CITY OF PROSSER, WASHINGTON
BUDGET & FINANCE COMMITTEE

TUESDAY, NOVEMBER 18, 2014
5:30 PM

CITY HALL CONFERENCE ROOM
601 7TH STREET

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1. Call to Order
2. Approve October 28, 2014 Meeting Minutes
3. Discuss Claim Checks for Period Ending November 18, 2014
4. Discuss October 2014 Payroll Checks and Vacation Buy Outs
5. Next Meeting – November 25, 2014
6. Adjournment

Attachments:

October 28, 2014 Meeting Minutes
Visa Payment Detailed Information
October 2014 Payroll Checks and Vacation Buy Outs

CITY OF PROSSER, WASHINGTON
BUDGET & FINANCE COMMITTEE
MINUTES
TUESDAY, OCTOBER 28, 2014

CALL TO ORDER

Council Member Becken called the meeting of the City of Prosser Budget and Finance Committee to order at 5:30 p.m.

ATTENDANCE

Council Member Becken, Council Member Ward, Mayor Warden, and Finance Director Mauras were present. Council Member Taylor had requested an excused absence.

APPROVE OCTOBER 14, 2014 MEETING MINUTES

A motion was made by Council Member Ward, seconded by Council Member Becken to approve the October 14, 2014 meeting minutes. Motion carried unanimously.

DISCUSS CLAIM CHECKS FOR PERIOD ENDING OCTOBER 28, 2014

The Committee reviewed the claim checks prepared for City Council approval. Council Member Ward requested a breakdown of utility charges from Benton PUD. There were questions regarding Council wages and ICMA. Council Member Ward extended his appreciation to staff regarding the recent audit.

The decision was made by the Committee to cancel the Budget and Finance meeting scheduled for November 11, 2014. A special meeting was to be held on the same night as the special meeting of the Prosser City Council to be determined by the City Council.

ADJOURNED

The meeting of the Budget and Finance Committee was adjourned at 5:50 p.m.

_____
Council Member Randy Taylor
Budget & Finance Committee Chair

_____
Regina Mauras
Finance Director

U.S. BANK
P.O. BOX 6343
FARGO ND 58125-6343

ACCOUNT NUMBER	[redacted]
STATEMENT DATE	10-20-2014
AMOUNT DUE	$1,350.46
NEW BALANCE	$1,350.46

PAYMENT DUE ON RECEIPT

000004810 1 AB 0.406 106481770491382 P
CITY OF PROSSER
ATTN ELIA BELMARES
601 7TH STREET
PROSSER WA 99350-1459

RECEIVED
OCT 27 2014
CITY OF PROSSER

AMOUNT ENCLOSED
$

Please make check payable to U.S. BANK

U.S. BANK
P.O. BOX 790428
ST. LOUIS, MO 63179-0428

[redacted]

Please tear payment coupon at perforation.

CORPORATE ACCOUNT SUMMARY

CITY OF PROSSER [redacted]	Previous Balance	+ Purchases And Other Charges	+ Cash Advances	+ Cash Advance Fees	+ Late Payment Charges	- Credits	- Payments	= New Balance
Company Total	$808.25	$1,350.46	$0.00	$.00	$0.00	$0.00	$808.25	$1,350.46

CORPORATE ACCOUNT ACTIVITY

CITY OF PROSSER [redacted]

TOTAL CORPORATE ACTIVITY
$808.25 CR

Post Date	Tran Date	Reference Number	Transaction Description	Amount
10-06	10-06		AUTO PAYMENT DEDUCTION	808.25 CR

NEW ACTIVITY

DAVID GILES [redacted]

CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
$0.00	$876.70	$0.00	$876.70

Post Date	Tran Date	Reference Number	Transaction Description	Amount
10-15	10-13	24755424287162872935953	HOLIDAY INNS ISSAQUAH WA 21246846 ARRIVAL: 10-13-14	876.70

CUSTOMER SERVICE CALL	ACCOUNT NUMBER		ACCOUNT SUMMARY	
800-344-5696	[redacted]		PREVIOUS BALANCE	808.25
			PURCHASES & OTHER CHARGES	1,350.46
	STATEMENT DATE	DISPUTED AMOUNT	CASH ADVANCES	.00
	10/20/14	.00	CASH ADVANCE FEES	.00
			LATE PAYMENT CHARGES	.00
SEND BILLING INQUIRIES TO:	AMOUNT DUE		CREDITS	.00
			PAYMENTS	808.25
U.S. BANK P.O. Box 6335 Fargo, ND 58125-6335	1,350.46		ACCOUNT BALANCE	1,350.46

Please remember to:

- Enclose your check or money order, payable in U.S. dollars, with this payment coupon, but do not staple or tape them together.
- Write your account number on the front of your check or money order.
- Make checks payable to: Corporate Payment Systems
  P.O. Box 790428
  St. Louis, MO 63179-0428

Please enter new address or telephone number here:

Name

Address

City

State Zip

( ) ( )
Home Phone Business Phone

CUSTOMER SERVICE 1-800-344-5696

Our Customer Service Representatives are available 24 hours a day, 365 days a year. If you have questions about your Commercial Card account, please call Corporate Payment Systems at 1-800-344-5696 or write to us at Corporate Payment Systems, P.O. Box 6343, Fargo, ND 58125-6343.

MAKING PAYMENTS

The amount shown as Amount Due is payable in full upon delivery of this billing statement.

If an employer is making payment for individual employee cardholders, the employer must provide a single check, or other payment acceptable to Corporate Payment Systems, covering all Amounts Due, as well as a list of account numbers and the dollar amount to be credited to each account.

If individual employee cardholders are responsible for payment, a check, or other payment acceptable to Corporate Payment Systems, for the Amount Due together with the top portion of this billing statement must be mailed by the individual employee to Corporate Payment Systems, P.O. Box 790428, St. Louis, MO 63179-0428.

A payment of less than the Amount Due, but intended to settle an account in full, must be mailed to Corporate Payment Systems, P.O. Box 790428, St. Louis, MO 63179-0428. Accepting a partial payment will not change any agreement between either the individual employee cardholder or the employer and Corporate Payment Systems in any way.

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LOST OR STOLEN CARDS

If a Card is lost or stolen, the individual employee cardholder must call Corporate Payment Systems immediately at 1-800-344-5696 and notify the employer in accordance with the employer's policies and/or instructions.

BILLING INQUIRIES

Before disputing or questioning a charge on your statement, take the following actions:

- Determine if other employees of the corporation / institution may have participated in the transaction.
- Review your receipts for the amount in question as it may have posted to your statement with a different merchant name.
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- The date and dollar amount of the transaction you are questioning.
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- The date you contacted the merchant to attempt to resolve this issue and the merchant's response.

Many inquiries can be corrected over the phone, but phoning alone does not preserve your rights. To preserve your rights, we must receive your written communication no later than 60 days after we sent you the first bill on which the error or problem appeared. Please send a letter with your name, account number and the above information to: CORPORATE PAYMENT SYSTEMS, P.O. BOX 6335, FARGO, ND 58125-6335. You do not have to pay the amount of the charge that is in dispute while we are investigating; however, you are obligated to pay any charges that are not in question. While we investigate your dispute, we cannot report you as delinquent or take any action to collect the amount you question.

Company Name: CITY OF PROSSER
Corporate Account Number: [redacted]
Statement Date: 10-20-2014

NEW ACTIVITY

PAUL WARDEN [redacted]

CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
$0.00	$68.80	$0.00	$68.80

Post Date	Tran Date	Reference Number	Transaction Description	Amount
10-06	10-03	24492154276849428218371	ASSOC OF WA CITIES 360-753-4137 WA	45.00
10-16	10-15	24445004289000383724967	AUTOZONE #1174 PROSSER WA	23.80

STEVE ZETZ [redacted]

CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
$0.00	$404.96	$0.00	$404.96

Post Date	Tran Date	Reference Number	Transaction Description	Amount
10-03	10-02	24493984276006001683567	HILTON GARDEN INN SPOKANE WA 0000485562 ARRIVAL: 09-30-14	202.48
10-03	10-02	24493984276006001683583	HILTON GARDEN INN SPOKANE WA 0000485563 ARRIVAL: 09-30-14	202.48

Department: 00000 Total:	$1,350.46
Division: 00000 Total:	$1,350.46

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- Make checks payable to: Corporate Payment Systems
  P.O. Box 790428
  St. Louis, MO 63179-0428

Please enter new address or telephone number here:

Name

Address

City

State Zip

( ) ( )
Home Phone Business Phone

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usbank

U.S. BANK
P. O. Box 6343
Fargo, ND 58125-6343

ACCOUNT NUMBER [redacted]

AMOUNT DUE $0.00

"MEMO STATEMENT ONLY"
DO NOT REMIT PAYMENT

000004811 1 AB 0.406 106481770491383 P
DAVID GILES
CITY OF PROSSER
601 7TH STREET
PROSSER WA 99350-1459

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
10-13	10-15	3501	HOLIDAY INNS ISSAQUAH WA 21246846 ARRIVAL: 10-13-14	24755424287162872935953	876.70

001-521-20-43

X [signature] 10/27/14
(POTTLS FIREARMS TRAINING)

RECEIVED
OCT 27 2014
PROSSER POLICE DEPARTMENT

CUSTOMER SERVICE CALL	ACCOUNT NUMBER	ACCOUNT SUMMARY	
800-344-5696	[redacted]	PURCHASES, FEES & ADJUSTMENTS	$876.70
	STATEMENT DATE 10/20/14	CHECKS/CASH ADVANCES	$0.00
MANAGING ACCOUNT NUMBER [redacted]		DISPUTE AMOUNT	$0.00
CONTACT AND ADDRESS CITY OF PROSSER ELIA BELMARES 601 7TH STREET PROSSER , WA. 99350		CREDITS	$0.00
		STATEMENT TOTAL	$876.70

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  St. Louis, MO 63179-0428

Please enter new address or telephone number here:

Name

Address

City

State Zip

( ) ( )
Home Phone Business Phone

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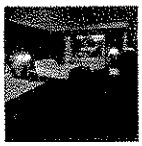
Holiday Inn

1 877 410 6667
Booked on holidayinn.com

Your Confirmation Number is 64833985

Hotel Information



Holiday Inn
Seattle-Issaquah
1801 12th Avenue NW
Issaquah , Washington
United States 98027
Hotel Front Desk: 1-425-3926421

Guest Information

TREVOR POTTLE
601 7TH ST, PROSSER, WASHINGTON,
UNITED STATES, 99350
cmendoza@ci.prosser.wa.us

Stay Summary

Check-In Date: Sun Oct-12-2014 **Check-Out Date:** Fri Oct-17-2014

Room Type: 1 KING BED NONSMOKING
Number of Rooms: 1
Number of Persons: 1 Adults 0 Children

Reservation Price Summary

Best Price Guarantee – find a lower price for our hotels elsewhere and your first night is free.

Average Nightly Rate	**$ 156.00 USD**
Price for 1 rooms 5 nights	$ 780.00 USD
Total Tax ‡	$ 96.70 USD
Estimated Total Price ‡	**$ 876.70 USD**

Please Note:

- Only the reservation as entered into and confirmed by our system will be honored. Any written or printed confirmation that has been altered may be rejected by the hotel.
- ‡ As taxes and service charges may fluctuate from the time a reservation is made until the actual stay and during the actual stay, the Total Price is an estimate. Estimated price includes Room rate, Extra person charges, Total tax and Total hotel charges.
- As exchange rates may fluctuate from the time a reservation is made until the actual stay, the confirmed rate is guaranteed in the hotel's base currency.

Details of Your Stay

Rate Type:	Government Rate
Rate:	$ 156.00 USD per room, per night
Rate Description:	FREE PARKING.FREE WIFI.FREE FITNESS PASS TO LOCAL STATE OF THE ART FITNESS CENTER. FREE SHUTTLE SERVICE TO LOCAL BUSINESSES WITHIN 5 MILES. ENJOY JUNIPERS RESTAURANT DAILY BREAKFAST LUNCH AND DINNER SPECIALS AND JUNIPERS LOUNGE HAPPY HOUR MON THRU FRI 4PM TO 7PM.
Tax:	12.4% per night not included in rate effective 12 October, 2014 thru 17 October, 2014
Pet Policy:	Sorry, no pets allowed in our hotel. However, the Issaquah PetSmart Pet Hotel and Doggie Day Camp is located a quarter of a mile away. Please visit petshotel.petsmart.com or call 1.877.4.PetSmart
Parking :	Car Parking Available
Room Type:	1 KING BED NONSMOKING 3 PERSON(S) MAX PER ROOM
Modify or Cancel Policy:	Canceling your reservation before 6:00 PM (local hotel time) on Sunday, 12 October, 2014 will result in no charge. Canceling your reservation after 6:00 PM (local hotel time) on 12 October, 2014, or failing to show, will result in a charge equal to the first night's stay per room to your credit card. Taxes may apply. Failing to call or show before check-out time after the first night of a reservation will result in cancellation of the remainder of your reservation.
Rate Rules:	ID Required

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			OCT 1	2	3	4
5	6	7	8	9	10	11
$ 156.00 USD 12	**$ 156.00** USD 13	**$ 156.00** USD 14	**$ 156.00** USD 15	**$ 156.00** USD 16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

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SCHOOL ANNOUNCEMENT

NRA Law Enforcement
HANDGUN
Instructor Development School

School Starts at 7:30 a.m. on Monday in Classroom located at:

Issaquah Sportsmen's Club
23605 SE Evans Street
Issaquah, WA 98027

October 13-17, 2014 • Monday-Friday

HOSTED BY
Issaquah Police Department
130 E. Sunset Way, Issaquah, WA 98027
Ofc. David Turner • (425) 837-3200 • davidt@issaquahwa.gov

- *Tuition is $595 payable to NRA prior to school (ck, mo, cc, or po#).*
- *Range Fee is $40 payable to City of Issaquah at school (ck, mo, or cash).*

NRA Law Enforcement HANDGUN Instructor Certification
Is Applied for Upon Successful Completion of School and Tuition Paid.

Send Application, copy of LE Officer or Armed Guard photo ID card, and $595 tuition payment to:

NATIONAL RIFLE ASSOCIATION
Attn: Maryellen
Law Enforcement Division
11250 Waples Mill Road
Fairfax, VA 22030
Phone: (703) 267-1628 - Fax: (703) 267-3834
www.nraLE.org - mshine@nraHQ.org

06/30/14

Holiday Inn

HOLIDAY INN/ISSAQUAH

1801 12TH AVE NW – ISSAQUAH, WA 98027

425-392-6421

CREDIT CARD AUTHORIZATION FORM

NAME: David Giles

COMPANY: City of Prosser

ADDRESS: 601 7th Street

PHONE NUMBER: 509-786-1500 FAX: 509-786-2292

EMAIL: dgiles@ci.prosser.wa.us ACCOUNT #:

NAME OF GUEST AND/OR FUNCTION: Trevor Pottle

ARRIVAL DATE: October 12, 2014 DEPARTURE DATE: October 17, 2014

AUTHORIZATION FOR:

ROOM AND TAX ☒ INCIDENTALS ☐ BANQUET/CATERING ☐

OTHER (PLEASE SPECIFY) ☐

CREDIT CARD GUARANTEE INFORMATION:

MASTERCARD/VISA ☒ AMERICAN EXPRESS ☐ DINERS CLUB ☐ DISCOVER ☐

CREDIT CARD NUMBER: [redacted] EXPIRATION DATE: [redacted]

NAME AS IT APPEARS ON CARD: David Giles

I HEREBY AUTHORIZE, GUARANTEE AND AGREE TO PAY ALL CHARGES INDICATED ABOVE AND ASSOCIATED WITH THE ABOVE RESERVATION AND/OR GROUP FUNCTION WITHOUT DISPUTE UNLESS PAID IN FULL PRIOR TO CHECK-IN.

SIGNATURE: DATE: 10/12/14

A COPY OF THE ABOVE CREDIT CARD SHOWING BOTH FRONT AND BACK MUST BE FAXED WITH THIS AGREEMENT ALONG WITH A GOVERNMENT ISSUED PHOTO ID TO THE HOTEL'S ADMINISTRATION OFFICE AT 425-391-4650.

U.S. BANK
P. O. Box 6343
Fargo, ND 58125-6343

ACCOUNT NUMBER [redacted]

AMOUNT DUE $0.00

000004813 1 AB 0.406 106481770491385 P
STEVE ZETZ
CITY OF PROSSER
601 7TH STREET
PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"
DO NOT REMIT PAYMENT

RECEIVED
OCT 27 2014
CITY OF PROSSER

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
10-02	10-03	3604	HILTON GARDEN INN SPOKANE WA 0000485562 ARRIVAL: 09-30-14	24493984276006001683567	202.48
10-02	10-03	3604	HILTON GARDEN INN SPOKANE WA 0000485563 ARRIVAL: 09-30-14	24493984276006001683583	202.48

001-558-60-43

CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER [redacted]	ACCOUNT SUMMARY	
		PURCHASES, FEES & ADJUSTMENTS	$404.96
	STATEMENT DATE 10/20/14	CHECKS/CASH ADVANCES	$0.00
MANA[redacted]R		DISPUTE AMOUNT	$0.00
CONTACT AND ADDRESS CITY OF PROSSER ELIA BELMARES 601 7TH STREET PROSSER , WA 99350		CREDITS	$0.00
		STATEMENT TOTAL	$404.96

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  P.O. Box 790428
  St. Louis, MO 63179-0428

Please enter new address or telephone number here:

Name

Address

City

State Zip

( ) ( )
Home Phone Business Phone

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Elia Belmares

From: Steve Zetz
Sent: Friday, August 08, 2014 12:38 PM
To: Elia Belmares
Subject: FW: Hilton Garden Inn Confirmation #3143118629

Here is room 1

From: Hilton Garden Inn Confirmed [hiltongardeninn@res.hilton.com]
Sent: Friday, August 08, 2014 12:36 PM
To: Steve Zetz
Subject: Hilton Garden Inn Confirmation #3143118629

Hilton Garden Inn

Here's your reservation confirmation

Hilton Garden Inn Spokane Airport
9015 W HIGHWAY 2 | Spokane | WA | United States 99224
T: 1-509-244-5866 | F: 1-509-244-5877

We look forward to seeing you!

Rooms & Suites | Dining | Amenities & Services | Map & Directions

Thank you for booking with us, Steve Zetz

Confirmation:	3143118629	Modify Reservation
Arrival:		30 Sep 2014 4:00 PM
Departure:		01 Oct 2014 12:00 PM

Rate Information:

Rate per night:	179.00 USD
Total for Stay per Room:	
Rate	179.00 USD
Taxes	23.48 USD
Total	202.48 USD

Total for Stay: 202.48 USD
Includes estimated taxes and service charges. (Gratuities not included.)

Tax:
- 8.70% per room per night
- 3.30% per room per night
- 2.00 per room per night

Additional Charges:
- Self parking: 0.00/night

Room Information:

Rooms:	1
Clients:	1 Adult

We are a smoke-free hotel

HILTON HHONORS

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AND EARN POINTS, ROOM UPGRADES, FREE NIGHTS AND MORE.
Join today

TRIPLE YOUR TRIP
AND EARN UP TO 3X POINTS.
Learn more

Non-Smoking Confirmed

Room Type: 1 KING BED

Your room type preferences have been submitted with your reservation, and are subject to hotel availability.

Save up to 25% when you rent a car with one of our partners.

Comments and Requests:

guest is holding 2 rooms and will be arriving late , around 9pm ..DO NOT CANCEL!!!!!.

Rate Rules and Cancellation Policy:

- Your reservation is guaranteed for late arrival.
- Please contact us should you need to cancel your reservation.
- Cancellations are required by 4 PM on 30 Sep 2014 local hotel time.
- Cancellation penalties may apply.

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PLEASE DO NOT REPLY TO THIS EMAIL. MAIL SENT TO THIS EMAIL ADDRESS CANNOT BE ANSWERED.

If you use a debit/credit card to check in, a hold may be placed on your card account for the full anticipated amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such hold may not be released for 72 hours from the date of check-out or longer at the discretion of your card issuer.

If you need to MODIFY or CANCEL your reservation, click here.
Any change to the arrival date, departure date or room type of this reservation is subject to the hotel's availability at the time the change is requested and may result in a possible rate change or an additional fee. For example, shortening or lengthening your reservation is subject to availability and may not be possible at a later date. For more information, please click here to see all the rules and restrictions applicable to this reservation.

If you have questions regarding your reservation, please contact Hilton Reservations and Customer Care at 1-877-STAY-HGI (782-9444), click here, or email us at HGIHelp@hiltonres.com .

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Elia Belmares

From: Steve Zetz
Sent: Friday, August 08, 2014 12:38 PM
To: Elia Belmares
Subject: FW: Hilton Garden Inn Confirmation #3143118629

Here is room 2

From: Hilton Garden Inn Confirmed [hiltongardeninn@res.hilton.com]
Sent: Friday, August 08, 2014 12:36 PM
To: Steve Zetz
Subject: Hilton Garden Inn Confirmation #3143118629

Hilton Garden Inn

Here's your reservation confirmation

Hilton Garden Inn Spokane Airport
9015 W HIGHWAY 2 | Spokane | WA | United States 99224
T: 1-509-244-5866 | F: 1-509-244-5877

We look forward to seeing you!

Rooms & Suites | Dining | Amenities & Services | Map & Directions

Thank you for booking with us, Steve Zetz

Confirmation: 3143118629 — Modify Reservation

Arrival: 30 Sep 2014 4:00 PM

Departure: 01 Oct 2014 12:00 PM

Rate Information:

Rate per night: 179.00 USD

Total for Stay per Room:

Rate	179.00 USD
Taxes	23.48 USD
Total	202.48 USD

Total for Stay: 202.48 USD

Includes estimated taxes and service charges. (Gratuities not included.)

Tax:
- 8.70% per room per night
- 3.30% per room per night
- 2.00 per room per night

Additional Charges:
- Self parking: 0.00/night

Room Information:

We are a smoke-free hotel

Rooms: 1
Clients: 1 Adult
Non-Smoking Confirmed
Room Type: 1 KING BED

Your room type preferences have been submitted with your reservation, and are subject to hotel availability.

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AND EARN POINTS, ROOM UPGRADES, FREE NIGHTS AND MORE.
Join now

TRIPLE YOUR TRIP
AND EARN UP TO 3X POINTS.
Join now>

Comments and Requests:
guest is holding 2 rooms and will be arriving late , around 9pm .,DO NOT CANCEL!!!!!,

Rate Rules and Cancellation Policy:
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- Please contact us should you need to cancel your reservation.
- Cancellations are required by 4 PM on 30 Sep 2014 local hotel time.
- Cancellation penalties may apply.

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U.S. BANK
P. O. Box 6343
Fargo, ND 58125-6343

ACCOUNT NUMBER [redacted]

AMOUNT DUE $0.00

000004812 1 AB 0.406 106481770491384 P
PAUL WARDEN
CITY OF PROSSER
601 7TH STREET
PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"
DO NOT REMIT PAYMENT

RECEIVED
OCT 27 2014
CITY OF PROSSER

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
10-03	10-06	7392	ASSOC OF WA CITIES 360-753-4137 WA	24492154276849428218371	45.00
10-15	10-16	5533	AUTOZONE #1174 PROSSER WA	24445004289000383724967	23.80

001-511-60-49 - $ 45.00

001-511-60-31 - $23.80

CUSTOMER SERVICE CALL	ACCOUNT NUMBER	ACCOUNT SUMMARY	
800-344-5696	[redacted]	PURCHASES, FEES & ADJUSTMENTS	$68.80
	STATEMENT DATE 10/20/14	CHECKS/CASH ADVANCES	$0.00
MANAGING ACCOUNT NUMBER [redacted]		DISPUTE AMOUNT	$0.00
CONTACT AND ADDRESS CITY OF PROSSER ELIA BELMARES 601 7TH STREET PROSSER , WA 99350		CREDITS	$0.00
		STATEMENT TOTAL	$68.80

Please remember to:

- Enclose your check or money order, payable in U.S. dollars, with this payment coupon, but do not staple or tape them together.
- Write your account number on the front of your check or money order.
- Make checks payable to: Corporate Payment Systems
  P.O. Box 790428
  St. Louis, MO 63179-0428

Please enter new address or telephone number here:

Name

Address

City

State Zip

( ) ( )
Home Phone Business Phone

CUSTOMER SERVICE 1-800-344-5696

Our Customer Service Representatives are available 24 hours a day, 365 days a year. If you have questions about your Commercial Card account, please call Corporate Payment Systems at 1-800-344-5696 or write to us at Corporate Payment Systems, P.O. Box 6343, Fargo, ND 58125-6343.

MAKING PAYMENTS

The amount shown as Amount Due is payable in full upon delivery of this billing statement.

If an employer is making payment for individual employee cardholders, the employer must provide a single check, or other payment acceptable to Corporate Payment Systems, covering all Amounts Due, as well as a list of account numbers and the dollar amount to be credited to each account.

If individual employee cardholders are responsible for payment, a check, or other payment acceptable to Corporate Payment Systems, for the Amount Due together with the top portion of this billing statement must be mailed by the individual employee to Corporate Payment Systems, P.O. Box 790428, St. Louis, MO 63179-0428.

A payment of less than the Amount Due, but intended to settle an account in full, must be mailed to Corporate Payment Systems, P.O. Box 790428, St. Louis, MO 63179-0428. Accepting a partial payment will not change any agreement between either the individual employee cardholder or the employer and Corporate Payment Systems in any way.

Use the enclosed envelope to mail your payment to Corporate Payment Systems, P.O. Box 790428, St. Louis, MO 63179-0428. All payments by check or money order and accompanied by a payment coupon will be credited to your account on the day of receipt if received at this address by 1:00 p.m. on any banking day. Banking days are all calendar days except Saturday, Sunday and federal holidays. Other payments will be credited to your account within five days of receipt by Corporate Payment Systems.

LOST OR STOLEN CARDS

If a Card is lost or stolen, the individual employee cardholder must call Corporate Payment Systems immediately at 1-800-344-5696 and notify the employer in accordance with the employer's policies and/or instructions.

BILLING INQUIRIES

Before disputing or questioning a charge on your statement, take the following actions:

- Determine if other employees of the corporation / institution may have participated in the transaction.
- Review your receipts for the amount in question as it may have posted to your statement with a different merchant name.
- Attempt to contact the merchant to resolve the issue.

To dispute the transaction, phone Corporate Payment Systems Customer Service at the telephone number on the front of this statement and have the following information available:

- The date and dollar amount of the transaction you are questioning.
- An explanation of why you believe there is an error along with any documentation you may have to support your claim.
- The date you contacted the merchant to attempt to resolve this issue and the merchant's response.

Many inquiries can be corrected over the phone, but phoning alone does not preserve your rights. To preserve your rights, we must receive your written communication no later than 60 days after we sent you the first bill on which the error or problem appeared. Please send a letter with your name, account number and the above information to: CORPORATE PAYMENT SYSTEMS, P.O. BOX 6335, FARGO, ND 58125-6335. You do not have to pay the amount of the charge that is in dispute while we are investigating; however, you are obligated to pay any charges that are not in question. While we investigate your dispute, we cannot report you as delinquent or take any action to collect the amount you question.

Elia Belmares

From: AWC Orders [orders@awcnet.org]
Sent: Thursday, October 02, 2014 9:32 AM
To: Paul Warden; Elia Belmares
Subject: AWC Order Confirmation for Order# 32624

Order Receipt & Confirmation

Association of Washington Cities
1076 Franklin St SE, Olympia, WA 98501
Phone: 360-753-4137 Fax: 360-753-0149

If you have any questions, please contact orders@awcnet.org.

Order Number: 32624

Order Date: 10/2/2014

Payment Type: Visa

Billing Name: Paul Warden	Shipping Name: Paul Warden
601 - 7th Street	601 - 7th Street
Prosser, WA 99350	Prosser, WA 99350

Product	Quantity	Price
2014 Regional Meetings Series registration for Paul Warden	1	$0.00
Yakima Regional Meeting registration for Paul Warden	1	$45.00

Order Total:	$45.00
Balance Due:	$0.00

City Vehicle

AutoZone 1174
1129 BENNETT AVE
PROSSER, WA
(509) 786-0042

#759806	DL-22	10.99 P
DL-22 Duralast		
22" Wiper Blade, EA		
#759806	DL-22	10.99 P
DL-22 Duralast		
22" Wiper Blade, EA		
	SUBTOTAL	21.98
	TOTAL TAX @ 8.300%	1.82
	TOTAL	23.80
XXXXXXXXXXXX[redacted]		23.80
	APPROVAL #	054736

REG #02 CSR #08 RECEIPT #376234
STR. TRANS #778374
STORE #1174
DATE 10/15/2014 14:08
OF ITEMS SOLD 2

1174778374101514

Take a survey for a chance to win $10000

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or by calling 1-800-598-8943.
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Subject to full official rules
at www.autozonecares.com

EARNING ITEM SUMMARY

City Of Prosser | Time11:03:21 | Date: 11/07/2014
MCAG #: 0205 | 10/01/2014 To: 10/31/2014 | Page: 1

BUILDING

Group	Pay Item	Date	Hours	Pay
BUILDING	Draw	10/15/2014		850.00
	Draw			-850.00
	Hourly		90.00	1,757.70
	Hourly Alt		53.00	1,200.45
	Salary		96.83	5,639.92
	Cell Phone Allow			99.34
	Sick Used		92.00	605.43
	Vac Used		17.50	39.06
TOTAL BUILDING			**349.33**	**9,341.90**

CLERK

Group	Pay Item	Date	Hours	Pay
CLERK	Draw	10/15/2014		1,800.00
	Draw			-1,800.00
	Salary		173.33	4,759.73
	Cell Phone Allow			49.67
TOTAL CLERK			**173.33**	**4,809.40**

COUNCIL

Group	Pay Item	Date	Hours	Pay
COUNCIL	Board Meeting	10/31/2014	14.00	280.00
	Council Meeting		7.00	280.00
	RFA		1.00	20.00
	Salary		177.33	6,100.00
	Cell Phone Allow			49.67
	Travel Reimbursc			60.00
	Sick Used		12.00	
	Vac Used		8.00	
TOTAL COUNCIL			**219.33**	**6,789.67**

FINANCE

Group	Pay Item	Date	Hours	Pay
FINANCE	Draw	10/15/2014		2,100.00
	Draw			-2,100.00
	Hourly		515.75	8,311.95
	Salary		488.99	16,269.06
	Cell Phone Allow			99.34
	Travel Reimbursc			14.00
	BiLingual Pay			25.00
	Education Pay			50.00
	Sick Used		50.50	521.90
	Vac Used		47.50	648.16
TOTAL FINANCE			**1,102.74**	**25,939.41**

EARNING ITEM SUMMARY

City Of Prosser | Time11:03:21 | Date: 11/07/2014
MCAG #: 0205 | 10/01/2014 To: 10/31/2014 | Page: 2

PLANNING

Group	Pay Item	Date	Hours	Pay
PLANNING	Salary	10/31/2014	163.33	3,990.13
	Cell Phone Allow			49.67
	Vac Used		10.00	
TOTAL PLANNING			**173.33**	**4,039.80**

POLICE

Group	Pay Item	Date	Hours	Pay
POLICE	Draw	10/15/2014		9,294.00
	Draw			-9,294.00
	Hourly		166.00	3,627.10
	Salary		1,837.46	61,431.07
	Overtime		48.50	1,986.66
	Shift Pay			404.10
	Evidence Pay			50.00
	FTO Pay			200.00
	Miltary Leave		36.00	
	BiLingual Pay			80.00
	Education Pay			275.00
	Comp Used		12.00	
	Comp Earned		1.00	
	Sick Used		19.50	152.95
	Vac Used		185.00	65.55
	Vac Buy Out		80.00	2,296.00
TOTAL POLICE			**2,385.46**	**70,568.43**

PUBLIC WORKS

Group	Pay Item	Date	Hours	Pay
PUBLIC WORKS	Draw	10/15/2014		5,500.00
	Draw			-5,500.00
	Hourly		2,425.50	58,961.39
	Salary		149.33	6,926.40
	Overtime		77.00	3,031.11
	Shift Pay			1,450.00
	Cell Phone Allow			1,142.41
	Death In Family		24.00	480.00
	BiLingual Pay			50.00
	Hol F Used		16.00	447.36
	Sick Used		65.00	1,104.87
	Vac Used		255.50	6,496.11
TOTAL PUBLIC WORKS			**3,012.33**	**80,089.65**

TOTAL	**7,415.85**	**201,578.26**

EARNING ITEM SUMMARY

City Of Prosser | Time 11:04:15 | Date: 11/07/2014
MCAG #: 0205 | 10/01/2014 To: 10/31/2014 | Page: 1

POLICE

Group	Pay Item	Date	Hours	Pay
POLICE	Vac Buy Out	10/31/2014	80.00	2,296.00
TOTAL POLICE			**80.00**	**2,296.00**
TOTAL			**80.00**	**2,296.00**