

CITY OF PROSSER, WASHINGTON
BUDGET & FINANCE COMMITTEE

TUESDAY, NOVEMBER 10, 2015
5:30 PM

CITY HALL CONFERENCE ROOM
601 7TH STREET

1. Call to Order
2. Approve October 27, 2015 Meeting Minutes
3. Discuss Claim Checks for Period Ending November 10, 2015
4. Discuss October 2015 Payroll Checks and Vacation Buy Outs
5. Next Meeting – November 24, 2015
6. Adjournment

Attachments:

October 27, 2015 Meeting Minutes
Visa Payment Detailed Information
October 2015 Payroll Checks and Vacation Buy Outs

**CITY OF PROSSER, WASHINGTON
BUDGET & FINANCE COMMITTEE
MINUTES
TUESDAY, OCTOBER 27, 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 OCTOBER 13, 2015 MEETING MINUTES

A motion was made by Council Member Becken, seconded by Council Member Ward to approve the October 13, 2015 meeting minutes. Motion carried unanimously.

DISCUSS CLAIM CHECKS FOR PERIOD ENDING OCTOBER 27, 2015

The Committee reviewed the claim checks prepared for City Council approval. The Committee would like to see the Prosser Aquatic Center Verizon bill as to what internet plan is being use, how much is being paid on a monthly basis & what is the best plan for the public WiFi.

ADJOURNED

The meeting of the Budget and Finance Committee was adjourned at 5:45 p.m.

Council Member Randy Taylor
Budget & Finance Committee Chair

Toni Yost
Finance Director



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

ACCOUNT NUMBER [REDACTED]
STATEMENT DATE 10-20-2015
AMOUNT DUE \$93.00
NEW BALANCE \$93.00
PAYMENT DUE ON RECEIPT



000005749 1 AB 0.416 106481239724419 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

RECEIVED

OCT 26 2015

Please tear payment coupon at perforation.

CITY OF PROSSER

CORPORATE ACCOUNT SUMMARY								
CITY OF PROSSER	Previous Balance	Purchases And Other Charges	Cash Advances	Cash Advance Fees	Late Payment Charges	Credits	Payments	New Balance
Company Total	\$1,536.15	\$93.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,536.15	\$93.00

CORPORATE ACCOUNT ACTIVITY					
CITY OF PROSSER					TOTAL CORPORATE ACTIVITY
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
10-05	10-05		AUTO PAYMENT DEDUCTION	1,536.15 CR	\$1,536.15 CR

NEW ACTIVITY				
LJ DACORSI	CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
	\$0.00	\$93.00	\$0.00	\$93.00
Post Date	Tran Date	Reference Number	Transaction Description	Amount
09-30	09-29	24270745273497200024470	WATER-WASTEWATER 913-8954600 KS <i>Testing www.goamp.com</i>	93.00

CUSTOMER SERVICE CALL	ACCOUNT NUMBER	ACCOUNT SUMMARY
800-344-5696	[REDACTED]	PREVIOUS BALANCE 1,536.15
		PURCHASES & OTHER CHARGES 93.00
	STATEMENT DATE	CASH ADVANCES .00
	DISPUTED AMOUNT	CASH ADVANCE FEES .00
	10/20/15	LATE PAYMENT CHARGES .00
		CREDITS .00
		PAYMENTS 1,536.15
SEND BILLING INQUIRIES TO:	AMOUNT DUE	ACCOUNT BALANCE 93.00
U.S. BANK P.O. Box 6335 Fargo, ND 58125-6335	93.00	

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: 10-20-2015

Department: 00000 Total: \$93.00
Division: 00000 Total: \$93.00

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

ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00



000005750 1 AB 0.416 106481239724420 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
09-29	09-30	7299	WATER-WASTEWATER 913-8954800 KS	24270745273497200024470	93.00

RECEIVED
 OCT 26 2015
 CITY OF PROSSER

CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER	ACCOUNT SUMMARY	
	[REDACTED]	PURCHASES, FEES & ADJUSTMENTS	\$93.00
	STATEMENT DATE	CHECKS/CASH ADVANCES	\$0.00
	10/20/15	DISPUTE AMOUNT	\$0.00
MANAGING ACCOUNT NUMBER [REDACTED]		CREDITS	\$0.00
CONTACT AND ADDRESS CITY OF PROSSER ELIA BELMARES 601 7TH STREET PROSSER, WA 99350		STATEMENT TOTAL	\$93.00

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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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Lindsay Bardessono

From: Brandon Lum
Sent: Monday, October 26, 2015 3:30 PM
To: Lindsay Bardessono
Subject: FW: Appointment Confirmation for BRANDON E LUM

This has what test what day and the price of it.

Brandon Lum

WTPO 1
City of Prosser
Phone (509) 786-2037
Fax (509) 786-7310
Blum@cityofprosser.com

From: AMP Customer Service [<mailto:schedule@goamp.com>]
Sent: Tuesday, September 29, 2015 1:08 PM
To: Brandon Lum
Subject: Appointment Confirmation for BRANDON E LUM

BRANDON E LUM,

You are scheduled to take the following exam(s) on 10/08/2015 at 01:30 PM at the Kennewick, Washington assessment center.

Backflow Assembly Tester Certification Examination; Your confirmation number is SC2960513; The examination time limit is 3 hour(s).

The assessment center address is:
H&R Block
4018a W. Clearwater Ave.
Kennewick WA 99336

DIRECTIONS: From 395 south turn right on Clearwater avenue. The office is located on the right side next door to Les Schwab in the Sparks Plaza in Kennewick, WA.

For a map to this assessment center, please visit our website at www.goAMP.com. Select Candidates, enter the required information then click on 'Locate Testing Centers'.

Your payment in the amount of \$93 was received on 09/29/2015 for the Backflow Assembly Tester Certification Examination. If you need any further assistance, please contact: Candidate Support Center (800) 345-6559 *Please note that verification of payment does not indicate exam eligibility.

IDENTIFICATION:

To gain admission to the assessment center, you must present two forms of identification, one with a

current photograph. Both forms of identification must be current and include your current name and signature.

*You MUST bring one of the following: driver's license with photograph; state identification card with photograph; passport; military identification card with photograph. No forms of temporary identification will be accepted.

*The second form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).

*If your name on these documents is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).

Candidates are prohibited from misrepresenting their identities or falsifying information to obtain admission to the examination. You will be required to sign a roster for verification of identity to gain admission to the examination.

Additional items:

No personal items, valuables, or weapons should be brought to the Assessment Center. Only keys and wallets may be taken into the examination room and AMP is not responsible for items left in the reception area.

Please note: You may be subject to a metal detection scan prior to admission.

- Examinations are proprietary. No cameras, notes, tape recorders, personal digital assistants (PDAs), pagers or cellular phones are allowed in the examination room.
- No guests, visitors or family members are allowed in the examination room or reception areas.
- Hats and/or large coats are not allowed in the testing room.

You will NOT be admitted if you are more than 15 minutes late for your appointment.

You may only schedule one appointment at a time per examination. All fees are non-refundable and non-transferable. If you need to reschedule your appointment, you may do so ONE time at no charge by contacting the AMP Customer Support Center at (800) 345-6559 by 3:00pm Central Time at least two business days prior to your examination.

Best wishes for success on your examination!

AMP Candidate Support Center

EARNING ITEM SUMMARY

City Of Prosser
MCAG #: 0205

Time 09:03:23 Date: 11/05/2015
10/01/2015 To: 10/31/2015

Date: 11/05/2015
Page: 1

BUILDING

Group	Pay Item	Date	Hours	Pay
BUILDING	Salary	10/30/2015	152.33	5,752.75
	Draw			850.00
	Draw			-850.00
	Hourly		139.50	2,778.84
	Cell Phone Allow			101.32
	Sick Used		8.00	159.36
	Vac Used		41.50	408.36
TOTAL BUILDING			341.33	9,200.63

CLERK

Group	Pay Item	Date	Hours	Pay
CLERK	Salary	10/30/2015	165.33	5,246.80
	Draw			2,098.00
	Draw			-2,098.00
	Cell Phone Allow			50.66
	Sick Used		8.00	
TOTAL CLERK			173.33	5,297.46

COUNCIL

Group	Pay Item	Date	Hours	Pay
COUNCIL	Salary	10/30/2015	117.33	6,100.00
	Board Meeting		25.00	500.00
	Council Meeting		32.00	1,280.00
	Cell Phone Allow			50.66
	Sick Used		24.00	
	Vac Used		56.00	
TOTAL COUNCIL			254.33	7,930.66

FINANCE

Group	Pay Item	Date	Hours	Pay
FINANCE	Salary	10/30/2015	475.24	15,406.91
	Draw			3,254.00
	Draw			-3,254.00
	Hourly		500.00	8,182.66
	Cell Phone Allow			101.32
	BiLingual Pay			25.00
	Sick Used		66.50	738.85
	Vac Used		42.25	383.99
TOTAL FINANCE			1,083.99	24,838.73

PLANNING

Group	Pay Item	Date	Hours	Pay
PLANNING	Salary	10/30/2015	159.33	4,395.73
	Cell Phone Allow			50.66

EARNING ITEM SUMMARY

City Of Prosser
MCAG #: 0205

10/01/2015 To: 10/31/2015

Time 09:03:23 Date: 11/05/2015
Page: 2

PLANNING

Group	Pay Item	Date	Hours	Pay
	Sick Used		14.00	
TOTAL PLANNING			173.33	4,446.39

POLICE

Group	Pay Item	Date	Hours	Pay
POLICE	Salary	10/30/2015	1,663.63	63,146.03
	Draw			10,245.00
	Draw			-10,245.00
	Hourly		300.00	5,979.75
	Overtime		79.50	3,460.57
	Shift Pay			346.10
	Evidence Pay			50.00
	FTO Pay			150.00
	BiLingual Pay			80.00
	Education Pay			350.00
	Comp Used		28.00	
	Comp Earned		11.00	
	Military Earned		252.00	
	Sick Used		188.33	44.58
	Vac Used		206.00	89.16
	Vac Buy Out		80.00	2,024.00
TOTAL POLICE			2,808.46	75,720.19

PUBLIC WORKS

Group	Pay Item	Date	Hours	Pay
PUBLIC WORKS	Salary	10/30/2015	149.33	7,065.58
	Draw			6,963.00
	Draw			-6,963.00
	Hourly		2,444.50	58,423.15
	Hourly Alt		60.00	160.20
	Overtime		78.00	3,068.91
	Shift Pay			2,370.00
	Cell Phone Allow			810.56
	BiLingual Pay			40.00
	Hol F Used		8.00	
	Sick Used		146.00	3,707.60
	Vac Used		195.50	5,052.28
TOTAL PUBLIC WORKS			3,081.33	80,698.28

RECREATION

Group	Pay Item	Date	Hours	Pay
RECREATION	Hourly Alt	10/30/2015	24.75	241.31
TOTAL RECREATION			24.75	241.31

EARNING ITEM SUMMARY

City Of Prosser
MCAG #: 0205

10/01/2015 To: 10/31/2015

Time09:03:23 Date: 11/05/2015
Page: 3

TOTAL

7,940.85 208,373.65

EARNING ITEM SUMMARY

City Of Prosser
MCAG #: 0205

10/01/2015 To: 10/31/2015

Time 09:04:03 Date: 11/05/2015
Page: 1

POLICE

Group	Pay Item	Date	Hours	Pay
POLICE	Vac Buy Out	10/30/2015	80.00	2,024.00
TOTAL POLICE			80.00	2,024.00
TOTAL			80.00	2,024.00