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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

January 6, 2025

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

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

Department of Administrative Services\$5,413.70
On June 12, 2024, Vehicle #611 was damaged by hail. Request was to cover repair costs.

This represents full and final payment, \$300.67 will be reverted and this allocation closed.

EXECUTIVE COUNCIL OF IOWA

Kristi Onstot

Kristi Onstot
Executive Secretary

cc: Adam Steen, Director, Department of Administrative Services
DAS Fleet Services, Risk
Matt Bender, Department of Management
Heather Hackbarth, Department of Management

AOS Claim # 3821
TOS Job # _____



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

November 26, 2024

Kristi Onstot
Executive Council
L O C A L

Subject: Hail Damage to Vehicle #611 on June 12, 2024
Department of Administrative Services
Claim dated June 20, 2024
AOS Claim ID: 3821

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

Documented request		\$	<u>5,413.70</u>
Executive Council Allocation		\$	5,714.37
Less:			
Previous payments	\$	0.00	
This payment		<u>5,413.70</u>	
Total			\$ <u>5,413.70</u>
Remaining Executive Council allocation		\$	<u>300.67</u>

We recommend reimbursement be made in the amount of \$5,413.70. This represents full and final payment of the loss. The remaining allocation should be reverted to the State Treasury.

Sincerely,

Brian R. Brustkern, CPA
Deputy Auditor of State

CC: Adam Steen, Director, Department of Administrative Services
Mariah Fucaloro, Fleet Services Manager, Department of Administrative Services



Department of Administrative Services

KIM REYNOLDS, GOVERNOR

ADAM STEEN, DIRECTOR

Date: October 28, 2024

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

Table with 2 columns: Field Name, Value. Rows include AOS Claim # (3821), Vehicle / Event (#611/Hail), Event Date (June 12, 2024), Summary (Vehicle 611 sustained hail damage. (283349)), Amount Requested (\$5,413.70 - Total).

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,

Handwritten signature of Mariah Fucaloro

Mariah Fucaloro, Fleet Manager
mariah.fucaloro@iowa.gov
515-414-6582

Warrants

Edit

Cancel

* Required fields

Warrant Information

Fiscal Year 2025	Amount \$5,413.70	Warrant Number 86365406
Vendor Customer VS000002922	Line Number 1	Last Updated 10/15/2024 08:34 PM

Issue Information

Issued 10/09/2024 12:00 AM	Void No	Transaction ID RISK00525283503
Duplicate No	Transaction Line Number 1	Stop No
Line Amount \$346.50	Comments	

Redeemed Information

Redeemed 10/15/2024 12:00 AM	Batch Number 0992	Redeemed Bank 0022
Sequence Number 00011	Redeemed Fund 0665	Redeemed Department 005

COA

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

Show More

All Makes Collision Center

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

Invoice

No: 2750

Scheduled In Date: 10/7/2024
 Completed Date: 10/8/2024
 Service Rep: Kortnie Getzschman
 Page 1
 PO No:

Name state of iowa	Service Item 22 Ford Explorer Police Intercptr 4 D Lic: _____ Unit# _____ VIN: 1FM5K8AB3NGA54806 Color: Mileage In: Mileage Out: Paint Code : _____	Insurance Information Claim No: Policy No: Date of Loss: Deductible: 0.0000
Insurance Company Ext:	Insured Claim # 283349 Ext:	Adjuster

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
RL	Refinish Labor	5.7	100.00	570.00	7.00%	0.00	570.00
BL	Body Labor	6.3	55.00	346.50	7.00%	0.00	346.50
NP	NonTaxable Part			847.20	0.00%	0.00	847.20
NS	NonTaxable Sublet			3,650.00	0.00%	0.00	3,650.00
ESTIMATE TOTALS				\$5,413.70		\$0.00	\$5,413.70

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
RL	Refinish Labor	5.7	100.00	570.00	7.00%	0.00	570.00
BL	Body Labor	6.3	55.00	346.50	7.00%	0.00	346.50
NP	NonTaxable Part			847.20	0.00%	0.00	847.20
NS	NonTaxable Sublet			3,650.00	0.00%	0.00	3,650.00

INVOICE TOTALS				\$5,413.70		\$0.00	\$5,413.70
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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: _____