.42  
On May 7, 2023, State Patrol Vehicles #305 and #191 were damaged by hail. Request was to cover repair costs.

This represents full and final payment.

EXECUTIVE COUNCIL OF IOWA

*Victoria Newton*

Victoria Newton  
Executive Secretary

cc: Jeannie Adams, Iowa State Patrol, Department of Public Safety  
DAS Risk  
Joel Lunde, Department of Management



OFFICE OF AUDITOR OF STATE  
STATE OF IOWA

Rob Sand  
Auditor of State

State Capitol Building  
Des Moines, Iowa 50319-0004  
Telephone (515) 281-5834 Facsimile (515) 281-6518

October 17, 2023

Victoria Newton  
Executive Council  
L O C A L

Subject: Hail Damage to Vehicle #305 & #191 on May 7, 2023  
Department of Public Safety – Iowa State Patrol  
Claim dated June 20, 2023  
AOS Claim ID: 3526

In accordance with Executive Council policy, we have examined the invoices and supporting documentation for final payment related to the loss and have found the items to be in order as shown below:

Documented request			<u>\$ 5,538.42</u>
Executive Council Allocation			\$ 5,538.42
Less:			
Previous payments	\$	0.00	
This payment		<u>5,538.42</u>	
Total			<u>\$ 5,538.42</u>
Remaining Executive Council allocation			<u>\$ 0.00</u>

As requested by the Department, we recommend reimbursement be made to the Department of Administrative Services in the amount of \$5,538.42. This represents full and final payment of the loss.

Sincerely,

Ernest H. Ruben, Jr., CPA  
Deputy Auditor of State

cc: Jeannie Adams, Iowa State Patrol, Department of Public Safety  
Mariah Flowers, Fleet Services Manager, Department of Administrative Services



Governor Kim Reynolds  
Lt. Governor Adam Gregg  
Adam Steen, Director

Date: August 7, 2023

To: Tammy Hollingsworth, Auditor of State  
Victoria Newton, Treasurer of State  
Executive Council

From: Mariah Fucaloro, Fleet Manager  
DAS Fleet Services  
Department of Administrative Services

**Re: REIMBURSEMENT REQUEST - 29C20 Claim**

Claim #	3526
Vehicle / Event	#191, 305/Hail
Event Date	May 7, 2023
Summary	Vehicles 191 & 305 sustained hail damage. (256363, 256409)
Amount Requested	<b>\$5,538.42 - Total</b>

The Department of Administrative Services, Central Procurement Fleet Services Enterprise, has paid all vendors to date. We are seeking an allocation for those funds under 29C20 Contingency Fund – Disaster Aid. Please deposit into the following account: **0665-005-5790-0657**.

If you have any questions or need additional information, please do not hesitate to contact me.

Thank you,

Mariah Fucaloro, Fleet Manager  
DAS Fleet Services  
[Mariah.Fucaloro@iowa.gov](mailto:Mariah.Fucaloro@iowa.gov)  
515-414-6542+

Warrants

[Menu](#)

	Fiscal Year	Warrant Number	Line Number	Line Amount	Issued	Redeemed	Vendor Customer
✓	2023	85903421	1	\$225.00	05/17/2023	05/22/2023	VS000002922
	2023	85903421	2	\$1,215.00	05/17/2023	05/22/2023	VS000002922

First Prev Next Last

Search



▼Warrant Information

Fiscal Year : 2023

Amount : \$1,440.00

Warrant Number : 85903421

Vendor Customer : VS000002922

Line Number : 1

Last Updated : 5/22/23

▼Issue Information

Issued : 05/17/2023

Void :

Document ID : RISK00523137004

Duplicate :

Document Line Number : 1

Stop :

Line Amount : \$225.00

Comments :

▼Redeemed Information

Redeemed : 05/22/2023

Batch Number : 0992

Redeemed Bank : 0022

Sequence Number : 00006

Redeemed Fund : 0665

Redeemed Department : 005

▼Fund Accounting

Fund : 0665

Object : 2715

Dept Object :

Sub Fund :

Sub Object :

Dept Revenue :

Department : 005

Object Class :

Unit : 5790

Revenue Source :

Sub Unit :

Sub Revenue Source :

Appropriation : 0000

Revenue Source Class :

BSA :

Sub BSA :

▼Detail Accounting

Location :

Reporting :

Major Program :

Sub Location :

Sub Reporting :

Program :

Activity :

Task :

Phase :

Sub Activity :

Sub Task :

Program Period :

Function :

Task Order :

Sub Function :

[Top](#)

# All Makes Collision Center

524 23rd Ave  
 Council Bluffs, IA 51501  
 Phone (712) 256-3195

# Invoice

No: 1856

Scheduled In Date: None  
 Completed Date: 5/16/2023  
 Service Rep: Kortnie Getzschman  
 Page 1  
 PO No:

<b>Name</b> state of iowa	<b>Service Item</b> 19 Dodge Charger Daytona 4 DR Sedan Lic: 191 Unit# VIN: 2G3CDXKT2KH622779 Color: Mileage In: Mileage Out: Paint Code : _____	<b>Insurance Information</b> Claim No: Policy No: Date of Loss: Deductible: 0.0000
<b>Insurance Company</b> Ext:	<b>Insured</b> Claim# APDS01K256409 - 001 Ext:	<b>Adjuster</b>

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
BL	Body Labor	4.5	50.00	225.00	7.00%	0.00	225.00
NS	NonTaxable Sublet			1,215.00	0.00%	0.00	1,215.00
<b>ESTIMATE TOTALS</b>				<b>\$1,440.00</b>		<b>\$0.00</b>	<b>\$1,440.00</b>

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
BL	Body Labor	4.5	50.00	225.00	7.00%	0.00	225.00
NS	NonTaxable Sublet			1,215.00	0.00%	0.00	1,215.00
<b>INVOICE TOTALS</b>				<b>\$1,440.00</b>		<b>\$0.00</b>	<b>\$1,440.00</b>

An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of costs incurred by in collecting amounts owed for repairs on the above vehicle. I also hereby make, constitute and appoint you and/or your employees as my true lawful attorney for me and in my name, place, and stead to ask, demand, collect, sign for and receive all such sums of money which are or shall be due owing, payable and belonging to me, or detained from me, related to the vehicle herein described. This includes full power and authority to sign my name to all checks, drafts, and/or negotiable instruments related to or arising out of work done by you and/or your employees on the above mentioned vehicle.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Warrants

[Menu](#)

Fiscal Year	Warrant Number	Line Number	Line Amount	Issued	Redeemed	Vendor Customer
✓ 2023	85911628	1	\$205.00	05/25/2023	05/31/2023	VS000002922
2023	85911628	2	\$3,893.42	05/25/2023	05/31/2023	VS000002922

First Prev Next Last

[Search](#)

▼ [Warrant Information](#)

**Fiscal Year :** 2023 **Amount :** \$4,098.42  
**Warrant Number :** 85911628 **Vendor Customer :** VS000002922  
**Line Number :** 1 **Last Updated :** 5/31/23

▼ [Issue Information](#)

**Issued :** 05/25/2023 **Void :**   
**Document ID :** RISK00523144003 **Duplicate :**   
**Document Line Number :** 1 **Stop :**   
**Line Amount :** \$205.00  
**Comments :**

▼ [Redeemed Information](#)

**Redeemed :** 05/31/2023 **Batch Number :** 0992  
**Redeemed Bank :** 0022 **Sequence Number :** 00001  
**Redeemed Fund :** 0665  
**Redeemed Department :** 005

▼ [Fund Accounting](#)

**Fund :** 0665 **Object :** 2715 **Dept Object :**  
**Sub Fund :** **Sub Object :** **Dept Revenue :**  
**Department :** 005 **Object Class :**  
**Unit :** 5790 **Revenue Source :**  
**Sub Unit :** **Sub Revenue Source :**  
**Appropriation :** 0000 **Revenue Source Class :**  
**BSA :**  
**Sub BSA :**

▼ [Detail Accounting](#)

**Location :** **Reporting :** **Major Program :**  
**Sub Location :** **Sub Reporting :** **Program :**  
**Activity :** 2920 **Task :** **Phase :**  
**Sub Activity :** **Sub Task :** **Program Period :**  
**Function :** **Task Order :**  
**Sub Function :**

[Top](#)

# All Makes Collision Center

# Invoice

524 23rd Ave  
 Council Bluffs, IA 51501  
 Phone (712) 256-3195

**No: 1853**  
 Scheduled In Date: 5/22/2023  
 Completed Date: 5/24/2023  
 Service Rep: Kortnie Getzschman  
 Page 1  
 PO No:

<b>Name</b> state of iowa	<b>Service Item</b> 21 Chevrolet Tahoe Police 4 DR Wagon Lic: _____ Unit# <u>305</u> VIN: 1GNSKLED0MR407244 Color: _____ Mileage In: Mileage Out: _____ Paint Code : _____	<b>Insurance Information</b> Claim No: Policy No: Date of Loss: Deductible: 0.0000
<b>Insurance Company</b>  Ext:	<b>Insured</b> Claim # APDS018256363-001  Ext:	<b>Adjuster</b>  

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
BL	Body Labor	4.1	50.00	205.00	7.00%	0.00	205.00
NP	NonTaxable Part			123.42	0.00%	0.00	123.42
NS	NonTaxable Sublet			3,770.00	0.00%	0.00	3,770.00
<b>ESTIMATE TOTALS</b>				<b>\$4,098.42</b>		<b>\$0.00</b>	<b>\$4,098.42</b>

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
BL	Body Labor	4.1	50.00	205.00	7.00%	0.00	205.00
NP	NonTaxable Part			123.42	0.00%	0.00	123.42
NS	NonTaxable Sublet			3,770.00	0.00%	0.00	3,770.00
<b>INVOICE TOTALS</b>				<b>\$4,098.42</b>		<b>\$0.00</b>	<b>\$4,098.42</b>

An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of costs incurred by in collecting amounts owed for repairs on the above vehicle. I also hereby make, constitute and appoint you and/or your employees as my true lawful attorney for me and in my name, place, and stead to ask, demand, collect, sign for and receive all such sums of money which are or shall be due owing, payable and belonging to me, or detained from me, related to the vehicle herein described. This includes full power and authority to sign my name to all checks, drafts, and/or negotiable instruments related to or arising out of work done by you and/or your employees on the above mentioned vehicle.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*\* We were able to PDR hood to not replace as to why the amount is less*