

CITY OF PROSSER, WASHINGTON
BUDGET & FINANCE COMMITTEE

TUESDAY, FEBRUARY 10, 2015
5:30 PM

CITY HALL CONFERENCE ROOM
601 7TH STREET

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

Attachments:

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

**CITY OF PROSSER, WASHINGTON
BUDGET & FINANCE COMMITTEE
MINUTES
TUESDAY, JANUARY 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, and Finance Director Mauras were present.

APPROVE JANUARY 13, 2015 MEETING MINUTES

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

DISCUSS CLAIM CHECKS FOR PERIOD ENDING JANUARY 27, 2015

The Committee reviewed the claim checks prepared for City Council approval. The Committee had questions regarding invoices from Janitor's Closet and Outwest Pet Grooming.

ADJOURNED

The meeting of the Budget and Finance Committee was adjourned at 5:47 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 01-20-2015
AMOUNT DUE \$75.80
NEW BALANCE \$75.80
PAYMENT DUE ON RECEIPT

000004434 1 AB 0.406 106481897340835 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

JAN 26 2015

CITY OF PROSSER

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
Company Total	\$104.26	\$75.80	\$0.00	\$0.00	\$0.00	\$0.00	\$104.26	\$75.80

CORPORATE ACCOUNT ACTIVITY

Post Date	Tran Date	Reference Number	Transaction Description	Amount
01-05	01-05		AUTO PAYMENT DEDUCTION	104.26 CR

TOTAL CORPORATE ACTIVITY \$104.26 CR

NEW ACTIVITY

REGINA MAURAS	CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
	\$0.00	\$75.80	\$0.00	\$75.80

Post Date	Tran Date	Reference Number	Transaction Description	Amount
01-12	01-09	24492805009118000197002	L & I QC ELECTRICAL 360-9026951 WA	75.80

CUSTOMER SERVICE CALL

800-344-5696

ACCOUNT NUMBER

[REDACTED]

ACCOUNT SUMMARY

STATEMENT DATE 01/20/15
DISPUTED AMOUNT .00

PREVIOUS BALANCE	104.26
PURCHASES & OTHER CHARGES	75.80
CASH ADVANCES	.00
CASH ADVANCE FEES	.00
LATE PAYMENT CHARGES	.00
CREDITS	.00
PAYMENTS	104.26
ACCOUNT BALANCE	75.80

SEND BILLING INQUIRIES TO:

U.S. BANK
P.O. Box 6335
Fargo, ND 58125-6335

AMOUNT DUE

75.80

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.



Company Name: CITY OF PROSSER
Corporate Account Number: [REDACTED]
Statement Date: 01-20-2015

..... Department: 00000 Total: \$75.80
Division: 00000 Total: \$75.80

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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

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

000004435 1 AB 0.406 106481897340836 P
 REGINA MAURAS
 CITY OF PROSSER
 601 7TH STREET
 PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"
 DO NOT REMIT PAYMENT

RECEIVED

JAN 26 2015

CITY OF PROSSER

001-578-31-49
 JB x [Signature]

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
01-09	01-12	9399	L & I QC ELECTRICAL 360-9026951 WA	24492805009118000197002	75.80

CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER	ACCOUNT SUMMARY
	STATEMENT DATE	
MANAGING ACCOUNT NUMBER [REDACTED] CONTACT AND ADDRESS CITY OF PROSSER ELIA BELMARES 601 7TH STREET PROSSER, WA 99350	01/20/15	PURCHASES, FEES & ADJUSTMENTS \$75.80
		CHECKS/CASH ADVANCES \$0.00
		DISPUTE AMOUNT \$0.00
		CREDITS \$0.00
		STATEMENT TOTAL \$75.80

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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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JOBSITE COPY

INDIVIDUAL OWNER

ELECTRICAL WORK PERMIT #2465840P

Contractor Name
City of Prosser

License Number

Installation Description:

Installing lights above our main entrance, need to run conduit 4 feet over in order to center the light above the door.

Purchaser's mailing address
601 7th Street
Prosser
Telephone number
5097862332

WA 99350

Services to inspect:

Description Quantity Amount

Circuits per panel - Number of Circuits

Added/Altered 1 \$75.80

Inspection Fee: \$75.80

The department will perform 1 inspection for permits where total fee paid on permit is less than \$89.79. For more than 1 inspection, additional fees are required.

Additional Fees May Be Assessed Upon Field Inspection

Premises owner's name
City of Prosser

Paid for w/ Regina's credit card 1/8/15

Address of inspection
601 7th Street

PROSSER

Power company
Benton PUD-Prosser

This permit expires one (1) year after the date of purchase.

Applied: 1/8/2015

Expiration: 1/8/2016

	Date	Approved By		Date	Approved By
WALLS					
Insulation Only	_____	_____	SERVICE	_____	_____
Cover	_____	_____	FEEDER	_____	_____
CEILING					
Insulation Only	_____	_____	THERMOSTAT	_____	_____
Cover	_____	_____	DITCH	_____	_____

Inspection Date	Area, Building or Equipment Inspected	Action Taken	Electrical Inspector
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Property Owner: Retain Permit Number for your records

Attention Applicant! The Department will not conduct this inspection if there are unrestrained animals on the premises. Failure to comply with this requirement may result in additional inspection service fees and delay in service.

DO NOT POST THIS AT THE WORKSITE

You have purchased an electrical work permit.

You must request inspection prior to covering any electrical work, no later than three business days after completing the work or one business day after any part of the installation has been energized, whichever occurs first.

Failure to request an inspection of the work may result in civil penalties.

We will strive to get to your inspection within 48 hours of the date of the request. However, due to staffing reductions, it may take longer, especially if you are in a remote area.

SAVE TIME AND MONEY BY MAKING YOUR INSPECTION REQUESTS ONLINE

This is your permit number: **2465840P**

Use this authorization code: **26721**

To submit an inspection request, view inspection results or pay additional fees, go to the [Electrical Homepage](#) and select **Permits Fees and Inspections**

To request an inspection:

- 1 Select **Request an Inspection**
 - a. If you are a contractor, select **Contractors** (when applicable)
 - b. Select **Online here**, enter your permit number & authorization code.
- 2 If you are not a contractor, select **Property owners**
 - a. Select **Online here**, enter your permit number & authorization code.
- 3 Select **Next**

Please provide a description of what you want inspected and comments regarding the location of the work and special access instructions. Additional trip fees will be assessed if the inspector is not able to locate or access your installation.

Note: **SUBSCRIBERS** of the **EPIS** system do not need to use an authorization code to request or view inspections through **Secure Access Washington**

Close

EARNING ITEM SUMMARY

City Of Prosser
MCAG #: 0205

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

Time 09:06:49 Date: 02/05/2015
Page: 1

BUILDING

Group	Pay Item	Date	Hours	Pay
BUILDING	Draw	01/15/2015		850.00
	Draw			-850.00
	Hourly		67.00	1,334.64
	Hourly Alt		53.00	1,200.45
	Salary		105.33	5,752.75
	Cell Phone Allow			101.32
	Holiday Used		48.00	478.08
	Sick Used		36.00	239.04
	Vac Used		40.00	398.40
TOTAL BUILDING			349.33	9,504.68

CLERK

Group	Pay Item	Date	Hours	Pay
CLERK	Draw	01/15/2015		2,098.00
	Draw			-2,098.00
	Salary		130.33	5,246.80
	Cell Phone Allow			50.66
	Holiday Used		24.00	
	Sick Used		11.00	
	Vac Used		8.00	
TOTAL CLERK			173.33	5,297.46

COUNCIL

Group	Pay Item	Date	Hours	Pay
COUNCIL	Board Meeting	01/30/2015	5.00	100.00
	Council Meeting		6.00	240.00
	Salary		117.33	6,100.00
	Cell Phone Allow			50.66
	Hol F Used		8.00	
	Holiday Used		24.00	
	Vac Used		48.00	
TOTAL COUNCIL			208.33	6,490.66

FINANCE

Group	Pay Item	Date	Hours	Pay
FINANCE	Draw	01/15/2015		2,100.00
	Draw			-2,100.00
	Hourly		430.80	7,174.22
	Salary		351.99	17,319.47
	Cell Phone Allow			101.32
	BiLingual Pay			40.00
	Education Pay			50.00
	Holiday Used		151.20	1,325.21
	Sick Used		92.50	653.77

EARNING ITEM SUMMARY

City Of Prosser
MCAG #: 0205

Time 09:06:49 Date: 02/05/2015
01/01/2015 To: 01/31/2015

Page: 2

FINANCE

Group	Pay Item	Date	Hours	Pay
	Vac Used		81.00	671.09
TOTAL FINANCE			1,107.49	27,335.08

PLANNING

Group	Pay Item	Date	Hours	Pay
PLANNING	Salary	01/30/2015	112.33	4,395.73
	Cell Phone Allow			50.66
	Holiday Used		24.00	
	Sick Used		5.00	
	Vac Used		32.00	
TOTAL PLANNING			173.33	4,446.39

POLICE

Group	Pay Item	Date	Hours	Pay
POLICE	Draw	01/15/2015		9,523.00
	Draw			-9,523.00
	Hourly		124.00	2,763.96
	Salary		1,682.63	58,487.69
	Overtime		73.25	2,936.94
	Overtime Hol (.5		96.00	1,441.04
	Overtime Hol (1.		48.00	2,161.28
	Shift Pay			549.80
	Evidence Pay			50.00
	FTO Pay			200.00
	BiLingual Pay			80.00
	Education Pay			275.00
	Comp Adj		-3.00	
	Comp Earned		16.00	
	Military Earned		252.00	
	Hol F Used		10.00	44.58
	Holiday Used		48.00	534.96
	Military Used		24.00	
	Sick Used		69.00	222.90
	Vac Used		125.00	356.64
	Vac Buy Out		80.00	2,610.40
TOTAL POLICE			2,644.88	72,715.19

PUBLIC WORKS

Group	Pay Item	Date	Hours	Pay
PUBLIC WORKS	Draw	01/15/2015		6,263.00
	Draw			-6,263.00
	Hourly		1,944.00	49,938.23
	Salary		69.33	7,065.58
	Overtime		106.50	4,372.87

EARNING ITEM SUMMARY

City Of Prosser
MCAG #: 0205

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

Time 09:06:49 Date: 02/05/2015
Page: 3

PUBLIC WORKS

Group	Pay Item	Date	Hours	Pay
	Shift Pay			2,575.00
	Cell Phone Allow			759.90
	BiLingual Pay			80.00
	Uniform			7,700.00
	Holiday Used		384.00	9,328.08
	Sick Used		147.00	2,983.09
	Vac Used		225.00	4,962.22
TOTAL PUBLIC WORKS			2,875.83	89,764.97
TOTAL			7,532.52	215,554.43

EARNING ITEM SUMMARY

City Of Prosser
MCAG #: 0205

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

Time 09:07:19 Date: 02/05/2015
Page: 1

POLICE

Group	Pay Item	Date	Hours	Pay
POLICE	Vac Buy Out	01/31/2015	80.00	2,610.40
TOTAL POLICE			80.00	2,610.40
TOTAL			80.00	2,610.40