

Rose Magaña

From: Leroy R. Medford
Sent: Thursday, July 14, 2016 8:06 AM
To: Elizabeth M. Ortiz
Cc: Rose Magaña
Subject: FW: contribution for retiree insurance
Attachments: RFP for County Contribution for County Retirees.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Need an agenda item for this

From: Rafael Perez
Sent: Wednesday, July 13, 2016 4:07 PM
To: Cynthia Mares <cmares@webbcountytx.gov>
Cc: Lalo Uribe <auribe@webbcountytx.gov>; Leroy R. Medford <lmedford@webbcountytx.gov>; Leo Flores <lflores@webbcountytx.gov>; Gaby S. Lopez <gsosa@webbcountytx.gov>; Cynthia Gutierrez <cgutierrez@webbcountytx.gov>
Subject: contribution for retiree insurance

Our office just received the 3rd quarter request for payment for the contribution for the County's retirees health insurance.

The line item 001-0109-6035-10 is under the general operating department and has \$ 3,452.50.

Please place an agenda to request a budget amendment for \$ 90,000 to finish fiscal year (General Fund payroll saving).

Please prepare an open purchase in lieu of a RFP for next year budget for the anticipated retirees count.

Thanks

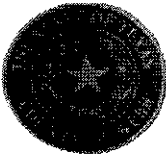


APR 2017 1:06 PM
 General Ledger Inquiry
 Expense Account: 001-0109-6035-10
 Prem Contribution Retiree
 Account Status: ACTIVE
 Budgeted Account Trng Level: Detail Acct
 Fiscal Year: 2016

Month	Budget	Actuals	Expenses	Encumbrances	YTD Balance
Jan	8000.00	00	00	00	8000.00
Feb	00	00	00	00	8000.00
Mar	00	00	00	00	8000.00
Apr	00	00	00	00	8000.00
May	00	00	00	00	8000.00
Jun	00	00	00	00	8000.00
Jul	00	00	00	00	8000.00
Aug	00	00	00	00	8000.00
Sep	00	00	00	00	8000.00
Oct	00	00	00	00	8000.00
Nov	00	00	00	00	8000.00
Dec	00	00	00	00	8000.00
Tot	84000.00	00	80547.50	00	3452.50

F10=Print Bal. F11=Transactions F12=Cancel F20=More Functions

Rafael Pérez
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 Webb County Auditor's Office
 1110 Washington St., Suite 201
 Laredo, Texas 78040
 Webb County, Texas
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WEBB COUNTY
GENERAL PURPOSE REQUEST FOR PAYMENT

Total \$44,055.00
Vendor # _____
Optional

Request No. _____
Date Prepared 7/13/2016
Prepared By Maricela Villarreal
Phone No. 523-4143

Vendor Name WEBB COUNTY RETIREE
HEALTH INSURANCE FUND

Address _____

Description/Purpose FY 2014-2015 Retiree Health
County Contribution.
\$517.50 for each Group Health Retiree
\$100.00 for each Silver Choice Retiree

Please see attached.

To The County

I am here by presenting for payment expenses approved for my department for this fiscal year, which are absolutely necessary in the discharge of my official duties, and for which there is an available balance in my approved budget. To this I certify. I also certify that this expenditure is proper, appropriate, and that it complies with all federal, state, and grant regulations and laws concerning the expenditure of these funds.

Department 0114 Administrative Services Dept.
Signature/Date *Cynthia Mares* 7/13/16
Name Cynthia Mares
Title Administrative Services Director

Invoice No.	Invoice Date	Amount	Account No.	Auditor
0412016	4/1/2016	14,167.50	001-0109-6035-10	
0512016	5/1/2016	14,685.00	001-0109-6035-10	
0612016	6/1/2016	15,202.50	001-0109-6035-10	
TOTAL		\$44,055.00		

Balance \$: _____
FY- 2015-2016

- URGENT! Please distribute check by _____
- Please CALL _____

Approved

Auditor

Rec'd	Out by
1 st Review	2 nd Review
To Acct.	To R.P.
To C.G.	

RECEIVED
2016 JUL 13 AM 11:22
WEBB COUNTY
AUDITOR'S OFFICE

Retiree Health County Contribution for FY 2015-2016

Fiscal Year 2015-2016											
Third Quarter		Apr-16	County Contributing	May-16	County Contributing	Jun-16	County Contributing	Total Retiree	Total CC		
Group Health	*\$517.9	21	10867.50	22	11385.00	23	11902.50	66	\$ 34,155.00		
County Choice Silver	*\$100.0	33	3300.00	33	3300.00	33	3300.00	99	\$ 9,900.00		
Total		54	\$ 14,167.50	55	\$ 14,685.00	56	\$ 15,202.50	165	\$ 49,055.00		

