

CITY OF PROSSER, WASHINGTON  
BUDGET & FINANCE COMMITTEE

TUESDAY, APRIL 14, 2015  
5:30 PM

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

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1. Call to Order
2. Approve March 24, 2015 Meeting Minutes
3. Discuss Claim Checks for Period Ending April 14, 2015
4. Discuss March 2015 Payroll Checks and Vacation Buy Outs
5. Next Meeting – April 28, 2015
6. Adjournment

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Attachments:

March 24, 2015 Meeting Minutes  
Visa Payment Detailed Information  
March 2015 Payroll Checks and Vacation Buy Outs

**CITY OF PROSSER, WASHINGTON  
BUDGET & FINANCE COMMITTEE  
MINUTES  
TUESDAY, MARCH 24, 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 Ward, and Finance Director Yost were present. Council Member Becken requested an excused absence.

**APPROVE MARCH 10, 2015 MEETING MINUTES**

A motion was made by Council Member Taylor, seconded by Council Member Ward to approve the March 10, 2015 meeting minutes. Motion carried unanimously.

**DISCUSS CLAIM CHECKS FOR PERIOD ENDING MARCH 24, 2015**

The Committee reviewed the claim checks prepared for City Council approval. The Committee discussed the maintenance program for patrol vehicles.

**ADJOURNED**

The meeting of the Budget and Finance Committee was adjourned at 5:53 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 03-20-2015  
AMOUNT DUE \$1,057.26  
NEW BALANCE \$1,057.26  
PAYMENT DUE ON RECEIPT

000006139 1 AB 0.406 106481972671059 P  
CITY OF PROSSER  
ATTN ELIA BELMARES  
601 7TH STREET  
PROSSER WA 99350

AMOUNT ENCLOSED  
\$

Please make check payable to  
U.S. BANK

RECEIVED  
MAR 30 2015  
CITY OF PROSSER

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] Company Total	\$305.29	\$1,057.26	\$0.00	\$0.00	\$0.00	\$0.00	\$305.29	\$1,057.26	

CORPORATE ACCOUNT ACTIVITY					
CITY OF PROSSER					TOTAL CORPORATE ACTIVITY
					\$305.29 CR
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
03-06	03-06		AUTO PAYMENT DEDUCTION	305.29 CR	

NEW ACTIVITY					
LJ DACORSI		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
[REDACTED]		\$0.00	\$93.00	\$0.00	\$93.00
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
03-19	03-18	24270745078471300000182	ABC-NV 913-8954600 KS	93.00	

<b>CUSTOMER SERVICE CALL</b>  800-344-5696	ACCOUNT NUMBER		ACCOUNT SUMMARY	
	[REDACTED]		PREVIOUS BALANCE	305.29
SEND BILLING INQUIRIES TO:  U.S. BANK P.O. Box 6335 Fargo, ND 58125-6335	STATEMENT DATE	DISPUTED AMOUNT	PURCHASES & OTHER CHARGES	1,057.26
	03/20/15	.00	CASH ADVANCES	.00
AMOUNT DUE		CASH ADVANCE FEES		.00
		LATE PAYMENT CHARGES		.00
1,057.26		CREDITS		.00
		PAYMENTS		305.29
		ACCOUNT BALANCE		1,057.26

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

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### LOST OR STOLEN CARDS

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Company Name: CITY OF PROSSER
Corporate Account Number: [REDACTED]
Statement Date: 03-20-2015

**NEW ACTIVITY**

BARRY MORROW		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
[REDACTED]		\$0.00	\$706.90	\$0.00	\$706.90
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
03-16	03-13	24323035072122842013311	ENZIAN INN LEAVENWORTH WA 235954	668.40	
03-20	03-19	24692165078000235878098	ARRIVAL: 03-10-15 NFPA NATL FIRE PROTECT 800-344-3555 MA	38.50	
STEVE ZETZ		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
[REDACTED]		\$0.00	\$257.36	\$0.00	\$257.36
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
03-09	03-05	24559305065400000510273	COAST WENATCHEE CENTER HO WENATCHEE WA 054538	123.08	
03-09	03-05	24559305065400000510281	ARRIVAL: 03-04-15 COAST WENATCHEE CENTER HO WENATCHEE WA 054539	134.28	

Department: 00000 Total: \$1,057.26  
 Division: 00000 Total: \$1,057.26

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



ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00

000006140 1 AB 0.406 106481972571060 P  
 LJ DACORSI  
 CITY OF PROSSER  
 601 7TH STREET  
 PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"  
 DO NOT REMIT PAYMENT

RECEIVED

MAR 30 2015

CITY OF PROSSER

403-534-80-49  
 JB \* *L. Banderas*

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
03-18	03-19	8999	ABC-NV 913-8954600 KS -Andrews class	24270745078471300000182	93.00

CUSTOMER SERVICE CALL  <b>800-344-5696</b>	ACCOUNT NUMBER	[REDACTED]	ACCOUNT SUMMARY	
	STATEMENT DATE	03/20/15	PURCHASES, FEES & ADJUSTMENTS	\$93.00
MANAGING ACCOUNT NUMBER [REDACTED]  CONTACT AND ADDRESS CITY OF PROSSER ELIA BELMARES 601 7TH STREET PROSSER, WA 99350			CHECKS/CASH ADVANCES	\$0.00
			DISPUTE AMOUNT	\$0.00
			CREDITS	\$0.00
			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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**Elia Lara**

---

**From:** Toni Yost  
**Sent:** Wednesday, April 08, 2015 4:25 PM  
**To:** Elia Lara; Kathya Martinez  
**Subject:** FW: Receipt for your Washington Water Works Operator Certification Program Examination

---

**From:** Andrew Robinson [REDACTED]  
**Sent:** Wednesday, April 08, 2015 4:25 PM  
**To:** Toni Yost  
**Subject:** Fwd: Receipt for your Washington Water Works Operator Certification Program Examination

Sent from my iPhone

Begin forwarded message:

**From:** AMP Customer Service <[schedule@goamp.com](mailto:schedule@goamp.com)>  
**Date:** April 8, 2015 at 11:21:07 AM PDT  
**To:** [REDACTED]  
**Subject:** Receipt for your Washington Water Works Operator Certification Program Examination

RECEIPT #: 3177460

Dear ANDREW ROBINSON:

Your payment in the amount of \$93.00 was received on 03/18/2015 for the Water Treatment Plant Operator 2 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.

**Applied Measurement Professionals, Inc.**

18000 W. 105th Street, Olathe KS 66061

913.895.4600 Phone

913.895.4650 Fax

[www.goAMP.com](http://www.goAMP.com)



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



ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00

000006142 1 AB 0.406 106481972571062 P  
 STEVE ZETZ  
 CITY OF PROSSER  
 601 7TH STREET  
 PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"  
 DO NOT REMIT PAYMENT

RECEIVED  
 MAR 30 2015  
 CITY OF PROSSER

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
03-05	03-09	7011	COAST WENATCHEE CENTER HO WENATCHEE WA 054538 ARRIVAL: 03-04-15	24559305065400000510273	123.08
03-05	03-09	7011	COAST WENATCHEE CENTER HO WENATCHEE WA 054539 ARRIVAL: 03-04-15	24559305065400000510281	134.28

001 - 558 - 60 - 43

\* gmr

CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER	ACCOUNT SUMMARY	
	[REDACTED]	PURCHASES, FEES & ADJUSTMENTS	\$257.36
	STATEMENT DATE	CHECKS/CASH ADVANCES	\$0.00
	03/20/15	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	\$257.36

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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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**COAST**  
wenatchee  
center hotel™

201 N. Wenatchee Avenue, Wenatchee, WA 98801  
Phone: (509) 662-1234 FAX: (509) 662-0782  
www.wenatcheecenter.com  
Email: FOM@wenatcheecenter.com

Howard Saxton  
601 7th st  
Prosser WA 99350  
UNITED STATES

## Invoice

Invoice date 3/5/2015  
Invoice number 221539  
Our reference CWC-F125110 /A

Date	Description	Quantity	Unit Price	Total (\$)
3/4/2015	ROOM CHARGE	1	109.00	109.00
3/4/2015	ROOM OCCUPANCY TAX	1	4.36	4.36
3/4/2015	ROOM TAX	1	8.72	8.72
3/4/2015	TOURISM ASSESSMENT FEE	1	1.00	1.00
<b>Total invoice</b>				<b>123.08</b>
3/5/2015	VS *** [REDACTED] Auth: 064401	RW		-123.08
<b>Total Paid</b>				<b>-123.08</b>
<b>Total Due</b>				<b>0.00</b>

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X \_\_\_\_\_

For reservations: [www.coasthotels.com](http://www.coasthotels.com) or 1-800-663-1144



**COAST**  
wenatchee  
center hotel™

201 N. Wenatchee Avenue, Wenatchee, WA 98801  
Phone: (509) 662-1234 FAX: (509) 662-0782  
www.wenatcheecenter.com  
Email: FOM@wenatcheecenter.com

**Steve Zetz**  
601 7th st  
Prosser WA 99350  
UNITED STATES

## Invoice

Invoice date 3/5/2015  
Invoice number 221544  
Our reference CWC-F125109 /A

Guest	Steve Zetz	Arrival	3/4/2015	Departure	3/5/2015	Room	0628
Date	Description	Quantity	Unit Price			Total (\$)	
3/4/2015	ROOM CHARGE	1	119.00			119.00	
3/4/2015	ROOM OCCUPANCY TAX	1	4.76			4.76	
3/4/2015	ROOM TAX	1	9.52			9.52	
3/4/2015	TOURISM ASSESSMENT FEE	1	1.00			1.00	
						<b>Total invoice</b>	<b>134.28</b>
3/5/2015	VS *** [REDACTED] Auth: 094746	RW				-134.28	
						<b>Total Paid</b>	<b>-134.28</b>
						<b>Total Due</b>	<b>0.00</b>

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X \_\_\_\_\_

For reservations: [www.coasthotels.com](http://www.coasthotels.com) or 1-800-663-1144



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

ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00



000006141 1 AB 0.406 106481972571061 P  
 BARRY MORROW  
 CITY OF PROSSER  
 601 7TH STREET  
 PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"  
 DO NOT REMIT PAYMENT

RECEIVED  
 MAR 30 2015  
 CITY OF PROSSER

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
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03-19	03-20	8398	NFPA NATL FIRE PROTECT 800-344-3555 MA	24692165078000235878098	38.50

001-524-20-43 = \$668.40 BAM

\* J. Pardo 403-534-80-31 = \$38.50  
 JB

CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER [REDACTED]	ACCOUNT SUMMARY
	STATEMENT DATE 03/20/15	PURCHASES, FEES & ADJUSTMENTS \$706.90
MANAGING ACCOUNT NUMBER [REDACTED] CONTACT AND ADDRESS CITY OF PROSSER ELIA BELMARES 601 7TH STREET PROSSER, WA 99350		CHECKS/CASH ADVANCES \$0.00
		DISPUTE AMOUNT \$0.00
		CREDITS \$0.00
		STATEMENT TOTAL \$706.90

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.

*Enzian Inn*  
 590 Highway 2  
 Leavenworth, WA 98826  
 (509) 548-5269 (800) 223-8511  
 www.enzianinn.com

TAX ID:

Nick Alsbury  
 601 7th St  
 Prosser, WA 99350  
 USA

Room	Folio	Checkin	CheckOut	Balance
246	235954	03/10/2015	03/13/2015	0.00
Master Folio				

Date	Room	Description / Voucher	Charges	Credits	Balance
03/10/2015	246	Room Taxable	100.00		100.00
03/10/2015	246	State Tax - 8.4%	8.40		108.40
03/10/2015	246	Lodging Tax - 3%	3.00		111.40
03/10/2015	244	Room Taxable	100.00		211.40
03/10/2015	244	State Tax - 8.4%	8.40		219.80
03/10/2015	244	Lodging Tax - 3%	3.00		222.80
03/11/2015	244	Room Taxable	100.00		322.80
03/11/2015	244	State Tax - 8.4%	8.40		331.20
03/11/2015	244	Lodging Tax - 3%	3.00		334.20
03/11/2015	246	Room Taxable	100.00		434.20
03/11/2015	246	State Tax - 8.4%	8.40		442.60
03/11/2015	246	Lodging Tax - 3%	3.00		445.60
03/12/2015	244	Room Taxable	100.00		545.60
03/12/2015	244	State Tax - 8.4%	8.40		554.00
03/12/2015	244	Lodging Tax - 3%	3.00		557.00
03/12/2015	246	Room Taxable	100.00		657.00
03/12/2015	246	State Tax - 8.4%	8.40		665.40
03/12/2015	246	Lodging Tax - 3%	3.00		668.40
03/13/2015	246	Visa/Mastercard - [REDACTED] AP: 068927		668.40	0.00



# National Fire Protection Association

Page No. 1

Fulfillment Center, 11 Tracy Drive, Avon, MA 02322

Phone: 617-770-3000 • Fax: 508-895-8301 • [www.nfpa.org](http://www.nfpa.org)

office use only

Bill To I.D. Number:  
3104069

Ship To I.D. Number:  
3104069

Ship Via UG / 08  
Op/Type WEB/INV  
Priority W

60256/004

BARRY MORROW  
CITY OF PROSSER  
601 7TH STREET  
PROSSER  
WA 99350

BARRY MORROW  
CITY OF PROSSER  
601 7TH STREET  
PROSSER  
WA 99350

Customer Purchase Order Number	Order Number	Web Order Number	Invoice Date	Invoice Number
	5237279	10664	01-31-15	6360246Y

Order Qty	Ship Qty	Item Number	Title	List Price	Discount Price	Ext Price
-----------	----------	-------------	-------	------------	----------------	-----------

From Our Quotation File, Our Ref 6359477P 30-JAN-15 WEB

1	1	29113PDF	Test Flow Marking Hy	38.50	38.50	38.50
---	---	----------	----------------------	-------	-------	-------

403-534-80-31

Total Goods	38.50
Tax	0.00
Shipping	0.00
Handling	0.00
Other	0.00
<b>TOTAL</b>	<b>38.50</b>

### METHOD OF PAYMENT

Check Enclosed (Payable to NFPA) Must be in US Dollars drawn on US Bank  
 VISA     MasterCard     American Express     Discover

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_



NFPA  
 PO Box 9689, Manchester NH 03108-9689  
 1-800-344-3555 FAX:1-800-593-6372  
 Outside U.S.: 617 770-3000 FAX: 508 895-8301  
 DUNS NO. 00-196 - 3206 FEDERAL I.D.# 04-1653090  
 WWW.NFPA.ORG

I.D. NUMBER	3104069
STATEMENT DATE	01/31/2015

## CUSTOMER ACCOUNT STATEMENT

BILL TO:

BARRY MORROW  
 CITY OF PROSSER  
 601 7TH STREET  
 PROSSER  
 WA 99350

RECEIVED  
 FEB 10 2015  
 CITY OF PROSSER

INVOICE NUMBER	DESCRIPTION	DATE	BILLED	TRANSACTION NUMBER	PAYMENTS/CREDITS	BALANCE DUE
6360246Y	01/31/2015 03/02/2015	38.50			.00	38.50
<del>403-534-80-31</del> <del>ALBld</del> credit card						

TERMS=NET 30 DAYS-MAKE CHECKS PAYABLE TO NFPA

TOTAL AMOUNT DUE

38.50

0 - 30 DAYS	31 - 60 DAYS	61 - 90 DAYS	91 - 120 DAYS	121+ DAYS
38.50	.00	.00	.00	.00

STATEMENT DATE	I.D. NUMBER	AMOUNT DUE	AMOUNT PAID
01/31/2015	3104069	38.50	

TO ASSURE PROPER CREDIT, PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. OUTSIDE U.S., PLEASE REMIT PAYMENT IN U.S. DOLLARS DRAWN ON ANY U.S. BANK. PAYMENTS RECEIVED OR CREDITS ISSUED AFTER STATEMENT DATE WILL BE APPLIED TO YOUR ACCOUNT NEXT MONTH.

Please make any address corrections or comments on the back.

CHECK HERE IF YOU HAVE USED THE OTHER SIDE

MY CHECK IS ENCLOSED (PAYABLE TO NFPA)

CHARGE MY CREDIT CARD:



VISA



MASTERCARD



AMERICAN EXPRESS



DISCOVER

BARRY MORROW  
 CITY OF PROSSER  
 601 7TH STREET  
 PROSSER  
 WA 99350

CARD NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

Interested in making a difference in your community?  
 Help set the standard for safety and become an  
 NFPA Technical Committee Member. [www.nfpa.org/enforcers](http://www.nfpa.org/enforcers)

NFPA  
 PO Box 9689  
 Manchester NH 03108-9689

01 0003104069 636024625 1 00000003850

## NATIONAL FIRE PROTECTION ASSOCIATION

### The NFPA Guarantee

---

At the National Fire Protection Association, we take great pride in the quality of our firesafety materials. If you are not completely satisfied with your order, please let us know within 30 days. We will provide a prompt replacement, credit your invoice or, if prepaid, issue a refund.

### Problems? Our Troubleshooters Can Help

---

Should you have a problem or question about an order you've already placed with NFPA, please call our Customer Assistance Group at 1-800-344-3555. We provide any type of **Post Order** information you need--when and how your order was shipped, how to return merchandise and so on.

### Method of Shipping and Handling Fee

---

NFPA ships all orders within 48 hours by Priority Mail. And, no matter how large your order is, you do not pay any shipping charges for regular Priority Mail delivery and just a minimum fee per order to cover handling. If you need your material even faster, we can send it out by overnight or second day delivery and that charge will be added to your invoice. Let us know and we'll take care of it.

#### CUSTOMER COMMENTS

Please indicate any comment or suggestion.

---

---

---

#### CHANGE OF INFORMATION

Please indicate any changes to your information.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

OTHER \_\_\_\_\_



NFPA  
 PO Box 9689, Manchester NH 03108-9689  
 1-800-344-3555 FAX:1-800-593-6372  
 Outside U.S. : 617 770-3000 FAX: 508 895-8301  
 DUNS NO. 00-196-3206 FEDERAL I.D.# 04-1653099  
 WWW.NFPA.ORG

INVOICE NO.	6360246Y
INVOICE DATE	01/31/15

**INVOICE**

I.D. NUMBER	ORDER NUMBER	CUSTOMER'S ORDER NUMBER	SHIPPED VIA	DATE SHIPPED
3104069	5237279			01/31/15

BILL TO:

SHIP TO:



BARRY MORROW  
 CITY OF PROSSER  
 601 7TH STREET  
 PROSSER  
 WA 99350

**RECEIVED**

FEB 17 2015

CITY OF PROSSER

BARRY MORROW  
 CITY OF PROSSER  
 601 7TH STREET  
 PROSSER  
 WA 99350



PUBLICATION NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	LIST PRICE	UNIT DISC. PRICE	NET TOTAL
29113PDF	291 Fire Flow Testing and Mark Handling  <i>For Andrew's hydrant testing - JB 2/23/15</i>	1	1	38.50	38.50	38.50 .00

TERMS=NET 30 DAYS-MAKE CHECKS PAYABLE TO NFPA

TOTAL AMOUNT DUE

38.50

INVOICE NO	INVOICE DATE	I.D. NO	AMOUNT DUE	AMOUNT PAID
6360246Y	01/31/15	3104069	38.50	

TO ASSURE PROPER CREDIT, PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. OUTSIDE U.S. PLEASE REMIT PAYMENT IN U.S. DOLLARS DRAWN ON ANY U.S. BANK.

Please make any address corrections or comments on the back.

- CHECK HERE IF YOU HAVE USED THE OTHER SIDE
- MY CHECK IS ENCLOSED (PAYABLE TO NFPA)

CHARGE MY CREDIT CARD:

- VISA
- MasterCard
- AMERICAN EXPRESS
- DISCOVER

CARD NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

BARRY MORROW  
 CITY OF PROSSER  
 601 7TH STREET  
 PROSSER  
 WA 99350

NFPA  
 PO Box 9689  
 Manchester NH 03108-9689

Interested in making a difference in your community?  
 Help set the standard for safety and become an  
 NFPA Technical Committee Member. [www.nfpa.org/enforcers](http://www.nfpa.org/enforcers)

01 0003104069 636024625 1 00000003850

MPAB

**CHANGE OF INFORMATION**

Please indicate any changes to your information.

NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

COMPANY \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

OTHER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Elia Belmares**

---

**From:** Barry Morrow  
**Sent:** Tuesday, March 17, 2015 10:05 AM  
**To:** Elia Belmares  
**Cc:** Casey, Diana  
**Subject:** FW: Invoice# 6360246Y  
**Attachments:** 6360246Y.pdf

Elia,

Was this invoice paid with my credit card? I am asking because when Nick and I went to the seminar last week my credit card was declined because it was not activated. Please check for the payment for the attached invoice and respond to Casey.

Thank you,

Barry

---

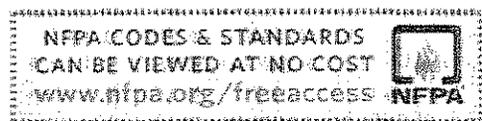
**From:** Casey, Diana [<mailto:dcasey@NFPA.org>]  
**Sent:** Tuesday, March 17, 2015 9:35 AM  
**To:** Barry Morrow  
**Subject:** Invoice# 6360246Y

My name is Diana Casey and I work in the Finance/Credit and Collections department for National Fire Protections Association (NFPA). I am inquiring about payment status for the attached invoice. Please provide the check number and date payment will be issued, or if it is more convenient, please contact me with your credit card information.

If you have any questions, or I can be of any further assistance, please do not hesitate to contact me.

Regards,

*Diana Casey*  
*NFPA*  
*Credit and Collections Representative*  
*508-895-8374*  
*[dcasey@nfpa.org](mailto:dcasey@nfpa.org)*





NFPA  
 PO Box 9689, Manchester NH 03108-9689  
 1-800-344-3555 FAX:1-800-593-6372  
 Outside U.S.: 617 770-3000 FAX: 508 895-8301  
 DUNS NO. 00-196-3206 FEDERAL I.D.# 04-1653090  
 WWW.NFPA.ORG

I.D. NUMBER	3104069
STATEMENT DATE	02/28/2015

## CUSTOMER ACCOUNT STATEMENT

BILL TO:

BARRY MORROW  
 CITY OF PROSSER  
 601 7TH STREET  
 PROSSER  
 WA 99350

**RECEIVED**  
 MAR 12 2015  
 CITY OF PROSSER

INVOICE NUMBER	DESCRIPTION	DATE	BILLED	TRANSACTION NUMBER	PAYMENTS/CREDITS	BALANCE DUE
6360246Y	01/31/2015 03/02/2015	38.50			.00	38.50

TERMS=NET 30 DAYS-MAKE CHECKS PAYABLE TO NFPA

TOTAL AMOUNT DUE **38.50**

0 - 30 DAYS	31 - 60 DAYS	61 - 90 DAYS	91 - 120 DAYS	121+ DAYS
38.50	.00	.00	.00	.00

STATEMENT DATE	I.D. NUMBER	AMOUNT DUE	AMOUNT PAID
02/28/2015	3104069	38.50	

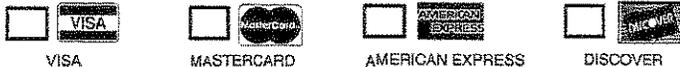
002583 NFPA1  
 TO ASSURE PROPER CREDIT, PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. OUTSIDE U.S., PLEASE REMIT PAYMENT IN U.S. DOLLARS DRAWN ON ANY U.S. BANK. PAYMENTS RECEIVED OR CREDITS ISSUED AFTER STATEMENT DATE WILL BE APPLIED TO YOUR ACCOUNT NEXT MONTH.

Please make any address corrections or comments on the back.

- CHECK HERE IF YOU HAVE USED THE OTHER SIDE  
 MY CHECK IS ENCLOSED (PAYABLE TO NFPA)

BARRY MORROW  
 CITY OF PROSSER  
 601 7TH STREET  
 PROSSER  
 WA 99350

CHARGE MY CREDIT CARD:



CARD NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

Interested in making a difference in your community?  
 Help set the standard for safety and become an  
 NFPA Technical Committee Member. [www.nfpa.org/enforcers](http://www.nfpa.org/enforcers)

**NFPA**  
**PO Box 9689**  
**Manchester NH 03108-9689**

01 0003104069 636024625 1 00000003850

## NATIONAL FIRE PROTECTION ASSOCIATION

### The NFPA Guarantee

---

At the National Fire Protection Association, we take great pride in the quality of our firesafety materials. If you are not completely satisfied with your order, please let us know within 30 days. We will provide a prompt replacement, credit your invoice or, if prepaid, issue a refund.

### Problems? Our Troubleshooters Can Help

---

Should you have a problem or question about an order you've already placed with NFPA, please call our Customer Assistance Group at 1-800-344-3555. We provide any type of **Post Order** information you need--when and how your order was shipped, how to return merchandise and so on.

### Method of Shipping and Handling Fee

---

NFPA ships all orders within 48 hours by Priority Mail. And, no matter how large your order is, you do not pay any shipping charges for regular Priority Mail delivery and just a minimum fee per order to cover handling. If you need your material even faster, we can send it out by overnight or second day delivery and that charge will be added to your invoice. Let us know and we'll take care of it.

#### CUSTOMER COMMENTS

Please indicate any comment or suggestion.

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#### CHANGE OF INFORMATION

Please indicate any changes to your information.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

OTHER \_\_\_\_\_

---



**NFPA Fulfillment Center**

11 Tracy Drive, Avon, MA 02322

Phone: 508-895-8300 Fax: 508-895-8301

[www.nfpa.org](http://www.nfpa.org)

20-MAR-15

BARRY MORROW  
CITY OF PROSSER  
601 7TH STREET  
PROSSER  
WA 99350

RE: Paid Receipt

Dear BARRY MORROW:

Thank you for your payment in the amount of \$38.50 on Invoice # 6360246Y. Your payment was received on 19-MAR-15.

If further information is required, please do not hesitate to contact us at 800-344-3555 or 617-770-3000.

Sincerely,

Diana Casey



# National Fire Protection Association

Fulfillment Center, 11 Tracy Drive, Avon, MA 02322

**NFPA**

Phone: 617-770-3000 • Fax: 508-895-8301 • [www.nfpa.org](http://www.nfpa.org)

Page No. 1

office use only

Bill To I.D. Number:  
3104069

Ship To I.D. Number:  
3104069

Ship Via UG / 08  
Co/Type WEB/INV  
Priority W

60256/004

BARRY MORROW  
CITY OF PROSSER  
601 7TH STREET  
PROSSER  
WA 99350

BARRY MORROW  
CITY OF PROSSER  
601 7TH STREET  
PROSSER  
WA 99350

Customer Purchase Order Number	Order Number	Web Order Number	Invoice Date	Invoice Number
	5237279	10664	01-31-15	6360246Y

Order Qty	Ship Qty	Item Number	Title	List Price	Discount Price	Ext Price
-----------	----------	-------------	-------	------------	----------------	-----------

From Our Quotation File, Our Ref 6359477P 30-JAN-15 WEB

1	1	29113PDF	Test Flow Marking Hy	38.50	38.50	38.50
---	---	----------	----------------------	-------	-------	-------

Total Goods	38.50
Tax	0.00
Shipping	0.00
Handling	0.00
Other	0.00
<b>TOTAL</b>	<b>38.50</b>

### METHOD OF PAYMENT

Check Enclosed (Payable to NFPA) Must be in US Dollars drawn on US Bank  
 VISA     MasterCard     American Express     Discover

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

## EARNING ITEM SUMMARY

City Of Prosser  
MCAG #: 0205

Time: 12:16:38 Date: 04/09/2015  
03/31/2015 To: 03/31/2015

Page: 1

### BUILDING

Group	Pay Item	Date	Hours	Pay
BUILDING	Draw	03/31/2015		-850.00
	Hourly		80.50	1,603.56
	Hourly Alt		36.00	815.40
	Salary		173.33	5,752.75
	Cell Phone Allow			101.32
	Hol F Used		8.00	159.36
	Sick Used		19.50	388.44
	Vac Used		16.00	318.72
<b>TOTAL BUILDING</b>			<b>333.33</b>	<b>8,289.55</b>

### CLERK

Group	Pay Item	Date	Hours	Pay
CLERK	Draw	03/31/2015		-2,098.00
	Salary		165.33	5,246.80
	Cell Phone Allow			50.66
	Sick Used		8.00	
<b>TOTAL CLERK</b>			<b>173.33</b>	<b>3,199.46</b>

### COUNCIL

Group	Pay Item	Date	Hours	Pay
COUNCIL	Board Meeting	03/31/2015	6.00	120.00
	Council Meeting		12.00	480.00
	Salary		181.33	6,100.00
	Cell Phone Allow			50.66
	Travel Reimburse			49.00
	Sick Used		16.00	
<b>TOTAL COUNCIL</b>			<b>215.33</b>	<b>6,799.66</b>

### FINANCE

Group	Pay Item	Date	Hours	Pay
FINANCE	Draw	03/31/2015		-2,190.00
	Hourly		430.15	7,039.74
	Salary		423.99	17,849.70
	Cell Phone Allow			151.98
	Death In Family		24.00	458.16
	Travel Reimburse			86.00
	BiLingual Pay			40.00
	Education Pay			50.00
	Hol F Used		8.00	152.72
	Sick Used		59.00	1,028.91
	Vac Used		110.00	262.66
	Vac Buy Out		59.00	2,558.83
<b>TOTAL FINANCE</b>			<b>1,114.14</b>	<b>27,488.70</b>

## EARNING ITEM SUMMARY

City Of Prosser  
MCAG #: 0205

03/31/2015 To: 03/31/2015

Time: 12:16:38 Date: 04/09/2015  
Page: 2

### PLANNING

Group	Pay Item	Date	Hours	Pay
PLANNING	Salary	03/31/2015	149.33	4,395.73
	Cell Phone Allow			50.66
	Hol F Used		8.00	
	Sick Used		16.00	
<b>TOTAL PLANNING</b>			<b>173.33</b>	<b>4,446.39</b>

### POLICE

Group	Pay Item	Date	Hours	Pay
POLICE	Draw	03/31/2015		-10,801.00
	Hourly		160.00	3,566.40
	Salary		2,092.03	66,925.46
	Overtime		92.50	3,915.34
	Shift Pay			489.80
	Evidence Pay			50.00
	FTO Pay			200.00
	Death In Family		24.00	
	Hol Pay PD		24.00	702.72
	Longevity			90.00
	Travel Reimburse			25.00
	BiLingual Pay			40.00
	Education Pay			325.00
	Comp Used		12.00	
	Comp Earned		6.00	
	Hol F Used		8.00	
	Military Used		24.00	
	Sick Used		52.50	
	Vac Used		12.00	
	Comp Buy Out		29.50	
	Vac Buy Out		240.00	7,027.20
<b>TOTAL POLICE</b>			<b>2,776.53</b>	<b>72,555.92</b>

### PUBLIC WORKS

Group	Pay Item	Date	Hours	Pay
PUBLIC WORKS	Draw	03/31/2015		-6,263.00
	Hourly		2,259.50	58,163.05
	Salary		109.33	7,065.58
	Overtime		129.00	5,278.97
	Shift Pay			1,582.50
	Cell Phone Allow			810.56
	BiLingual Pay			80.00
	Sick Used		132.00	1,971.71
	Vac Used		132.50	3,407.67
<b>TOTAL PUBLIC WORKS</b>			<b>2,762.33</b>	<b>72,097.04</b>

# EARNING ITEM SUMMARY

City Of Prosser  
MCAG #: 0205

03/31/2015 To: 03/31/2015

Time 12:16:38 Date: 04/09/2015

Page: 3

**TOTAL**

---

**7,548.32      194,876.72**

# EARNING ITEM SUMMARY

City Of Prosser  
MCAG #: 0205

03/31/2015 To: 03/31/2015

Time 12:18:19 Date: 04/09/2015  
Page: 1

## FINANCE

Group	Pay Item	Date	Hours	Pay
FINANCE	Vac Buy Out	03/31/2015	59.00	2,558.83
<b>TOTAL FINANCE</b>			<b>59.00</b>	<b>2,558.83</b>

## POLICE

Group	Pay Item	Date	Hours	Pay
POLICE	Vac Buy Out	03/31/2015	240.00	7,027.20
<b>TOTAL POLICE</b>			<b>240.00</b>	<b>7,027.20</b>

**TOTAL** **299.00** **9,586.03**