

CITY OF PROSSER, WASHINGTON
BUDGET & FINANCE COMMITTEE

TUESDAY, AUGUST 11, 2015
5:30 PM

CITY HALL CONFERENCE ROOM
601 7TH STREET

1. Call to Order
2. Approve July 28, 2015 Meeting Minutes
3. Discuss Claim Checks for Period Ending August 11, 2015
4. Discuss July 2015 Payroll Checks and Vacation Buy Outs
5. Next Meeting – August 25, 2015
6. Adjournment

Attachments:

July 28, 2015 Meeting Minutes
Visa Payment Detailed Information
July 2015 Payroll Checks and Vacation Buy Outs

**CITY OF PROSSER, WASHINGTON
BUDGET & FINANCE COMMITTEE
MINUTES
TUESDAY, JULY 28, 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 JULY 14, 2015 MEETING MINUTES

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

DISCUSS CLAIM CHECKS FOR PERIOD ENDING JULY 28, 2015

The Committee reviewed the claim checks prepared for City Council approval. There were questions with regard to why we were purchasing items from Grandview Ace Hardware as opposed to purchasing locally here in Prosser.

ADJOURNED

The meeting of the Budget and Finance Committee was adjourned at 5:35 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 07-20-2015
AMOUNT DUE \$1,011.23
NEW BALANCE \$1,011.23
PAYMENT DUE ON RECEIPT

000003504 1 AB 0.416 106481124173306 P
CITY OF PROSSER
ATTN ELIA BELMARES
601 7TH STREET
PROSSER WA 99350-1459

AMOUNT ENCLOSED
\$ [REDACTED]

Please make check payable to
U.S. BANK

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

RECEIVED
JUL 28 2015

CITY OF PROSSER [REDACTED]

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	\$2,094.88	\$1,011.23	\$0.00	\$0.00	\$0.00	\$0.00	\$2,094.88	\$1,011.23	

CORPORATE ACCOUNT ACTIVITY					
CITY OF PROSSER					TOTAL CORPORATE ACTIVITY
					\$2,094.88 CR
Post Date	Tran Date	Reference Number	Transaction Description		Amount
07-06	07-08		AUTO PAYMENT DEDUCTION		2,094.88 CR

NEW ACTIVITY					
LJ DACORSI		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
		\$0.00	\$495.00	\$0.00	\$495.00
Post Date	Tran Date	Reference Number	Transaction Description		Amount
06-26	06-25	24492155170894639912926	PAYPAL *EVERGREENRU 402-935-7793 CA		195.00
07-16	07-15	24431065195028154367792	GREEN RIVER COMMUNITY CO .GREENRIVIERC WA		300.00

CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER [REDACTED]		ACCOUNT SUMMARY		
	STATEMENT DATE 07/20/15	DISPUTED AMOUNT .00	PREVIOUS BALANCE	2,094.88	
SEND BILLING INQUIRIES TO: U.S. BANK P.O. Box 6335 Fargo, ND 58125-6335	AMOUNT DUE 1,011.23		PURCHASES & OTHER CHARGES	1,011.23	
			CASH ADVANCES	.00	
			CASH ADVANCE FEES	.00	
			LATE PAYMENT CHARGES	.00	
			CREDITS	.00	
		PAYMENTS	2,094.88		
		ACCOUNT BALANCE	1,011.23		

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:

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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: 07-20-2015

NEW ACTIVITY

PAUL WARDEN	CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
[REDACTED]	\$0.00	\$99.95	\$0.00	\$99.95

Post Date	Tran Date	Reference Number	Transaction Description	Amount
07-03	07-02	24492155184027110278239	PRESS PLUS 866-717-7377 NY	99.95

TONELLE M YOST	CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
[REDACTED]	\$0.00	\$416.28	\$0.00	\$416.28

Post Date	Tran Date	Reference Number	Transaction Description	Amount
06-24	06-23	24692165174000577819547	UPS*00000021R293245 800-811-1648 GA	9.00
07-06	07-02	24692165184000393626892	LA QUINTA INNS 0675 SEATTLE WA 319954 ARRIVAL: 06-29-15	407.28

Department: 00000 Total: \$1,011.23
 Division: 00000 Total: \$1,011.23

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



ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00

000003505 1 AB 0.416 106481124173307 P
 LJ DACORSI
 CITY OF PROSSER
 601 7TH STREET
 PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"
 DO NOT REMIT PAYMENT

RECEIVED

JUL 28 2015

CITY OF PROSSER

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
06-25	06-26	8641	PAYPAL *EVERGREENRU 402-935-7733 CA	TS 24492155176894639912626	195.00
07-15	07-16	8220	GREEN RIVER COMMUNITY CO .GREENRIVIERC WATS	24431065196026154367792	300.00

403.534.80.49
 JB x [Signature]

CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER [REDACTED]	ACCOUNT SUMMARY	
	STATEMENT DATE 07/20/15	PURCHASES, FEES & ADJUSTMENTS	\$495.00
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	\$495.00

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

Please enter ⁵new address or telephone number here:

Name

Address

City

State

Zip

()

Home Phone

()

Business Phone

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WETRC

Washington Environmental Training Center

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[Shopping Cart](#) > [Check Out](#)

Confirmation

[Print receipt for order](#)

Your order has been submitted. Please print a receipt for your records.

Order Summary

Order number: 144705
Order date: Friday, July 10, 2015 2:53 PM
StudentID:



Item	Price	Details
SERVICE CONNECTIONS AND WATER METERS Section RA 8:00 AM-4:30 PM, 10/27/2015 - 11/07/2015 2 Sessions Location: ARR Instructor: Monte Brachmann	\$300.00	<i>Tom Stewart</i>
TOTAL:	\$300.00	

Billing information

Lindsay Bardessono
601 7th St
Bremser, WA 98350

Payment information

Lindsay Bardessono
Card #: [REDACTED]
Expires: 6/2017

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WETRC is a non-profit, self-supported government agency founded in 1974 and located on the Main Campus of [Green River Community College](#).

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Training, Technical Assistance, Advocacy
EVERGREEN RURAL WATER OF WASHINGTON

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NEWS CLASSIFIEDS ABOUT US CONTACT HOME

MEMBERSHIP

CONFERENCES

TRAINING



LATEST NEWS

BOARD VACANCY IN THE EAST CENTRAL REGION

We currently have an open board position for the East...

ERWOW HAPPENINGS

Our next conference is coming up at the Tulalip Resort...

IN MEMORIAM

It is with heavy hearts that we must share that...

Payment Overview

Class/Event:	Fall Conference & Tradeshow- Tulalip
Primary Registrant:	Thomas Stewart
Payment Type:	PayPal
Payment Date:	June 25, 2015
Amount Paid/Owed:	\$195.00
Payment Status:	Completed
Registration ID:	481-558c46b42f574
Transaction ID:	2Y4786122R332963K



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



ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00

000003506 1 AB 0.416 106481124173308 P
PAUL WARDEN
CITY OF PROSSER
601 7TH STREET
PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"
DO NOT REMIT PAYMENT

RECEIVED

JUL 28 2015

CITY OF PROSSER

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
07-02	07-03	7399	PRESS PLUS 866-717-7377 NY	24492155184027110278239	99.95

001-511-60-49 *PW*

CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER [REDACTED]	ACCOUNT SUMMARY	
	STATEMENT DATE 07/20/15	PURCHASES, FEES & ADJUSTMENTS	\$99.95
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	\$99.95

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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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SIGN OUT

Tricity Herald Subscription

Account Information

- Account Summary
 - Account Settings
 - Update Payment Information
 - Update Print Address
-
- My Subscriptions
 - Modify Subscriptions
-
- Help
 - Contact Customer Care

Account Summary

Name: Paul Warden
Account Number: [REDACTED]
Email Address: pwarden@cl.presser.wa.us [Edit]
Password: *****
Cardholder Name: Paul Warden
Card Ending In: 2967 [Edit]
Payment Method: Visa
Expires: 6/2017

Active Subscription

Publisher	Subscription	Purchase Date	Status	PSC Status
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Transaction History

Date	Amount	Description
Aug 3, 2015	\$83.29	Refund: Convert: Annual Digital Subscription
Jul 3, 2015	\$99.95	Convert: Annual Digital Subscription
Jul 7, 2014	\$69.95	Subscribe: Annual Digital Subscription

Tricity Herald Digital Subscription

[Privacy Policy](#) | [Terms and Conditions](#) | [Help](#) | [Contact](#)

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Paul Warden



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



ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00

000003507 1 AB 0.416 106481124173309 P
 TONELLE M YOST
 CITY OF PROSSER
 601 7TH ST
 PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"
 DO NOT REMIT PAYMENT

RECEIVED

JUL 28 2015

CITY OF PROSSER

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TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
06-23	06-24	4214	UPS*00000021R293245 800-811-1648 GA	24692165174000577819547	9.00
07-02	07-06	3516	LA QUINTA INNS 0675 SEATTLE WA 319954 ARRIVAL: 06-28-15	24692165184000393626892	407.28

001-514-23-43 - \$407.28
 Grant training / excuse Tax

403-534-80-42 - \$9.00
 JB x [Signature]

CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER [REDACTED]	ACCOUNT SUMMARY	
	STATEMENT DATE 07/20/15	PURCHASES, FEES & ADJUSTMENTS	\$416.28
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	\$416.28

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Please enter new address or telephone number here:

Name

Address

City

State

Zip

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Home Phone

()
Business Phone

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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.



Payments > One-Time Payment

[Print this page](#)

Manage One-Time Payments

Thank you for your payment. It is currently being processed. Please review the Payment Activity screen for an updated status.

Scheduled Payments (1 item)

Invoice Number	Account Number	Due Date	Payment Method	Amount Due
[REDACTED]	[REDACTED]	Jun 22, 2015	City Of Prosser	\$9.00



RECEIVED

JUN 18 2015

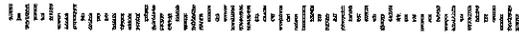
CITY OF PROSSER

Delivery Service Invoice

Invoice date June 13, 2015
Invoice number 000021R293245
Shipper number 21R293
Control ID 8K36
Page 1 of 3



0376A000021R2939 77394020031885
MB 01 023216 53875 H 67 D



CITY OF PROSSER
A/P
601 7TH ST
PROSSER, WA 99350-1459

Sign up for electronic billing today!
Visit ups.com/billing

For questions about your invoice, call:
(800) 811-1648
Monday - Friday
8:00 a.m. - 9:00 p.m. E.T.

or write:
UPS
P.O. Box 7247-0244
Philadelphia, PA 19170-0001

Account Status Summary
Weekly Payment Plan

Table with 2 columns: Amount Due This Period, Amount Outstanding (prior invoices), Total Amount Outstanding. Values: \$ 9.00, \$ 0.00, \$ 9.00

About this invoice

Thank you for registering to receive your UPS Delivery Service Invoice electronically. For the next two billing cycles, you will receive both an electronic invoice and a duplicate paper invoice. After that transition period, you will only receive invoices electronically. Thank you for choosing UPS.

Ship packages at Staples using your UPS account

With Bill My Account you can now use your UPS account number to pay for shipments from any Staples store nationwide. Visit ups.com/billmyaccount for more information and to enable your account for this option.

Thank you for using UPS.

Summary of Charges

Table with 2 columns: Page, Charge. Row 1: 3 Adjustments & Other Charges \$ 9.00. Row 2: Amount due this period \$ 9.00

UPS payment terms require payment of this bill by June 22, 2015.

Payments received late are subject to a late payment fee of 6% of the Amount Due This Period. (see Tariff/Terms and Conditions of Service at ups.com for details)

Note: This invoice may contain a fuel surcharge as described at ups.com. The published fuel surcharge is 5.25% for UPS Ground Services and 4.50% for UPS Air Services, UPS 3 Day Select, and International services. For more information, visit ups.com.



Return Portion

CITY OF PROSSER
A/P
601 7TH ST
PROSSER, WA 99350-1459

Please tear off and send with your payment in the enclosed envelope. Do not use staples or paper clips.

Invoice Date June 13, 2015
Invoice Number 000021R293245
Shipper Number 21R293

Table with 2 columns: Amount due this period, Amount enclosed. Value: \$ 9.00

If this billing address is incorrect, mark an "X" in this box and make the appropriate changes above.



UPS
PO BOX 894820
LOS ANGELES, CA 90189-4820

21R293 2 061315 0376 1 00000009000 9



Delivery Service Invoice

Invoice date **June 13, 2015**
Invoice number **000021R293245**
Shipper number **21R293**

Page 2 of 3

Account Status
Weekly Payment Plan

Payments Applied

Invoice Number	Invoice Date	Amount Paid
000021R293225	05/30/2015	\$ 13.03
000021R293235	06/06/2015	\$ 56.53





Delivery Service Invoice

Invoice date **June 13, 2015**
 Invoice number **000021R293245**
 Shipper number **21R293**

Adjustments & Other Charges

Shipping Charge Corrections Learn how to avoid future shipping charge corrections. Visit www.ups.com/avoidcharges.

Pickup Date	Tracking Number	Original Service/Corrected Service	ZIP Code	Zone	Weight	Billed Charge	Adjustment Amount
06/03	K1295621087	Ground	99202	2			
		Additional Handling - Not encased in cardboard				9.00	9.00
Sender : TONI YOST CITY OF PROSSER PROSSER WA 99350						Receiver: MCCUNES INSTRUMENTS SPOKANE WA 99202	
Total Shipping Charge Corrections						1 Package(s)	9.00
Total Adjustments & Other Charges							9.00

UPS Ground S.D.P.
Shipping Document

See instructions on back. Visit UPS.com or call 1-800-PICK-UPS® (800-742-5877) for additional information and Tariff/Terms and Conditions.

TRACKING NUMBER **K129 562 108 7**

SHIPMENT FROM
 SHIPPER'S UPS ACCOUNT NO. **2 1 R 2 9 3**

REFERENCE NUMBER

NAME **Andrew Robinson** TELEPHONE **509-786-2332**

COMPANY **CITY OF PROSSER**

STREET ADDRESS **601 7TH ST**

CITY AND STATE **PROSSER WA** ZIP CODE **99350 1459**

DELIVERY TO NAME

TELEPHONE **509 534-7774** DEPT./FLR.

COMPANY **McCunes Instruments**

STREET ADDRESS **108 N. Lee** Residential Delivery

CITY AND STATE **Spokane, WA** ZIP CODE **99202**



023216 2/2

3 WEIGHT **6** WHOLE LBS. ONLY

4 DIMENSIONAL WEIGHT If Applicable

5 LARGE PACKAGE

6 SHIPPER RELEASE

7 GROUND S.D.P. SHIPPING CHARGES \$

8 DECLARED VALUE FOR CARRIAGE \$ AMOUNT \$

Contents are automatically protected up to \$100. For declared value over \$100, see instructions.

C.O.D. shipping may be available at UPS.com

9 ADDITIONAL HANDLING CHARGE \$

An Additional Handling Charge applies for certain items. See instructions.

10 TOTAL CHARGES \$

11 METHOD OF PAYMENT

BILL SHIPPER'S ACCOUNT NUMBER (SECTION 1)

BILL RECEIVER

BILL THIRD PARTY

CREDIT CARD

American Express
Diner's Club
MasterCard
Visa

CHECK

12 RECEIVER'S/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO. EXPIRATION DATE

THIRD PARTY'S COMPANY NAME AND ADDRESS

STREET ADDRESS

CITY AND STATE ZIP CODE

The shipper authorizes UPS to act as forwarding agent for export control and customs purposes. The shipper certifies that these commodities, technology or technical data are not controlled under the Export Administration Regulations, Division 25 of the EAR, and are not prohibited.

13 SHIPPER'S SIGNATURE **X J. Baudesson** DATE OF SHIPMENT **6/13/15**

All shipments are subject to the terms contained in the UPS Tariff/Terms and Conditions of Service, which are incorporated herein by reference, and are available at UPS.com and local UPS offices.

PV# **293594K2 B6G**

02129509 1/07 MW

This form not needed with UPS Internet Shipping at UPS.com

SHIPPER'S COPY



LA QUINTA INN SEATTLE SEA-TAC
2824 S. 188TH STREET
SEATTLE, WA 98188
206-241-5211

LARA, ELIA
601 7TH ST
PROSSER, WA 99350
Company: GOVERNMENT RATE

Folio#: 0675319954
Room: 407
Arrival: 06/29/15
Departure: 07/02/15
Returns Club No :
Voucher/Ship/PO:

Trans #	Date	Description	Charges	Payments	Balance
984515	6/29/2015	Rm: 407 GSA - GOVERNMENT	\$119.00	\$0.00	\$119.00
984516	6/29/2015	TAX - OCCUPANCY - FLAT RATE	\$2.00	\$0.00	\$121.00
984517	6/29/2015	TAX - OCCUPANCY - STATE	\$14.76	\$0.00	\$135.76
984964	6/30/2015	Rm: 407 GSA - GOVERNMENT	\$119.00	\$0.00	\$254.76
984965	6/30/2015	TAX - OCCUPANCY - FLAT RATE	\$2.00	\$0.00	\$256.76
984966	6/30/2015	TAX - OCCUPANCY - STATE	\$14.76	\$0.00	\$271.52
985420	7/1/2015	Rm: 407 GSA - GOVERNMENT	\$119.00	\$0.00	\$390.52
985421	7/1/2015	TAX - OCCUPANCY - FLAT RATE	\$2.00	\$0.00	\$392.52
985422	7/1/2015	TAX - OCCUPANCY - STATE	\$14.76	\$0.00	\$407.28
				Balance:	\$407.28

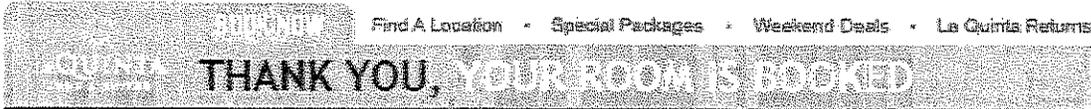
Signature:

THANK YOU
WE APPRECIATE YOUR BUSINESS

Elia Lara

From: La Quinta Reservations [reservations@laquinta.com]
Sent: Wednesday, June 10, 2015 9:26 AM
To: Elia Lara
Subject: La Quinta Hotel Reservation Update for ELIA LARA arriving 06/29/2015

This is an automated message, please do not reply.



Your Reservation Confirmation No: 3194872127

SEATTLE SEA-TAC AIRPORT WA IS
2824 S. 188th St.
SEATTLE, WA 98188
1-206-241-5211

Your Name: ELIA LARA

Check-In Date: 06/29/2015

Check-In Time: 15:00

Check-Out Date: 07/02/2015

Check-Out Time: 12:00

Number of Rooms: 1

Room Type: One King Bed w/Microwave & Fridge

Nightly Rate: 119.00 USD

(Does not include all applicable taxes or fees)

Estimated Total w/Tax: 407.63 USD

(Taxes are estimated, subject to change prior to arrival, and do not include additional fees required by the selected hotel)

IF YOU HAVE TO CANCEL

Reservations must be cancelled prior to the cancellation policy deadline specified at the time of booking to avoid penalty fees. Please call the hotel at 1-206-241-5211 to verify the policy for your stay or cancel if necessary. For reservations cancelled within the stated cancellation policy period that include free night(s) redeemed with La Quinta Returns points, you must contact the La Quinta Returns Service Center at 1-800-642-4258 to have your points restored to your account.



Driving directions:

##drivingDirectionsText##

Ready To Plan Your Next Trip?

BOOK NOW

Or Call 1-800-SLEEPLQ (753-3757)

LQ.COM | BEST RATE GUARANTEED | WEEKEND DEALS |



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EARNING ITEM SUMMARY

City Of Prosser
MCAG #: 0205

Time 16:03:28 Date: 08/07/2015
07/01/2015 To: 08/01/2015

Page: 1

BUILDING

Group	Pay Item	Date	Hours	Pay
BUILDING	Draw	07/15/2015		850.00
	Draw			-850.00
	Hourly		80.00	1,593.60
	Hourly Alt		49.00	1,109.85
	Salary		165.33	5,752.75
	Cell Phone Allow			101.32
	Holiday Used		16.00	159.36
	Sick Used		16.00	318.72
	Vac Used		24.00	478.08
TOTAL BUILDING			350.33	9,513.68

CLERK

Group	Pay Item	Date	Hours	Pay
CLERK	Draw	07/15/2015		2,098.00
	Draw			-2,098.00
	Salary		133.33	5,246.80
	Cell Phone Allow			50.66
	Holiday Used		8.00	
	Sick Used		24.00	
	Vac Used		8.00	
TOTAL CLERK			173.33	5,297.46

COUNCIL

Group	Pay Item	Date	Hours	Pay
COUNCIL	Board Meeting	07/31/2015	5.00	100.00
	Council Meeting		6.00	240.00
	Salary		189.33	6,100.00
	Cell Phone Allow			50.66
	Travel Reimburse			39.00
	Holiday Used		8.00	
TOTAL COUNCIL			208.33	6,529.66

FINANCE

Group	Pay Item	Date	Hours	Pay
FINANCE	Draw	07/15/2015		2,190.00
	Draw			-2,190.00
	Hourly		543.50	8,888.21
	Salary		387.99	15,406.91
	Cell Phone Allow			101.32
	BiLingual Pay			25.00
	Holiday Used		54.40	491.38
	Sick Used		55.50	63.37
	Vac Used		99.60	755.04
TOTAL FINANCE			1,140.99	25,731.23

EARNING ITEM SUMMARY

City Of Prosser
MCAG #: 0205

07/01/2015 To: 08/01/2015

Time: 16:03:28 Date: 08/07/2015

Page: 2

PLANNING

Group	Pay Item	Date	Hours	Pay
PLANNING	Salary	07/31/2015	165.33	4,395.73
	Cell Phone Allow			50.66
	Holiday Used		8.00	
TOTAL PLANNING			173.33	4,446.39

POLICE

Group	Pay Item	Date	Hours	Pay
POLICE	Draw	07/15/2015		10,201.00
	Draw			-10,201.00
	Hourly		245.00	4,649.07
	Salary		1,997.29	67,369.44
	Overtime		22.50	966.67
	Overtime Hol (.5		48.00	672.96
	Overtime Hol (1.		24.00	1,009.32
	Shift Pay			447.30
	Evidence Pay			50.00
	FTO Pay			150.00
	BiLingual Pay			80.00
	Education Pay			425.00
	Comp Used		69.00	
	Comp Earned		11.50	
	Hol F Used		16.00	
	Holiday Used		21.04	255.68
	Military Used		24.00	
	Sick Used		12.00	
	Vac Used		155.00	891.60
TOTAL POLICE			2,645.33	76,967.04

PUBLIC WORKS

Group	Pay Item	Date	Hours	Pay
PUBLIC WORKS	Draw	07/15/2015		6,963.00
	Draw			-6,963.00
	Hourly		2,647.00	60,110.36
	Hourly Alt			106.80
	Hourly Alt			106.80
	Overtime Alt			12.03
	Salary		155.33	7,065.58
	Overtime		89.00	3,586.39
	Shift Pay			2,415.00
	Cell Phone Allow			810.56
	Travel Reimburse			42.00
	BiLingual Pay			40.00
	Holiday Used		136.00	3,224.16
	Sick Used		46.50	1,098.40

EARNING ITEM SUMMARY

City Of Prosser
MCAG #: 0205

07/01/2015 To: 08/01/2015

Time: 16:03:28 Date: 08/07/2015

Page: 3

PUBLIC WORKS

Group	Pay Item	Date	Hours	Pay
	Vac Used		336.50	8,866.05
TOTAL PUBLIC WORKS			3,410.33	87,484.13

RECREATION

Group	Pay Item	Date	Hours	Pay
RECREATION	Hourly	07/31/2015	3,512.25	35,733.59
	Hourly Alt		256.50	2,533.57
	Overtime		12.25	200.07
	Cell Phone Allow			50.66
TOTAL RECREATION			3,781.00	38,517.89

TOTAL

11,882.97 254,487.48

VACATION BUY OUT DETAIL

City Of Prosser
MCAG #: 0205

Time 3:17 Date: 8/07/2015

07/01/2015 To: 07/31/2015

Page: 1

TOTAL
