



CITY OF BRISTOL BOARD OF FINANCE AGENDA REQUEST FORM

To: Board of Finance Commissioners

From: Bristol Police Department
(Requesting Department)

Date: January 7, 2021
(Submission Date)


For the January 26, 2021 Board of Finance Meeting Agenda
(Date of Meeting)

This request is for:
(Please check the type of request and list in whole dollar amounts)

- Additional Appropriation \$7,322
- Transfer from Contingency \$ _____
- Transfer(s) \$ _____
- Grant \$ _____
- Carry-over(s) \$ _____
- Other

Approval:

This request was approved by the Board of Police Commissioners
(governing Board of your department)
at its meeting held on January 19, 2021.
(date)



(Department Head's signature)

All requests to appear on the Board of Finance meeting agenda for consideration must be submitted to Jodi McGrane in the Comptroller's Office by 10:00 a.m. Monday of the preceding week of the meeting. Board of Finance Meetings are held on the fourth Tuesday of each month at 5:30 p.m. in the Council Chambers.

Board of Finance Agenda Request Form

Reason for request: To cover deficits in our Asset Forfeiture Wages/Medicare Insurance accounts.

Additional Appropriation(s) and/or Appropriation(s) complete the following:

Account	Account Name	Amount
1232110-431085	Federal Drug Forfeiture – Revenue	\$7,322
1232110-520750-DEAVO	Federal Drug Forfeiture – Verillo Medicare Insurance	\$500
1232110-520750-DEAKO	Federal Drug Forfeiture – Kowalczyk Medicare Insurance	\$780
1232110-515100-WARD	Federal Drug Forfeiture – Ward Overtime	\$4000
1232110-520750-WARD	Federal Drug Forfeiture – Ward Medicare Insurance	\$35
1232110-515100-DEAOT	Federal Drug Forfeiture – DEA Overtime	\$13
1232110-520750-DEAOT	Federal Drug Forfeiture – DEA Medicare Insurance	\$1994

Transfer(s) complete the following:

From: _____	To: _____	Amount: _____
From: _____	To: _____	Amount: _____
From: _____	To: _____	Amount: _____

Grants:

Total Amount: Grant \$ _____

City Share \$ _____ %

Federal/State Share \$ _____ %

Carry-overs list the following:

Account	Account Name	Amount
_____	_____	_____