

COUNTY of HIDALGO



EDINBURG, TEXAS 78539

HIDALGO COUNTY AUDITOR'S OFFICE
County Administration Building 3rd Floor
2808 S. Business Highway 281
Edinburg, Texas 78539-6243
PHONE: (956) 318-2511
FAX: (956) 318-2577
WEBSITE: www.co.hidalgo.tx.us/auditor

MAILING ADDRESS:
HIDALGO COUNTY AUDITOR'S OFFICE
P. O. BOX 689
EDINBURG, TEXAS 78540-0689

OFFICE OF THE COUNTY AUDITOR

NOTICE OF DISCREPANCY AND/OR ADVISORY

DATE: 08/25/2011

TO: Lauro Torres

DEPARTMENT: (125) EXECUTIVE OFFICE

FROM: Esther Perez

PHONE: (956)-318-2511 ext 4648

REFERENCE: JP MORGAN CHASE BANK NA Invoice #062411picku

THE FOLLOWING DOCUMENT (S), i.e. *Invoice #062411picku* IS/ARE BEING RETURNED, BECAUSE OF THE REASON (S) INDICATED BELOW AND REQUIRES YOUR IMMEDIATE ATTENTION. CORRECTIVE ACTION IS NECESSARY IN ORDER FOR MY OFFICE TO PERFORM ITS DUTIES ACCORDING TO STATUTES, POLICIES, FEDERAL REGULATIONS, AND ACCOUNTING STANDARDS.

PAYMENT (S) OF CLAIMS RELATED TO THIS DOCUMENT (S) WILL BE MADE AS SOON AS POSSIBLE AFTER CORRECTIVE ACTIONS HAS BEEN TAKEN AND THE CORRECTED AND PROPER DOCUMENTATION HAS BEEN SUBMITTED/RESUBMITTED TO THE AUDITOR'S OFFICE WITH SUFFICIENT TIME FOR THE AUDITOR TO EXAMINE AND APPROVE BEFORE THE NEXT SCHEDULED MEETING OF THE HIDALGO COUNTY COMMISSIONERS COURT, AS PER LOCAL GOVERNMENT CODE 113.064.

- EXPENDITURE INCURRED BEFORE PURCHASE ORDER ISSUED – PLEASE FOLLOW PROPER CLAIMS PROCEDURES
- PURCHASE ORDER NUMBER IS INCONSISTENT WITH INVOICE
- AMOUNT BILLED DOES NOT MATCH THE PURCHASE ORDER AMOUNT
- VENDOR ON PURCHASE ORDER DOES NOT MATCH INVOICE
- INSUFFICIENT DOCUMENTATION TO PROCESS PAYMENT
- SIGNATURE OR DATE NOT PRESENT
- SYSTEM SHOWS INVOICE PAID
- INSUFFICIENT FUNDING IN ACCOUNT # AVAILABLE \$
- NEEDS APPROVAL OF:
- NEEDS COMPLIANCE WITH PURCHASING POLICY/STATUTES/CONTRACTS (SEE COMMENTS)
- NEEDS CORRECTION(S):
- NEEDS ADDITIONAL DOCUMENTATION i.e.,:
- OTHER: Policies and Guidelines for non-travel meals policy:
 1. Attendees include at least one County employee and one or more non-County employee.
 - a. Only 6 County employees attend meeting.
 2. The duration of the events must be two or more consecutive hours.
 - a. Meeting took 1hr.

Plus purchased order needs to be under vendor name Citibank Corporate Card not JP Morgan.
- COMMENTS / RECOMMENDATION: Please note: Purchase of food should Not be place on any County credit cards.

COUNTY AUDITOR'S FORM: RE-CA-020
REVISED: 08/2010



Please attach to invoice when ready to

HIDALGO COUNTY DISTRICT JUDGES

RICARDO P. RODRIGUEZ, JR. JUDGE, 92ND D.C.	RODOLFO DELGADO JUDGE, 93RD D.C.	J. R. "BOBBY" FLORES JUDGE, 139TH D.C.	ROSE GUERRA REYNA JUDGE, 206TH D.C.	JUAN R. PARTIDA JUDGE, 275TH D.C.	MARIO E. RAMIREZ, JR. JUDGE, 332ND D.C.	NOE GONZALEZ JUDGE, 370TH D.C. OVERSEER	LETICIA LOPEZ JUDGE, 389TH D.C.	AIDA SALINAS FLORES JUDGE, 398TH D.C.
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Resubmit.



Purchase Order

COUNTY OF HIDALGO

PO#: 663667

DATE: 09/15/11

Page No 1 Of 1

VENDOR: 343277

REQ:00202175

Email:

BUYER:

Phone: (888) 836-5011

SHIP TO: EXECUTIVE OFFICE

CITIBANK (SOUTH DAKOTA), NA

2818 S BUSINESS HWY 281

P.O. BOX 6125

EDINBURG TX 78539

SIOUX FALLS SD 5711761

Vendor Acct:

CONTACT: Valde Guerra

(956) 292-7025

SITE: EXECUTIVE OFFICE

Special Instructions:

Contract No:

VENDOR NOTES

1. DO NOT ADD TO, OR ALTER THIS PURCHASE ORDER. THIS ORDER IS NOT RENEWABLE.
2. TAX EXEMPTION: THIS PURCHASE ORDER MAY BE ACCEPTED IN LIEU OF EXEMPTION CERTIFICATE.
3. THIS ORDER IS ALSO PLACED F.O.B. DESTINATION. VENDOR MUST REPAY ALL SHIPPING COSTS.
4. INVOICE EACH PURCHASE ORDER SINGLY. ORIGINAL INVOICES ARE REQUIRED CUSTOMER COPY MAY BE ACCEPTED. OUT NUMBER MUST APPEAR ON ALL INVOICES, BILLS OF LADING, AND PACKAGES.
5. PAYMENT WILL BE MADE ONLY FOR A BONA FIDE AND FULLY COMPLETED ORDERS, UNLESS OTHERWISE ATTACHED.

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
2	EACH	EX CHEF SALADS	8.99	17.98
2	EACH	EX CLUB SANDWICHES	7.49	14.98
2	EACH	EX CHICKEN SALAD SANDWICHES	6.99	13.98
		URGENT LUNCH MEETING ON JUNE 24, 2011 TO ASSES SETTLEMENT IN PRECINCT #1 LAWSUIT FOR THE FOLLOWING COUNTY EMPLOYEES: JUDGE RAMON GARCIA, COMMISSIONER JOEL QUINTANILLA, VALDE GUERRA, YOLANDA CHAPA, ESTHER CORTEZ & EDDIE GONZALEZ		
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		
		Total		46.94
		***** For Hidalgo County use only 1-1100-413-00-125-001-0-630		46.94
		Approved -----		

Authorized by: _____

Martha L. Salazar

D & M COFFEE COMPANY INC.

1108 South McColl Road
Edinburg, TX 78539

Invoice

Date	Invoice #
6/24/2011	062411picku

Bill To
County of Hidalgo Executive Office Attn: Lauro 292-7000 x 4859

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
2	CZ Club Whole	7.49	14.98
2	Chicken Salad Sandwich	6.99	13.98
2	Chef Salad	8.99	17.98
	Sales Tax	8.25%	0.00

Po # 660112

INVOICE RECEIVED BY:
L. Torrey ON 6/24/11

GOODS/SERVICES RECEIVED BY:
Hidalgo Co. ON 6/24/11

1-1100-413-00-125-001-0-630

[Signature] ✓

Thank you for choosing Coffee Zone !	Total	\$46.94
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05567098000545622000000000000000033

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
XXXX-XXXX-XX54-5622	07/28/2011	\$0.00	\$0.00	

BUDGET DEPT
 C1080 HIDALGO COUNTY
 2812 S BUSINESS HWY 281
 EDINBURG TX 78539-0000

Citibank
 P.O. Box 183173
 COLUMBUS, OH 43218-3173

CITIBANK CORPORATE CARD

Statement Date
 07/03/2011

Previous Balance	Payments and Credits	New Charges	New Balance	Credit Line
\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00

Payment Date
 07/28/2011

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 183173 COLUMBUS, OH 43218-3173

5567-0980-0054

Account Number	Cash Advance Limit*	Available Credit Line	Available Cash Line**	
XXXX-XXXX-XX54-5622	\$0.00	\$2,500.00	\$0.00	
Sale Date	Post Date	Reference Number	Type of Activity	Amount
*****NOTICE MEMO ITEM(S) LISTED BELOW*****				
06/24/2011	06/27/2011	55546551177451909700261	COFFEE ZONE EDINBURG TX	\$50.81
*****TOTAL AMOUNT OF MEMO ITEM(S):				\$50.81

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.

ACCOUNT SUMMARY	Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
CURRENT PERIOD						
Purchases	\$0.00					\$0.00
Advances	\$0.00					\$0.00
TOTALS	\$0.00					\$0.00
DAYS IN BILLING PERIOD: 030		Purchases	Cash Advances	Payment Due:		\$0.00
Balance Subject To Interest Charges >	\$0.00	\$0.00	\$0.00	Amount Over Credit Limit:		\$0.00
Periodic Rate >	.0000%	.0000%	.0000%	Amount Past Due:		\$0.00
ANNUAL PERCENTAGE RATE >	0.00%	0.00%	0.00%	MINIMUM AMOUNT DUE:		\$0.00

* Cash Advance Limit is a portion of your Total Credit Line
 ** Available Cash Line is a portion of your Available Credit Line

Information About Your Citibank Corporate Card Account

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement or Directory Assistance for the number to report a lost or stolen Citibank Corporate Card.
- **Cardmember Credit Line:** Each Cardmember has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardmember can charge at any time. The size of each Cardmember's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Reallocate a Company or Cardmember Credit Line:** The Company may request changes to credit lines by contacting Citibank Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardmembers:** The Company may request applications for additional Cardmembers by contacting Citibank Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citibank Corporate Card per Cardmember.
- **Payments:** Please allow sufficient mailing time and write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardmember balances. There may be a delay of up to 5 days in posting payments made at a location other than the address listed on the return envelope (Citi, P.O. Box 183173, Columbus, OH 43218-3173). If we receive your mailed payment in proper form at our processing facility by 10 a.m. Eastern Time, it will be credited as of that day.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardmembers to whom Cards are issued.
- **Special Information on Cash Advances:** Cardmembers may get a Cash Advance at over 160,000 locations worldwide.
 - The Cardmember's Cash Advance Limit is a part of the Cardmember's Total Credit Line. It is not an additional line of credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes. You may take up to a maximum of three (3) Cash Advances per day at an ATM or a Bank.
- **Calculation of Interest Charges:**
 - **For Purchases:** The Interest Charge on purchases is calculated as follows:
 - The Previous Balance is the purchase balance at the beginning of the monthly billing period. This includes purchases, applicable fees and unpaid Interest Charges.
 - Starting with the Previous Balance for Purchases, on each day of the billing period, we subtract payments and credit adjustments and we add new purchases as applicable, such fees as applicable, and other adjustments. This calculation determines the daily balance.
 - At the end of the billing period, the daily balances are totaled and divided by the total number of days in the billing period. This figure is the "Balance Subject to Interest Charge".
 - The Bank then multiplies the "Balance Subject to Interest Charge" by the Periodic Rate on the Billing Statement to arrive at the Monthly Interest Charge. The Periodic Rate corresponds to the Annual Percentage Rate stated in the Corporate Card Agreement.
 - There will be no Interest Charge on purchases if we receive payment of the New Balance for purchases on or before the Payment Due Date listed on your last billing statement.
 - **For Cash Advances:** Cash advances are subject to the Interest Charges specified in the Corporate Card Agreement and are calculated daily, beginning the day the advance is taken until the final payment is made. The Interest Charge on Cash Advances is calculated using the same method as Purchases, with the following exception:
 - The Bank multiplies the "Balance Subject to Interest Charge" by the Daily Rate on the Billing Statement to arrive at the Daily Interest Charge. The Daily Interest Charge is then multiplied by the total number of days in the billing period to arrive at the Monthly Interest Charge.
 - After payment of the Cash Advance Balance, a final Interest Charge will be reflected on the next statement. This amount is the Interest Charge billed from the date the prior statement was printed to the date the payment was posted to the account.

Account Inquiries

- **In Case of Errors or Questions About Your Bill:** If you think the Billing Statement is wrong, or if you need more information about a transaction, write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared.

In the letter please give us the following information:

 - Your name and account number. For centrally billed Company Accounts, the Company name and Individual account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain the reason for the error; if more information is needed about an item, please describe it to us.
 - Merchant Disputes. If the Company or Cardmember was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Citibank Corporate Card, we may be able to help if we are notified in writing within 60 days of the date of the charge.
- In the letter to us, please explain in detail the dispute and the results of the attempt to resolve it with the merchant. The letter must include the amount involved, **and must be signed by the individual Cardmember. We will notify you of the results of our efforts.**
- If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip please include a letter (signed by the individual Cardmember) stating that credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.
- On non-disputed matters or any matter shown by the Bank not to be in error, the Bank may charge the Company or Cardmember the fee specified in the Corporate Card Agreement for each copy of any document the Company or Cardmember requests, such as duplicate periodic statements, transaction slips, and the like.
- Please save your charge receipts.

BUibs 1/01

Account Requests

Payments must be remitted to Citi, P.O. Box 183173, Columbus, OH 43218-3173. If we receive your mailed payment in proper form at our processing facility by 10 a.m. Eastern Time, it will be credited as of that day.

CHANGE OF ADDRESS OR TELEPHONE NUMBER

Street Address _____

 City, State _____ ZIP _____
 Home Phone _____ Business Phone _____

CREDIT BALANCE REFUND REQUEST

- Refund full amount (no additional charges are outstanding).
- Refund partial amount of \$ _____ (additional charges are still outstanding).

Signature _____

Date R1410-1410B-0910

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M*61521



9JSC0102





05567098000545622000000000000000033

Account Number XXXX-XXXX-XX54-5622	Payment Date 08/28/2011	New Balance \$0.00	Minimum Amount Due \$0.00	Enter Amount Paid
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BUDGET DEPT
 C1080 HIDALGO COUNTY
 2812 S BUSINESS HWY 281
 EDINBURG TX 78539-0000

Citibank
 P.O. Box 183173
 COLUMBUS, OH 43218-3173

CITIBANK CORPORATE CARD

Previous Balance	Payments and Credits	New Charges	New Balance	Credit Line
\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00

Statement Date
08/03/2011

Payment Date
08/28/2011

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 183173 COLUMBUS, OH 43218-3173

Account Number	Cash Advance Limit*	Available Credit Line	Available Cash Line**
XXXX-XXXX-XX54-5622	\$0.00	\$2,500.00	\$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
*****NOTICE MEMO ITEM(S) LISTED BELOW*****				
07/01/2011	07/04/2011	55546551184451909700619	COFFEE ZONE EDINBURG TX	\$3.87 CR
07/25/2011	07/27/2011	75472331208206201770552	PAYMENT - THANK YOU	\$1,264.68 PY
*****TOTAL AMOUNT OF MEMO ITEM(S):				\$1,268.55 CR

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.

ACCOUNT SUMMARY CURRENT PERIOD		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Purchases		\$0.00					\$0.00
Advances		\$0.00					\$0.00
TOTALS		\$0.00					\$0.00

DAYS IN BILLING PERIOD: 031	<u>Purchases</u>	<u>Cash Advances</u>	Payment Due:	\$0.00
Balance Subject To Interest Charges >	\$0.00	\$0.00	Amount Over Credit Limit:	\$0.00
Periodic Rate >	.0000%	.0000%	Amount Past Due:	\$0.00
ANNUAL PERCENTAGE RATE >	0.00%	0.00%	MINIMUM AMOUNT DUE:	\$0.00

* Cash Advance Limit is a portion of your Total Credit Line

** Available Cash Line is a portion of your Available Credit Line

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- Please save your charge receipts.

BU1b 1/01

Account Requests

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CHANGE OF ADDRESS OR TELEPHONE NUMBER

Street Address _____

City, State _____ ZIP _____

Home Phone _____ Business Phone _____

CREDIT BALANCE REFUND REQUEST

- Refund full amount (no additional charges are outstanding).
- Refund partial amount of \$ _____ (additional charges are still outstanding).

Signature _____ Date _____ R1410-1410B-0910

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09300000



LUNCHEON MEETING

Human Resources Department

June 24, 2011

12:00 P.M.

1. REVIEW OF PENDING PERSONNEL ISSUES



CASE NUMBER	GRIEVANT	OLD POSITION	NEW POSITION/RE-HIRED DATE	SALARY	CURRENT	Longevity
0410-PCT#1-T-008	Ninfa Saucedo	Administrative Assistant	Higher th Ins. / Entry Level	\$ 46,224.00	27,500	
0410-PCT#1-T-012	Porfirio Castillo	Safety Director	Maint. III	\$ 42,710.00	38,000 15,000	
0410-PCT#1-T-014	Ernestina Quijas	Park Director	Pct # 1	\$ 50,118.00	30,000 27,500	
0410-PCT#1-T-018	Cynthia Rios	Community Liaison	OFFER VACANT POSITION	\$ 44,100.00	27,000	
0410-PCT#1-T-021	Rene Rodriguez	Contracts Manager	CALL CTR. MGR.	\$ 44,100.00	44,000	
0410-PCT#1-T-025	Mary Helen Castillo	Director of Operations	Pct # 1	\$ 68,528.00	50,000	
	Delma Cadena	Assistant Construction Mgr.	OFFER vacant position Part of lawsuit	47,250.00	27,000	





HIDALGO COUNTY, TEXAS
NON-TRAVEL MEALS, REFRESHMENTS,
AND RELATED EXPENSE CLAIM

DEPARTMENT INFORMATION

Department: Hidalgo County Executive Office
Department Contact Name: Lauro Torres
Contact Phone Number: (956) 292-7000 ext. 4859

EVENT INFORMATION

Date: 6/24/2011 Start Time: 12:00 p.m. End Time: 1:00 p.m.
Duration: 1hr #VALUE! Location: Human Resource Department
Purpose of Event: X Meeting Training Other: Review of Personnel issues

Attendees: (Please attach sign-in sheet)
County Employees 6 + Non-County Employees = Total 6

Meals: (Meals may not exceed \$10.00 per person including taxes and gratuity or \$250.00 per event.)
Breakfast + Lunch X + Dinner = Total 1
Refreshments: (Refreshments may not exceed \$3.00 per person or \$125.00 per event.)
Related Expenses: (Related expenses may not exceed \$25.00 per event.)

Table with 2 columns: ACTUAL and ALLOWABLE. Rows include Meals Expense (\$46.94), Refreshments Expense (\$-), Related Expenses (\$-), and Total Event Expenses (\$46.94).

FUNDING

Purchase Order Number: 660112 Account Number: 1-1100-413-00-125-001-0-630

APPROVAL

I, the undersigned, certify to the best of my knowledge, that the expenditures incurred were for official County business, have been expressly authorized by the Purchasing Department, and are in compliance with the Policy on Non-Travel Meals, Refreshments, and Related Expenses.

Valde Guerra
Name of Approving County Official/Department Head
(Please Print)

Signature of Approving County Official/Department Head

June 24, 2011
Date