



Item # 3
2-8-16

Delia Perales

Webb County Treasurer

3

AUDITOR'S ERRORS COMMISSIONER'S COURT MEETING FEBRUARY 8, 2016

CORRECTED ERRORS RECEIVED FROM AUDITORS : "PROCESSED"

| <u>VENDOR NAME</u> | <u>AMOUNT</u> | <u>DEPARTMENT</u> | <u>DESCRIPTION</u> | <u>ACCT#</u> |
|-------------------------------|---------------|-------------------------|--|--|
| D.F. GONZALEZ TOWING, INC. | \$250.00 | SHERIFF'S | TOTAL AMOUNT DID NOT EQUAL COST OF REQUEST | 001-2001-6403 GENERAL FUND |
| TEXAS ASSOCIATION OF COUNTIES | \$122,926.10 | ADMINISTRATIVE SERVICES | INVOICE DATE WAS INCORRECT | 816-0105-6038 EMPLOYEE'S HEALTH BENEFITS FUND 863-0105-3038 EMPLOYEE'S RETIREE OPEB |
| WEST PAYMENT CENTER | \$345.94 | PUBLIC DEFENDER | AUDITORS APPROVED STAMP WAS MISSING | 001-1102-6010 GENERAL FUND |
| ROSA MARIA GUZMAN | \$60.00 | JUVENILE PROBATION | PAYMENT WAS NOT INDICATED CORRECTLY | 145-2106 BORDER CHILDREN'S JUSTICE PROJECT FUND |
| MCCOY'S BUILDING SUPPLY | \$75.18 | SHIERFF'S | ACCOUNT NUMBER IN AS/400 DISPLAYS 001-2060-6401 INSTEAD OF 001-2060-6205 | 001-2060-6205 GENERAL FUND |

5 VENDORS \$123,657.22

ERROR'S SENT BACK TO AUDITORS OFFICE FOR CORRECTIONS: "NOT PROCESSED" (NOT RECEIVED BACK FROM AUDITORS):

| <u>VENDOR NAME</u> | <u>AMOUNT</u> | <u>DEPARTMENT</u> | <u>DESCRIPTION</u> | <u>ACCT#</u> |
|--------------------|---------------|-------------------|-------------------------|-------------------------------|
| FERNANDO SANCHEZ | \$117.74 | SHIERRF'S | INCORRECT VENDOR NUMBER | 001-2062-6714 GENERAL FUND |

1 VENDORS \$117.74

CONTINUE NEXT PAGE

P.O. Box 593
Laredo, Texas 78042

(956) 523-4150
Fax (956) 523-5014
perales@webbcountytx.gov

Administration Bldg.
1110 Washington, Ste. 202
Laredo, Texas 78040

CONTINUATION OF 1ST PAGE

ERROR'S SENT BACK TO AUDITORS OFFICE FOR CORRECTIONS: "NOT PAID" (RECEIVED AFTER DEADLINE):

| <u>VENDOR NAME</u> | <u>AMOUNT</u> | <u>DEPARTMENT</u> | <u>DESCRIPTION</u> | <u>ACCT#</u> |
|-------------------------------|---------------------------|------------------------|---|---|
| RICHARD JAVIER GONZALEZ | \$200.00 | 406TH DISTRICT COURT | INVOICE WAS DUPLICATED | 001-1050-7001-50 GENERAL FUND |
| POLLUTION CONTROL | \$6,168.45 | WATER UTILITIES | ACCOUNT NUMBER WAS OVERBUDGET | 801-3004-6022-8 WATER UTILITIES FUND |
| IBM CORPORATION | \$1,956.51 | M.I.S. | INVOICE NUMBER ALREADY EXISTED | 001-0500-6411 GENERAL FUND |
| LENOVO | \$3,857.76 | M.I.S. | TOTAL AMOUNT DID NOT EQUAL COST OF REQUEST | 001-0500-6402 GENERAL FUND |
| TEXAS ASSOCIATION OF COUNTIES | \$85.00 | TAX ASSESSOR COLLECTOR | INCORRECT VENDOR NUMBER | 001-0700-6011 GENERAL FUND |
| 5 VENDORS | <u>\$12,267.72</u> | | | |

SHIP TO
 WEBB COUNTY TREASURER
 ATTN: PRISCILLA PEREZ
 1110 WASHINGTON ST. SUITE 202
 LAREDO, TX 78040

WEBB COUNTY
 Purchasing Department
 (956) 523-4125 - Fax (956) 523-5010

PURCHASE ORDER
 NO. 16-0002808
 DATE: 1/06/2016
 BUYER PURLM

VENDOR
 21615
 TEXAS ASSOCIATION OF COUNTIES
 HEALTH AND EMPLOYEE
 BENEFITS POOL
 ABBWINTANTONMO STREET

See Remit



BILL TO
 WEBB COUNTY PURCHASING
 1110 WASHINGTON ST. STE. 101
 LAREDO, TEXAS 78040
 OR EMAIL INVOICES TO:
 purchasinginvoices@webbcountytx.gov

The Purchase Order Number must appear on all Invoices, shipper's bill of lading, and correspondence.

PURCHASE ORDER

| QUANTITY | UNIT | DESCRIPTION | UNIT COST | TOTAL COST |
|----------|------|---|-----------|------------|
| 1.00 | EA | 1. REG FEE: CESAR A GUERRA JR. 2016 BASICS OF COUNTY INVESTMENT COURSE IN SAN MARCOS, TEXAS 001-0300-5601 \$395.00 | 395.000 | 395.00 |



2016 FEB -11 PM 3:04
 RECEIVED



INVOICE # 021616CG
 DATE ~~01-02-16~~ 01-06-16 PV
 AMOUNT \$ 395.00
 REMISED [Signature]

TOTAL 395.00

Auditors Use Only

Rec'd 2/4 Due Out 2/11
 1st Q To Acct _____
 2nd _____ To RP _____
 To CG 2/5

Partial Payment

1 2 3 4 5 6 7 8 9 10 11 12
 Amount \$ _____

Tag #'s _____

C.7IGIN

This purchase order is subject to the rights and obligations contained in the Webb County Standard Terms and Conditions for Purchasing which is on the reverse side of this document and incorporated herein for all purposes.

Leticia Gutierrez 1/08/16
 Interim Purchasing Agent Date

[Signature] 02/05/16
 Approved for payment - Deputy County Auditor Date

WEBB COUNTY PAYROLL ADVANCE IN ANTICIPATION OF A TRAVEL CLAIM



Request Total \$ 670.10

Prepared By: Margie R Gonzalez

Request No.: 220

Budget Account Number: 918-4208-5601

693.60

EMPLOYEE INFORMATION:

Employee Name Rosa Trevino

S.S. # Last 4 digits 0014

Address P.O.Box 2397

Invoice# (Auditor) 0222/6

TRAVEL DESCRIPTION (conference name, dates, and city):

Will travel to Dallas Tx on 2/22-25/16 to attend CC Partnership Training

Note: Proof of Completed course must be remitted. Auditors Use: Proof Received Y or N

DEPARTMENT HEAD AFFIDAVIT TO THE COUNTY AUDITOR:

I hereby certify that the travel described above is true, correct, and necessary to conduct official Webb County business. I further certify that this travel will not be reimbursed by any other entity.

Aliza F Oliveros [Signature] 2-5-16

Printed Name & Signature of Department Head Date

AFFIDAVIT / AUTHORIZATION BY CLAIMANT:

I hereby certify that the information contained on this form is true and correct. I hereby agree to provide to the County Auditor documentation of the actual expenditures for the funds advanced pursuant to this form. I agree that I am personally responsible for any funds advanced but not properly expended for this travel. I agree to repay any funds for which I fail to provide documentation within five (5) business days of the date of return as given on this form. I authorize Webb County to deduct from my wages any expenses for which I have neither provided documentation nor repaid by that deadline.

Rosa Trevino [Signature] 2/4/16

Printed Name & Signature of Claimant Date

GENERAL QUESTIONS:

Date and time of departure Feb 22 @ 8:50 am

Date and time of return Feb 25 @ 5:30pm

Number of employees on trip 1

Will airline flight be involved in this travel? yes

Will a County vehicle be used in the travel? no

Will a rental vehicle be used in the travel? no

(if yes, a purchase order is required)

MILEAGE (for private vehicles only):

Round trip from Laredo to _____

= _____ miles @ \$.575 or 57.5¢ mile =

TOTAL \$ 0.00

MEALS: Meals on non-overnight travel will be paid through Payroll

3 Breakfasts @ \$10 each = \$ 30.00 ✓

4 Lunches @ \$14 each = \$ 56.00 ✓

3 Dinners @ \$16 each = \$ 48.00 ✓

TOTAL \$ 134.00 ✓

LODGING:

Lodging cost in excess of \$50 per night will be provided upon presentation of a written confirmation. A detailed lodging receipt must be presented to the County Auditor upon completion of the trip.

3 night (s) on trip @ 158.70 per night =

TOTAL \$ 476.10 ✓

OTHER EXPENSES (receipts required):

shuttle roundtrip \$ 60.00

\$ _____

TOTAL \$ 60.00 ✓

TOTAL TRAVEL EXPENSES ADVANCED \$ 670.10

RECEIPTS PENDING

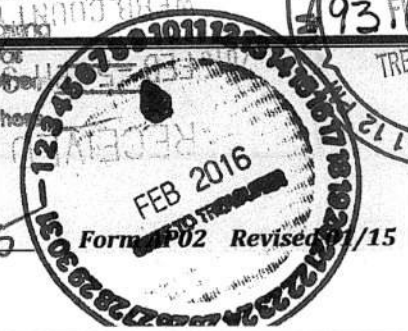


FOR AUDITORS USE ONLY

Approved by County Auditor _____ Date _____

Date Received 2/5 Due Out ASAP Assigned To J on 2/5

Dbl Check M on _____ to Acct Caylor To RP _____ Rec'd by CG 2/5



APPROVED AUDIT