

CITY OF PROSSER, WASHINGTON  
BUDGET & FINANCE COMMITTEE

TUESDAY, OCTOBER 13, 2015  
5:30 PM

CITY HALL CONFERENCE ROOM  
601 7<sup>TH</sup> STREET

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1. Call to Order
2. Approve September 22, 2015 Meeting Minutes
3. Discuss Claim Checks for Period Ending October 13, 2015
4. Discuss September 2015 Payroll Checks and Vacation Buy Outs
5. Next Meeting – October 27, 2015
6. Adjournment

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Attachments:

September 22, 2015 Meeting Minutes  
Visa Payment Detailed Information  
September 2015 Payroll Checks and Vacation Buy Outs

**CITY OF PROSSER, WASHINGTON  
BUDGET & FINANCE COMMITTEE  
MINUTES  
TUESDAY, SEPTEMBER 22, 2015**

**CALL TO ORDER**

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

**ATTENDANCE**

Council Member Taylor, Council Member Becken, Council Member Ward, Mayor Warden, and Finance Director Yost were present.

**APPROVE CORRECTED APRIL 14, 2015 MEETING MINUTES**

A motion was made by Council Member Becken, seconded by Council Member Ward to approve the corrected April 14, 2015 meeting minutes. Motion carried unanimously.

**APPROVE CORRECTED JUNE 9, 2015 MEETING MINUTES**

A motion was made by Council Member Becken, seconded by Council Member Ward to approve the corrected June 9, 2015 meeting minutes. Motion carried unanimously.

**APPROVE CORRECTED JULY 14, 2015 MEETING MINUTES**

A motion was made by Council Member Becken, seconded by Council Member Ward to approve the corrected July 14, 2015 meeting minutes. Motion carried unanimously.

**APPROVE CORRECTED AUGUST 11, 2015 MEETING MINUTES**

A motion was made by Council Member Becken, seconded by Council Member Ward to approve the corrected August 11, 2015 meeting minutes. Motion carried unanimously.

**APPROVE SEPTEMBER 8, 2015 MEETING MINUTES**

A motion was made by Council Member Becken, seconded by Council Member Ward to approve the September 8, 2015 meeting minutes. Motion carried unanimously.

**DISCUSS CLAIM CHECKS FOR PERIOD ENDING SEPTEMBER 22, 2015**

The Committee reviewed the claim checks prepared for City Council approval. Council Member Ward inquired about fuel use and the need for an RFP for fuel purchases. There was also a question about energy savings and when the City will see a reduction in costs. Council Member Becken had a question regarding claim check #13174 issued to Tim Stewart. It was determined the claim check was paid to the wrong vender and needed to be voided. The Committee discussed investment activities.

**ADJOURNED**

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

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Council Member Randy Taylor  
Budget & Finance Committee Chair

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Toni Yost  
Finance Director



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



ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 09-21-2015  
AMOUNT DUE \$1,536.15  
NEW BALANCE \$1,536.15  
PAYMENT DUE ON RECEIPT

000008312 1 AB 0.416 106481202574034 P  
CITY OF PROSSER  
ATTN ELIA BELMARES  
601 7TH STREET  
PROSSER WA 99350-1459

AMOUNT ENCLOSED  
\$

Please make check payable to  
U.S. BANK

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

Please tear payment coupon at perforation.

CORPORATE ACCOUNT SUMMARY								
CITY OF PROSSER	Previous Balance	Purchases And Other + Charges	Cash Advances +	Cash Advance Fees +	Late Payment Charges	- Credits	- Payments	New = Balance
[REDACTED]	\$870.78	\$1,536.15	\$0.00	\$0.00	\$0.00	\$0.00	\$870.78	\$1,536.15
Company Total								

CORPORATE ACCOUNT ACTIVITY					
CITY OF PROSSER					TOTAL CORPORATE ACTIVITY
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
					SEP 28 2015
09-03	09-03		AUTO PAYMENT DEDUCTION	870.78 CR	\$870.78 CR

NEW ACTIVITY					
LJ DACORSI		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
		\$0.00	\$358.68	\$0.00	\$358.68
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
09-17	09-14	24767895259285700084669	HOLIDAY INN EXPRESS MARYSVILLE WA 1933603 ARRIVAL: 08-31-15	358.68	

CUSTOMER SERVICE CALL	ACCOUNT NUMBER		ACCOUNT SUMMARY	
	800-344-5696	[REDACTED]	PREVIOUS BALANCE	870.78
		PURCHASES & OTHER CHARGES	1,536.15	
	STATEMENT DATE	DISPUTED AMOUNT	CASH ADVANCES	.00
	09/21/15	.00	CASH ADVANCE FEES	.00
			LATE PAYMENT CHARGES	.00
			CREDITS	.00
			PAYMENTS	870.78
			ACCOUNT BALANCE	1,536.15
SEND BILLING INQUIRIES TO:	AMOUNT DUE			
U.S. BANK P.O. Box 6335 Fargo, ND 58125-6335	1,536.15			

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.



Company Name: CITY OF PROSSER
Corporate Account Number: [REDACTED]
Statement Date: 09-21-2015

NEW ACTIVITY					
TONELLE M YOST		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
[REDACTED]		\$0.00	\$1,177.47	\$0.00	\$1,177.47
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
09-15	09-15	24692165258000097354263	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	115.80	
09-15	09-15	24692165258000099435904	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	115.80	
09-16	09-15	24692165258000107859095	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	115.80	
09-16	09-15	24692165258000112428092	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	115.80	
09-16	09-15	24692165258000176696576	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	115.80	
09-21	09-18	24717055262162625187140	HOTEL MURANO TACOMA WA	598.47	

Department: 00000 Total: \$1,536.15  
 Division: 00000 Total: \$1,536.15

Please remember to:

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- 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

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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.



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



ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00

000008314 1 AB 0.416 106481202574036 P  
 TONELLE M YOST  
 CITY OF PROSSER  
 601 7TH ST  
 PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"  
 DO NOT REMIT PAYMENT

*PW*  
 001-571-22-31 = \$ 579.<sup>00</sup>  
 001-514-23-43 = \$ 598.47

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
09-15	09-15	5942	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	24692165258000097354263	115.80
09-15	09-15	5942	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	24692165258000099435904	115.80
09-15	09-16	5942	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	24692165258000107859095	115.80
09-15	09-16	5942	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	24692165258000112428092	115.80
09-15	09-16	5942	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	24692165258000176696576	115.80
09-18	09-21	7011	HOTEL MURANO TACOMA WA	24717055262162625187140	598.47

RECEIVED  
 SEP 28 2015  
 CITY OF PROSSER

CUSTOMER SERVICE CALL <b>800-344-5696</b>	ACCOUNT NUMBER	ACCOUNT SUMMARY
	STATEMENT DATE	
CONTACT AND ADDRESS CITY OF PROSSER ELIA BELMARES 601 7TH STREET PROSSER, WA 99350	[REDACTED]	PURCHASES, FEES & ADJUSTMENTS \$1,177.47
	09/21/15	CHECKS/CASH ADVANCES \$0.00
		DISPUTE AMOUNT \$0.00
		CREDITS \$0.00
		STATEMENT TOTAL \$1,177.47

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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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Details for Order #110-8778577-1277856

Print this page for your records.

Order Placed: September 14, 2015
Amazon.com order number: 110-8778577-1277856
Order Total: \$579.00

Not Yet Shipped

Items Ordered

20 of: Heavy Duty Large Square Cargo Duffel 42 Inch Jumbo Gear Bag Big Equipment Bag Sport Duffel Oversized Travel Bag Huge Rack Bag \$28.95
Sold by: Praise Start (seller profile)

Condition: New

Shipping Address:

Elia Lara
601 7TH ST
PROSSER, WA 99350-1459
United States

Recreation Department

Toni's City Card

Shipping Speed:

Two-Day Shipping

Payment information

Payment Method:

Visa | Last digits: [redacted]

Item(s) Subtotal: \$579.00
Shipping & Handling: \$0.00

Billing address

City of Prosser
601 7th Street
Prosser, WA 99350
United States

Total before tax: \$579.00
Estimated tax to be collected: \$0.00

Grand Total: \$579.00

To view the status of your order, return to Order Summary.

Please note: This is not a VAT invoice.



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20

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Your cart is eligible for

**No Interest for 6 Months** if paid in full within 6 Months with the **Amazon.com Store Card** on any purchase totaling \$149 or more.

Apply now

Interest will be charged to your account from the purchase date if the promotional balance is not paid in full within 6 months. Subject to credit approval. Minimum monthly payments required.

6  
Month  
Financing

**Subtotal (20 items): \$579.00**

This order contains a gift

Proceed to checkout

Sign in to turn on 1-Click ordering.

Estimate your shipping and tax

## Shopping Cart

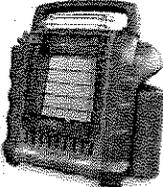
	Price	Quantity
 <b>Heavy Duty Large Square Cargo Duffel 42 Inch Jumbo Gear Bag Big Equipment Bag Sport Duffel Oversized Travel Bag Huge Rack Bag</b> by K-Cliffs In Stock & FREE Returns <input type="checkbox"/> This is a gift <a href="#">Learn more</a> <a href="#">Delete</a> <a href="#">Save for later</a>	\$28.95	20

**Subtotal (20 items): \$579.00**

The price and availability of items at Amazon.com are subject to change. The Cart is a temporary place to store a list of your items and reflects each item's most recent price. [Learn more](#)

Do you have a gift card or promotional code? We'll ask you to enter your claim code when it's time to pay.

**Customers Who Bought Heavy Duty Large Square Cargo Duffel 42 Inch Jumbo Gear Bag Big Equipment Bag Sport Duffel Oversized Travel Bag Huge Rack Bag Also Bought**

		
Master Lock 4688D ... (1288) \$8.73 \$6.99 <a href="#">Add to Cart</a>	Roadpro 12V Battery ... (684) \$7.73 \$4.42 <a href="#">Add to Cart</a>	Mr. Heater F232000 ... (1086) \$136.69 \$81.97 <a href="#">Add to Cart</a>

Page 1 of 5

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Broan GU1035 Halogen...  
(7)  
\$16.30 \$14.77

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Warp Brothers CB-70 B...  
(461)  
\$17.42 \$10.21

[Add to Cart](#)



NFL Seattle Seahawks...  
(439)  
\$9.99 \$6.67

[Add to Cart](#)



Ziploc Space Bag 15 B...  
(1919)  
\$58.49

[Add to Cart](#)

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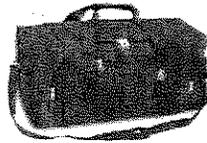
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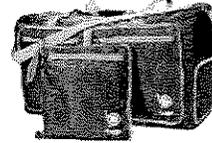
Olympia 42 Inch Sports Duffel  
125  
\$31.22 - \$50.45



Samsonite Tote-a-ton 33 Inch Duffle Luggage  
945  
\$23.95 - \$28.95



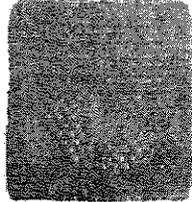
Everest Luggage Sporty Gear Bag - Large  
704  
\$15.89 - \$36.99



Bago Travel Duffel Bag For Women & Men - Foldable Duffel For Luggage Gym Sports  
484  
\$27.50 - \$28.50



Olympia Luggage 30 Inch Sports Duffel Bag, Black, One Size  
112  
\$17.84 - \$42.99



Wholesale Princess 6" Crochet Tutu Top  
121  
\$1.52 - \$6.99



Premium Shermagh Head Neck Scarf by Tapp Collections - \*\* Various Colors  
1,478  
\$9.99 - \$13.99

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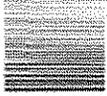
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HOTELMURANO

1320 Broadway Plaza	Tacoma, WA 98402	hotelmuranotacoma.com
local (253) 238-8000	fax (253) 591-4105	local toll (888) 862-3255

LARA, ELIA  
 WA FINANCE OFFICERS ASSN  
 601 7TH STREET  
 PROSSER, WA 99350 US

Room Number: 1117  
 Daily Rate: 159.00  
 Room Type: DDDX  
 No. of Guests: 2 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
09/15/2015	09/18/2015		GSTAR	GRPASS	

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
09/15/2015	1117	SELF PARKING	SELF PARKING	\$16.00
09/15/2015	1117	STATE TAX	STATE TAX	\$1.52
09/15/2015	1117	ROOM CHARGE	#1117 LARA, ELIA	\$159.00
09/15/2015	1117	STATE TAX	STATE TAX	\$21.47
09/15/2015	1117	TPA LODGING CHARGE	TPA LODGING CHARGE	\$1.50
09/16/2015	1117	SELF PARKING	SELF PARKING	\$16.00
09/16/2015	1117	STATE TAX	STATE TAX	\$1.52
09/16/2015	1117	ROOM CHARGE	#1117 LARA, ELIA	\$159.00
09/16/2015	1117	STATE TAX	STATE TAX	\$21.47
09/16/2015	1117	TPA LODGING CHARGE	TPA LODGING CHARGE	\$1.50
09/17/2015	1117	SELF PARKING	SELF PARKING	\$16.00
09/17/2015	1117	STATE TAX	STATE TAX	\$1.52
09/17/2015	1117	ROOM CHARGE	#1117 LARA, ELIA	\$159.00
09/17/2015	1117	STATE TAX	STATE TAX	\$21.47
09/17/2015	1117	TPA LODGING CHARGE	TPA LODGING CHARGE	\$1.50
09/18/2015	1117	VISA	VISA-7885	-\$598.47

*Toni's  
 City Credit Card*

**TOTAL DUE:**                      \$0.00

SIGNATURE: \_\_\_\_\_

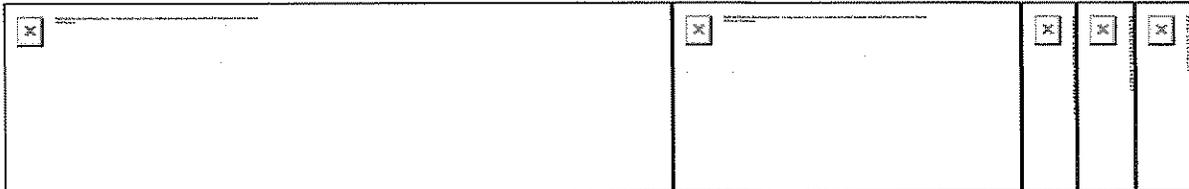
I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND I AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.

THANK YOU

Elia Lara

**From:** resinquiry@crm.data2gold.com on behalf of Hotel Murano  
[reservations@hotelmuranotacoma.com]  
**Sent:** Wednesday, May 20, 2015 3:29 PM  
**To:** Elia Lara  
**Subject:** Hotel Murano: Your Reservation Confirmation

View: [Html](#) | [Mobile](#) | [Text](#)



*WFOA Conference*

**Reservation Confirmation**

Dear Elia,

Thank you for choosing the Hotel Murano. Please take a look at the below confirmation and let us know if there are any changes that need to be made to your reservation.

[Add to Calendar](#)

**RESERVATION DETAILS**

**Confirmation Number** 20075353149  
**Guest Name** LARA, ELIA  
**Arrival Date** Tuesday, September 15, 2015  
**Departure Date** Friday, September 18, 2015  
**Room Type** Perfect for two business travelers or just a little extra room, the Twin Double Beds Deluxe features a desk, flat screen television and two wonderfully comfortable double beds made up in our high thread count linens.  
**Nightly Rate** \$159.00 from September 15 - September 17

The above rate(s) may not reflect all possible fees, additional charges or taxes associated with this reservation. For clarification regarding these charges, please contact our reservations department.

**POLICIES**

**Cancellation Policy** Cancellations must be made by 4:00 PM on the day prior to day of arrival to avoid late cancellation fee of one night's room and tax. Our Advance Purchase package is nonrefundable and not eligible for the 24 hour advance cancellation and refund.  
**Check-In Time** 3:00 PM

**Check-Out Time** 11:00 AM  
**Room Tax** 13.50%

### CONTACT INFORMATION

**Main Number** 253.238.8000  
**Toll-Free Number** 866.986.8083  
**Reservations Number** 866.986.8083  
**Hotel Web Site** [www.hotelmuranotacoma.com](http://www.hotelmuranotacoma.com)

During your stay, valet parking with 24-hour access is available for \$19 plus tax per night.

Can't find anyone to watch the dog? As long they're under 60 pounds, bring them along. We just ask for a cleaning fee, \$45 per pet, plus tax, with a maximum of two pets per room. Oh, and please don't plan on leaving them alone in the room - they hate that.

Cancellations must be made before 4pm prior to day of arrival or a fee of one night's room, plus tax will be charged. For advance purchase reservations see cancellation terms above.

We are happy to announce that WiFi is now free at all Provenance Hotels.

We hope you have an inspired stay,

Janette Simon  
Guest Services, Hotel Murano  
253.238.8000  
[Janette.simon@provenancehotels.com](mailto:Janette.simon@provenancehotels.com)

1320 Broadway Plaza | Tacoma, WA 98402

Reservations 866.986.8083 | Local 253.238.8000 | Fax 253.591.4105



Hotel Internet Marketing by  
[Digital Alchemy](#)



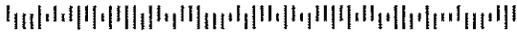


U.S. BANK  
 P. O. Box 6343  
 Fargo, ND 58125-6343



ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00



000008313 1 AB 0.416 106481202574035 P  
 LJ DACORSI  
 CITY OF PROSSER  
 601 7TH STREET  
 PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"  
 DO NOT REMIT PAYMENT

**MESSAGES:**

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
09-14	09-17	7011	HOLIDAY INN EXPRESS MARYSVILLE WA 1933603 ARRIVAL: 08-31-15	24767895259285700084669	358.68

RECEIVED  
 SEP 28 2015  
 CITY OF PROSSER

CUSTOMER SERVICE CALL  <b>800-344-5696</b>	ACCOUNT NUMBER	ACCOUNT SUMMARY	
	[REDACTED]	PURCHASES, FEES & ADJUSTMENTS	\$358.68
	STATEMENT DATE	CHECKS/CASH ADVANCES	\$0.00
	09/21/15	DISPUTE AMOUNT	\$0.00
MANAGING ACCOUNT NUMBER		CREDITS	\$0.00
[REDACTED]		STATEMENT TOTAL	\$358.68
CONTACT AND ADDRESS			
CITY OF PROSSER ELIA BELMARES 601 7TH STREET PROSSER, WA 99350			

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.



105

09-14-15

<b>Tom Stewart</b>	Folio No. :	<b>135158</b>	Room No. :	<b>9001</b>
<b>601 7th St</b>	A/R Number :		Arrival :	<b>08-31-15</b>
<b>Prosser Wa</b>	Group Code :		Departure :	<b>09-18-15</b>
<b>Prosser WA 99350</b>	Company :	<b>Water conference</b>	Conf. No. :	<b>64696903</b>
<b>United States</b>	Membership No. :		Rate Code :	<b>IMSTI</b>
	Invoice No. :		Page No. :	<b>1 of 1</b>

Date	Description	Charges	Credits
08-31-15	*Accommodation	107.00	
09-01-15	*Accommodation	107.00	
09-01-15	*Accommodation 02-SEP-2015	107.00	
09-01-15	State & Occupancy Tax	34.68	
09-01-15	TPA	3.00	
09-14-15	Visa 		358.68
	<i>JT's card</i>		
	<b>Total</b>	<b>358.68</b>	<b>358.68</b>
	<b>Balance</b>	<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

## Lindsay Bardessono

**From:** Holiday Inn Express & Suites [HolidayInnExpress@reservations.ihg.com]  
**Sent:** Friday, July 17, 2015 2:31 PM  
**To:** Lindsay Bardessono  
**Subject:** Your Reservation Confirmation # 64696903 at Holiday Inn Express & Suites.

[Thank you for booking with Holiday Inn Express & Suites.](#)

[View with Images](#) 



# Reservation Confirmed.

[Reservations](#) | [Locations](#) | [Customer Care](#) | [IHG® Rewards Club](#)



### Holiday Inn Express & Suites MARYSVILLE

8606 36th Avenue NE  
Marysville, WA 98270

[View Map / Get Driving Directions](#)

Hotel Front Desk: 1-360-5301234

**Guest Name:** Tom Stewart

Check In:	Check Out:	Rooms:	Adults:
<b>Mon 31 Aug 2015</b>	<b>– Thu 3 Sep 2015</b>	<b>1</b>	<b>1</b>
03:00 PM	12:00 PM		

 [MODIFY RESERVATION](#)

 [CUSTOMER CARE](#)

 [DRIVING DIRECTIONS](#)

 [DOWNLOAD THE IHG® APP](#)

 [GROUND TRANSPORTATION](#)

Your confirmation number is: **64696903**

## 1 King Bed Leisure Nonsmoking - Non Smoking

Rate Type: State Government-US

Number of Rooms: 1

### Room Rate Per Night:

Mon 31 Aug 2015 - Thu 3 Sep 2015 \$107.00 (USD)

Total Fees: \$3.00 (USD)

Taxes: \$37.02 (USD)

Estimated Total Price: **\$361.02 (USD)\***

**MODIFY RESERVATION**

**Cancellation Policy:** Canceling your reservation before 6:00 PM (local hotel time) on Monday, 31 August, 2015 will result in no charge. Canceling your reservation after 6:00 PM (local hotel time) on 31 August, 2015, 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 Description:** OUR AMENITIES INCLUDE A COMP HOT BREAKFAST HSIA HEATED POOL AND SPA MICROWAVE AND REFRIGERATORS FLAT PANEL HIGH DEFINITION TELEVISIONS FITNESS CENTER BUSINESS CENTER GATED UNDERGROUND PARKING PRIORITY CLUB POINTS COMP SHUTTLE TO TULALIP RESORT VALID ID REQUIRED AND ONE ROOM PER ID

### Hotel information:

**Pet Policy:** A maximum of two domesticated pets per room for a 40 dollar nonrefundable pet fee. Service dogs are allowed at no charge. A signature of our detailed pet policy will be required at time of check in for all.

\* Additional taxes and charges may apply. Other hotel-specific service charges may also apply.



In 2014, IHG® will offer all members free Internet across 4,900 hotels in nearly 100 countries and territories.

[Learn More](#)

### Things to do

Make the most of your stay, check out local information and nearby attractions.

[See What's Local](#)

### Places to Dine

Explore Marysville dining and restaurants in the nearby area.

[See What's on the menu](#)

Thank you for booking with Holiday Inn Express & Suites. We look forward to your stay.

403.534.80.43

JB x [Signature]

\*waiting for W9

# EARNING ITEM SUMMARY

City Of Prosser  
MCAG #: 0205

09/02/2015 To: 09/30/2015

Time 10:32:12 Date: 10/09/2015  
Page: 1

## BUILDING

Group	Pay Item	Date	Hours	Pay
BUILDING	Salary	09/30/2015	136.33	5,752.75
	Draw			850.00
	Draw			-850.00
	Hourly		139.75	2,783.82
	Hourly Alt		14.00	317.10
	Cell Phone Allow			101.32
	Holiday Used		16.00	159.36
	Sick Used		37.00	318.72
	Vac Used		14.25	124.50
<b>TOTAL BUILDING</b>			<b>357.33</b>	<b>9,557.57</b>

## CLERK

Group	Pay Item	Date	Hours	Pay
CLERK	Salary	09/30/2015	153.33	5,246.80
	Draw			2,098.00
	Draw			-2,098.00
	Cell Phone Allow			50.66
	Holiday Used		8.00	
	Vac Used		12.00	
<b>TOTAL CLERK</b>			<b>173.33</b>	<b>5,297.46</b>

## COUNCIL

Group	Pay Item	Date	Hours	Pay
COUNCIL	Salary	09/30/2015	189.33	6,100.00
	Board Meeting		7.00	140.00
	Council Meeting		7.00	280.00
	Cell Phone Allow			50.66
	Holiday Used		8.00	
<b>TOTAL COUNCIL</b>			<b>211.33</b>	<b>6,570.66</b>

## FINANCE

Group	Pay Item	Date	Hours	Pay
FINANCE	Salary	09/30/2015	314.66	15,406.91
	Draw			2,190.00
	Draw			-2,190.00
	Hourly		533.10	8,797.07
	Cell Phone Allow			101.32
	BiLingual Pay			25.00
	Hol F Used		8.00	122.80
	Holiday Used		50.40	437.18
	Sick Used		137.42	646.26
	Vac Used		81.41	
<b>TOTAL FINANCE</b>			<b>1,124.99</b>	<b>25,536.54</b>

## EARNING ITEM SUMMARY

City Of Prosser  
MCAG #: 0205

Time 10:32:12 Date: 10/09/2015  
09/02/2015 To: 09/30/2015

Page: 2

### PLANNING

Group	Pay Item	Date	Hours	Pay
PLANNING	Salary	09/30/2015	125.33	4,395.73
	Cell Phone Allow			50.66
	Holiday Used		8.00	
	Sick Used		32.00	
	Vac Used		8.00	
<b>TOTAL PLANNING</b>			<b>173.33</b>	<b>4,446.39</b>

### POLICE

Group	Pay Item	Date	Hours	Pay
POLICE	Salary	09/30/2015	1,893.66	64,680.03
	Draw			8,545.00
	Draw			-8,545.00
	Hourly		295.00	5,819.95
	Overtime		67.50	2,914.63
	Overtime Hol (.5		32.00	449.60
	Overtime Hol (1.		16.00	674.32
	Shift Pay			420.10
	Evidence Pay			50.00
	FTO Pay			150.00
	Hol Pay PD		32.00	849.60
	Travel Reimburs			61.00
	BiLingual Pay			80.00
	Education Pay			425.00
	Comp Used		24.00	
	Comp Earned		22.00	
	Hol F Used		3.00	66.87
	Holiday Used		21.04	255.68
	Sick Used		132.00	
	Vac Used		80.00	
	Vac Buy Out		63.00	1,672.65
<b>TOTAL POLICE</b>			<b>2,681.20</b>	<b>78,569.43</b>

### PUBLIC WORKS

Group	Pay Item	Date	Hours	Pay
PUBLIC WORKS	Salary	09/30/2015	149.33	7,065.58
	Draw			6,963.00
	Draw			-6,963.00
	Hourly		2,797.00	66,181.05
	Overtime		90.50	3,688.68
	Shift Pay			2,517.50
	Cell Phone Allow			810.56
	Death In Family		24.00	641.04
	BiLingual Pay			40.00
	Hol F Used		16.00	376.88

# EARNING ITEM SUMMARY

City Of Prosser  
MCAG #: 0205

09/02/2015 To: 09/30/2015

Time 10:32:12 Date: 10/09/2015  
Page: 3

## PUBLIC WORKS

Group	Pay Item	Date	Hours	Pay
	Holiday Used		136.00	3,224.16
	Sick Used		43.00	997.37
	Vac Used		277.50	6,869.19
<b>TOTAL PUBLIC WORKS</b>			<b>3,533.33</b>	<b>92,412.01</b>

## RECREATION

Group	Pay Item	Date	Hours	Pay
RECREATION	Hourly	09/30/2015	893.00	8,812.74
<b>TOTAL RECREATION</b>			<b>893.00</b>	<b>8,812.74</b>
<b>TOTAL</b>			<b>9,147.84</b>	<b>231,202.80</b>

# EARNING ITEM SUMMARY

City Of Prosser  
MCAG #: 0205

09/02/2015 To: 09/30/2015

Time 10:32:25 Date: 10/09/2015  
Page: 1

## POLICE

Group	Pay Item	Date	Hours	Pay
POLICE	Vac Buy Out	09/30/2015	63.00	1,672.65
<b>TOTAL POLICE</b>			<b>63.00</b>	<b>1,672.65</b>
<b>TOTAL</b>			<b>63.00</b>	<b>1,672.65</b>