



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

December 4, 2025

Kristi Onstot
Executive Council
L O C A L

Subject: Hail Damage to Vehicle #363 on September 22, 2025
Department of Administrative Services
Claim dated September 26, 2025
AOS Claim ID: 4175

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>\$ 3,313.75</u>
Executive Council Allocation	\$ 3,607.25
Less:	
Previous payments	\$ 0.00
This payment	<u>3,313.75</u>
Total	<u>\$ 3,313.75</u>
Remaining Executive Council allocation	<u>\$ 293.50</u>

We recommend reimbursement be made in the amount of \$3,313.75. 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: Kyle Wear, Fleet Services CFO, Department of Administrative Services
Ryan Betts, Fleet Services Risk Program Manager, Department of Administrative Services



Department of
Administrative Services

KIM REYNOLDS, GOVERNOR
CHRIS COURNOYER, LT. GOVERNOR

ADAM STEEN, DIRECTOR

Date: October 23, 2025

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

From: Ryan Betts, DAS Fleet Risk Manager
DAS Fleet Services
Department of Administrative Services

Re: REIMBURSEMENT REQUEST - 29C20 Claim

AOS Claim #	4175
Vehicle / Event	#363 / Hail
Event Date	September 22, 2025
Summary	Vehicle 363 sustained hail damage (Claim 319261)
Amount Requested	\$3,313.75 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,



Ryan Betts
DAS Fleet Risk Manager
ryan.betts1@iowa.gov
515-281-8008

Filters

Bank Account

External Disbursement ID

Disbursement Type

Transaction Code

Check / EFT

External Issue Date

Record Date

Transaction Dept

Issue Date

Status

Transaction ID

Apply Reset

Grid Actions



1-1 of 1 Records

View per Page - 20

< < Page 1 of 1 > >

<input type="checkbox"/>	Bank Account	Check / EFT	Issue Date	Status	Record Date	Amount	Transaction Code	Transaction Dept	Transaction ID	Disbursement Type
<input checked="" type="checkbox"/>	01.00	000002000411645	10/09/2025	Paid	10/09/2025	\$3,313.75	EFT	005	ADC1009250000266365	EFT

All Makes Collision Center

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

Invoice

No: 3336

Scheduled In Date: 10/6/2025
Completed Date: 10/6/2025
Service Rep: Kortnie Getzschman
Page 1
PO No:

Name

state of iowa

Service Item

21 Dodge Charger Police 4 DR Sedan
Lic: Unit#
VIN: 2C3CDXKG3MH644697 Color:
Mileage In: Mileage Out:
Paint Code: _____

Insurance Information

Claim No:
Policy No:
Date of Loss:
Deductible: 0.0000

Insurance Company

Ext:

Insured

Claim# 319261
363
Ext:

Adjuster

,

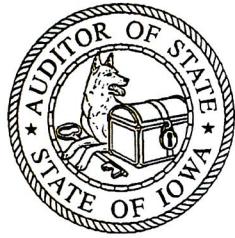
Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
BL	Body Labor	5.7	55.00	313.50	7.00%	0.00	313.50
NS	NonTaxable Sublet			3,000.25	0.00%	0.00	3,000.25
ESTIMATE TOTALS				\$3,313.75		\$0.00	\$3,313.75
Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
BL	Body Labor	5.7	55.00	313.50	7.00%	0.00	313.50
NS	NonTaxable Sublet			3,000.25	0.00%	0.00	3,000.25
INVOICE TOTALS				\$3,313.75		\$0.00	\$3,313.75

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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Rob Sand
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October 14, 2025

Kristi Onstot
Executive Council
L O C A L

Subject: Hail Damage to Vehicle #363 on September 22, 2025
Department of Administrative Services
Claim dated September 26, 2025
AOS Claim ID: 4175

In accordance with Executive Council policy, we have examined the claim for 29C.20 funds for the above-mentioned damage. It is our conclusion that the above damage incurred by the Department of Administrative Services is covered by Chapter 29C.20 of the Code of Iowa. Therefore, we recommend an Executive Council allocation in the amount of \$3,607.25, subject to an audit of actual invoices.

Sincerely,

Brian R. Brustkern, CPA
Deputy Auditor of State

cc: Kyle Wear, Fleet Services CFO, Department of Administrative Services
Ryan Betts, Fleet Services Risk Program Manager, Department of Administrative Services
Heather Hackbarth, Department of Management