ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday.

All fields must be completed.
Incomplete request forms will be returned to sender which may cause a delay in processing.

				Date of Request: 11/2/15
Please mark one:	☐ Bill Request	or	□ Resolution Request	
1. Has your agency submitted this request in the last 12 months?				
☐ Yes	⊠ No			
If yes, please explain: 2. Title: Rescind appropriation from the "General Fund Transfer to the Workers Compensation Internal Service Fund" and make an appropriation in the General Fund for Worker Compensation billings.				
3. Requesting Agency:	Budget and Managemer	nt Office		
5. Contact Person: (Wind will be available for fine Name: Kelly Grown Phone: 720 913 Email: kelly.green	5539 e.dockery@denvergov.or th actual knowledge of p irst and second reading, eunke 5524 eunke@denvergov.org	roposed o if necesso		esent the item at Mayor-Council and who
charges incurred transfer to the Int funds' revenue be from the General Workers Compen Internal Service F	by General Fund agencie ernal Services. However e based on billings, and, the Fund. For this reason, the asation Internal Service Fund can bill the General	es) was ch , Governi therefore, his ordinati fund" and Fund and	nanged from internal billings in e mental Accounting Standards Bo the Workers Comp Internal Ser- nce is requesting to rescind the a l instead appropriate to the General d the General Fund can pay based	pensation Internal Fund (on behalf of each agency to a single General Fundward (GASB) requires that Internal Service vice Fund cannot accept a direct transfer ppropriation for the "Transfer to the ral Fund so the Worker Compensation d on those billings. und Contingency. BMO is working with
	Office to determine the co	orrect Ger FITLE	neral Fund org code from which o Workers Compensation Fund	
$\frac{\text{ACCOUNTING NUMBER}}{01010\text{-TBD}}$	ACCOUNT 7 General Fund lowing fields: (Incomple	TITLE te fields n	-	APPROPRIATION \$6,696,600 ng. If a field is not applicable, please
b. Duration:c. Location: N.d. Affected Coe. Benefits:f. Costs: N/A	uncil District: N/A N/A cersy surrounding this o	rdinance	.? No	
SIRE Tracking Number:	To be c	completea	l by Mayor's Legislative Team: Date Entere	sq.