CITY OF SOUTHAVEN
MISSISSIPPI

EMPLOYEE POLICIES AND PROCEDURES MANUAL

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FORMS.....

STATEMENT OF EQUAL OPPORTUNITY EMPLOYMENT

Equal employment opportunity for all individuals regardless of race, color, creed, sex, religion, national origin, age, mental or physical handicap, disability, veteran status, uniformed service status, political affiliation, or any other prohibited basis under applicable federal, state or local law is the policy of the Mayor and Board of Alderman. In order to assure non-discriminatory personnel administration, the Mayor and Board of Alderman promotes non-discriminatory practices and procedures in all phases of city personnel administration. The Mayor and Board of Alderman's equal opportunity policy, therefore, prohibits any form of unlawful discrimination based on the foregoing and other considerations made unlawful by federal, state or local laws.

It is the view of the Mayor and Board of Alderman that equal employment opportunity can only be attained through the City's commitment to comply with all applicable laws affording equal employment opportunities to individuals including, among others, persons with disabilities. Accordingly, it is imperative that City employees make all personnel decisions in accordance with Mayor and Board of Alderman policies, practices, and procedures. The selection process and criteria must assure fair and equitable treatment of all qualified applicants and employees, including qualified applicants and employees with disabilities who can perform the essential functions of the position.

The Americans With Disabilities Act of 1990 requires city departments to make reasonable accommodations for the known physical and mental limitations of otherwise qualified individuals with disabilities who are applicants or employees, provided such accommodations do not cause undue hardships to City operations. Qualified individuals with disabilities are persons with disabilities who meet the job-related requirements of an employment position and who can perform the essential functions of the position with or without reasonable accommodations. For an individual to be considered to have a disability that individual must have a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or be regarded as having such impairment.

STATEMENT OF USERRA NOTICE

The Uniformed Services Employment and Reemployment Rights Act (USERRA), prohibits discrimination against persons because of their service in the Armed Forces Reserve, the National Guard, or other uniformed services. USERRA prohibits an employer from denying any benefit of employment on the basis of an individual's membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services. USERRA also protects the right of veterans, reservists, National Guard members, and certain other members of the uniformed services to reclaim their civilian employment after being absent due to military service or training. Ref: 38 U.S.C. § 4301, et. seq.

NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

SECTION 1 EMPLOYMENT

A. INTRODUCTION TO EMPLOYMENT

This handbook applies to all City of Southaven employees. This handbook is prepared to inform you about the city's policies and to summarize the benefits that are available to the employee. Refer to this handbook whenever you have a question regarding your duties and job requirements. If you have a question that is not answered by this handbook, please consult your Department Head. For the purposes of this handbook, the term "governing authority/authorities" refers to the Southaven Mayor and Board of Alderman. This handbook may be altered and amended as necessary by the City Administrator/CAO and/or the governing authorities. Amendments and or other alterations to this handbook will be delivered, either hard copy or electronically, to each employee, and their department, by the Department of Finance and Administration. It is the employees responsibility to maintain the most current version of this handbook and any and all amendments.

This handbook is not a contract, express or implied, and it does not alter your employment "at will" status. Nothing in this handbook should be construed as a guarantee of continued employment. Your employment may be terminated at any time, for any reason, with or without cause, with no advance prior notice. Likewise, you may terminate your employment at any time for any reason without prior notice.

B. ANNOUNCEMENT OF RECRUITMENT

The Mayor and Board of Alderman and/or City Departments (through the Chief Administrative Officer) announces city job opportunities, places those job classes on recruitment, and accepts applications for those open positions. Job announcements are made in response to indicated manpower needs and, in some instances, to build lists of eligible applicants for anticipated future needs. Job announcements are posted on city bulletin boards located throughout City of Southaven facilities and on the City web site, www.southaven.com. The City accepts applications for open/posted positions only. However, in some instances, the City may accept applications in order to build an applicant pool for potential future openings.

Job announcements may include the following:

- the job title
- the beginning salary
- the minimum education and experience requirements
- the department where the vacancy exists
- requirements for examination, if any
- the recruitment period and closing date, when applicable.

Current City of Southaven employees who have completed at least six (6) months of continuous employment with the City of Southaven may submit applications for any job classification at any time. Applications of individuals who are not City of Southaven employees, or who have not

completed at least six (6) months of continuous employment with the City are accepted only for jobs that are posted as open for recruitment.

C. ELIGIBILITY DETERMINATION

An applicant's eligibility for a particular job class is evaluated by established standards to determine if he/she meets the minimum qualifications. If the applicant meets the minimum qualifications, the application is then rated based according to the related education, training, and experience listed on the applicant's application form, unless the job applied for requires either a written or a proficiency test. In that case, the application will be scored on the basis of the test score. Applicants will be notified of the date and site of the proficiency test or written examination, if one is required.

D. NEPOTISM

No employee may work in the same department with a member of his/her immediate family. For the purpose of this handbook, immediate family shall include spouse, children, siblings, and parents.

E. PROMOTIONS

A promotion is the movement of an employee from a position in one job class to a vacant position in a job class with more responsible duties and a higher salary range.

The City may consider filling vacancies by promoting qualified employees. The Department Head will post position openings on employee bulletin boards throughout the City of Southaven. An employee wishing to apply for a posted position should tell his/her immediate supervisor who may then arrange an appointment for the employee with the appropriate Department Head.

Promotions are made on a trial basis of six (6) months. A promoted employee will be entitled to all rights and benefits of the new position immediately upon assuming the position. After a promotion is made, however, there is no guarantee the employee will be able to return to the previous position if the promotion is unsuccessful.

F. PROBATIONARY PERIOD AND TERMINATION AT WILL

Every employee, upon original entry into a city status position, must successfully serve a 6-month probationary period before that employee is granted city employee status. During the probationary period, the employee's work and conduct are carefully observed. Through close supervision, the employer determines if the individual is progressing toward successful performance of the major duties of the job. During the 6-month probationary period the employee may be terminated with or without cause or notice by the governing authority. Likewise, upon completing the probationary period, an employee may be terminated with or without cause. Upon approval by the Governing Authorities, the 6-month probationary period may be extended up to a twelve (12) month period.

Amended July 21, 2009

Nothing in this handbook should be construed as a guarantee of continued employment. Your employment may be terminated at any time, for any reason, with or without cause, with no advance prior notice. Likewise, you may terminate your employment at any time for any reason without prior notice.

G. RESERVED

H. SENIORITY

Each employee will accrue seniority as of his/her official date of hire. However, seniority is recognized only for full-time employees who have completed their probationary period. Employees automatically lose their seniority upon termination of continuous employment with the city. When and if an employee is rehired, the most recent date of rehire will become the date of hire for the purpose of seniority. Continuous employment is defined as a period of employment that has not been interrupted by a voluntary or involuntary relief from employment other than a separation from which an employee is eligible for reinstatement.

Seniority may be used as follows:

1. to determine the number of vacation days due an employee
2. to determine vacation scheduling when all other factors are equal
3. to determine shift bids and/or when job assignments in departments having such a system when all other factors are equal and the Department Head determines that use of seniority does not compromise the function of the department or endanger the safety of any employee.

I. OUTSIDE EMPLOYMENT

All outside employment must have the prior written approval of the Mayor. No employee may engage in outside employment that may cause a conflict of interest, or use the city employment for the advancement of such outside employment. No city employee shall use his/her city employment for personal gain. Outside employment must not interfere with performance of regularly assigned city duties. No employee will be permitted to conduct any other work during the hours he/she is on duty with the City of Southaven.

Amended October 18, 2005, January 25, 2006

J. GRIEVANCE AND APPEAL RIGHTS

A city employee, not on their probationary period, may file a grievance or an appeal on any grievable issue.

A probationary city employee may grieve or appeal only alleged acts of discrimination based on race, color, creed, religion, national origin, sex, age, disability, veteran status, uniformed service status or political affiliation in any personnel action or employment practice.

Grievances and appeals are discussed in further detail in Section 4 of this Handbook.

K. RESERVED

L. PHYSICAL EXAMINATIONS

All city employees must submit to a physical examination that is job related and consistent with business necessity. The examination will be conducted at the city's expense and the results will be maintained in strict confidentiality as provided by law. As a condition of employment, the city may require additional medical examinations at the expense of the city whenever, in the opinion of the city, such needs arise.

M. TARDINESS

If you are unavoidably delayed in getting to work, you should call the Department Head and tell them when you expect to arrive. All employees are expected to maintain punctual arrival times, however, there may be times when circumstances prohibit an employee from being on time. While allowances are made for such occasions when tardiness is beyond the control of the employee, habitual tardiness may result in further disciplinary action up to and including termination.

N. DISCIPLINE

The City of Southaven believes in progressive discipline, whereby the employee is given notice, either written or verbal, that their behavior is not consistent with policies and procedures. The City also believes in offering employee(s) the opportunity to correct their behavior. However, not all behavior may be deemed correctable and certain behavior may be deemed to severe for corrective measures, and as such, other disciplinary actions shall be deemed appropriate. Such actions may include termination of employment.

O. TRAVEL AND EXPENSES

Travel Approval

Employees traveling within the State of Mississippi shall provide department head authorization prior to being approved for official travel. Employees traveling out-of-state shall provide department head authorization as well as the Chief Administrative Officer (CAO) authorization prior to being approved for official travel. CAO is defined in accordance with Mississippi Code of 1972 Section 21-3-25 and with the City of Southaven Municipal Ordinances. For the purposes of this policy, out-of-state travel shall not include travel in and within the Memphis, TN metropolitan statistical area (MSA) as defined by the Bureau of the Census, U.S. Department of Commerce and includes the following counties: Shelby (TN), DeSoto (MS), Tunica (MS), Tate (MS), Marshall (MS), Benton (MS), Crittenden (AR), Fayette (TN), Tipton (TN).

Amended Sept 2, 2014

The City's elected officials wishing to travel for official business within the United States shall require individual authorization from the City Board of Alderman through an official Board action.

Allowable Expenses

If an officer or employee (part-time or full-time) is required to travel in the performance of an official duty (official travel), travel expenses incurred by the officer or employee related to the official travel may be paid or reimbursed by the City of Southaven ("City") in accordance with Mississippi Code of 1972 Sections 21-39-27, 25-3-41, 25-3-45 and any other section of Mississippi Code of 1972 that applies to official travel and/or reimbursement/payment thereof.

Travel expenses shall include, but not be limited to: mileage, taxi fares, rental car expense, public carrier fares (airplane, bus, train), conference/seminar registration fees, lodging expenses, meal expenses, telephone charges, baggage handling charges, hotel/airport parking fees.

In order for an officer or employee (part-time or full-time) of the City to be reimbursed for any official travel related expense, the required approval must be obtained as stated above. Detailed receipt(s) or similar support must be provided stating the purpose of the expense, excluding meals. The original invoice for which reimbursement is claimed must be attached. Invoices must be submitted for hotel, airfare and airport parking and other charges in excess of $10.00. For hotels, reimbursement is made for only the single room rate.

Mileage if using a personal car shall also be reimbursed at the current federal approved mileage rate. Where two (2) or more officers or employees travel in one (1) privately-owned motor vehicle, only one (1) travel expense allowance at the authorized rate per mile shall be allowed for any one (1) trip. When the travel is done by means of a public carrier or other means not involving a privately-owned motor vehicle, then the officer or employee shall receive as travel expense the actual fare or other expenses incurred in such travel.

Travel Advances

Any officer or employee (part-time or full-time) of the City, who is required to travel in the performance of his official duties, may receive funds before the travel, in the discretion of the administrative head of the employee's department, board or commission involved, for the purpose of paying necessary expenses incurred during the travel within appropriated and approved municipal budget.

Upon return from the travel, the officer or employee shall provide receipts of lodging, meals, and other expenses incurred during the travel. Any portion of the funds advanced which is not expended during the travel shall be returned by the officer or employee.

Meal Reimbursement

The city shall reimburse the maximum daily meal amount as determined by State of Mississippi and the State Department of Finance and Administration for each day or half day of travel.

Officer and employees shall be reimbursed the actual cost of meals incident to official travel, not to exceed the daily maximum for the specific location of assignment. Meal tips should be included in the actual cost of the meal unless the inclusion of the tips causes the meals to exceed the maximum daily meal reimbursement (as noted below). If the daily meal limitations would be exceeded, then the tips can be separated and recorded as other expenses. All tips reported in this manner should be totaled for the day and not exceed 15% of the maximum daily meal reimbursement or the actual meal expense, whichever is less. Alcoholic beverages are not reimbursable. Reimbursement shall be made based on the following sliding scale not to exceed the following rates (As per the State of Mississippi Travel Rules & Regulations 10/18/2012):

Federal Register Maximum Per Diem Rate	Maximum State Reimbursement Rate
$1-$149	$41.00
$150-$164	$46.00
$165-$179	$51.00
$180- up	$56.00

City Issued Credit Card Travel Expenses

The City may acquire one or more credit cards which may be used by members of the governing authority of the City and City employees to pay expenses incurred by them when traveling in or out of the state in the performance of their official duties. The municipal clerk shall maintain complete records of all credit card numbers and all receipts and other documents relating to the use of such credit cards.

The members of the governing authority and City employees shall furnish receipts for the use of such credit cards each month to the City clerk who shall submit a written report monthly to the governing authority. The report shall include an itemized list of all expenditures and use of the credit cards for the month, and such expenditures may be allowed for payment by the municipality in the same manner as other items on the claims docket.

The issuance of a credit card to a member of the governing authority or City employee under the provisions of this section does not authorize the member of the governing authority or City employee to use the credit card to make any expenditure that is not otherwise authorized by law. Any member of the governing authority or City employee who uses the credit card to make any expenditure that is not approved for payment by the governing authority shall be personally liable for the expenditure and shall reimburse the City. The employee shall be subject to all interest and fees and other charges related to the collection of expenditures not approved by the governing authority.

Any travel expenses paid for by a City issued credit card or a personal debit/credit card shall require a receipt prior to any payment and/or reimbursement. Failure to provide any receipt shall make the individual incurring the travel expense personally liable for the expense(s). In accordance with the Mississippi Code of 1972, Section 25-3-45, anyone who knowingly and willfully violates any provisions of the law, is guilty of a misdemeanor. The penalty for conviction is loss of job, a fine of not more than $250.00, and civil liability for the full amount of the expenses illegally received, allowed, or approved. The person receiving the reimbursement is also liable whether the violation was willful or not.

Amended July 2, 2013

P. TIME CARDS

Time cards must be filled in each day you report to work, not at the end of the pay period. Each employee is responsible for the completion of his/her own time card. No one other than the employee may complete a time card for that particular employee without the prior approval of the appropriate department head. Each department head, or their designee, is responsible for submitting their department's time cards to the Department of Finance and Administration (payroll department) for processing.

Failure to complete a time card properly or failure to submit time card(s) in a timely manner for payroll processing may result in a loss of pay for that pay period or other disciplinary action.

Q. LONGEVITY

Longevity pay will be reviewed on an annual basis and determined by the Mayor and Board of Alderman; such pay may be modified annually or at the discretion of the Mayor and Board of Alderman may be eliminated. Longevity pay is computed by using the employee's time of service as of the annual anniversary day of their hire date. Only full time employees shall be eligible for longevity pay. Longevity pay currently is computed as follows:

Years of Service	Amount of Pay
5	$200.00
6	$400.00
7	$600.00
8	$800.00
9	$1,200.00
10	$1,500.00
11	$1,800.00
12	$2,100.00
13	$2,400.00
14	$2,700.00
15	$3,000.00

16	$3,350.00
17	$3,550.00
18	$3,750.00
19	$3,950.00
20	$4,150.00
21	$4,350.00
22	$4,550.00
23	$4,750.00
24	$4,950.00
25	$5,150.00
26+	$200 additional for each year over 25

Amended April 2016

R. BULLETIN BOARDS, E-MAIL, COMPUTERS AND VOICE MAIL

Any material or communications including but not limited to those on bulletin boards, e-mail, computers and voice mail are the property of the City and may be viewed, erased or otherwise used or destroyed by the City at any time. Employees are expected to use the City's bulletin boards, e-mail, computers, and voice mail in manners consistent with Section 1.0 Part S of this handbook. Any violation of this policy may result in disciplinary action, up to and including termination. Employees have no expectation of privacy in any materials or communications utilizing the City's bulletin boards, e-mail, computers or voice mail. Any such materials or communications may be monitored to ensure compliance with this policy or other policies of the City.

Amended Tuesday, October 16, 2007
Amended October 2010

S. INTERNET AND COMPUTER POLICY

The City expects and requires that its employees use City computers and Internet access through City computers in a reasonable fashion. To that end, the City strictly prohibits employees from accessing, storing, or communicating any inappropriate material on City computers or through the Internet. Usage of City computers and the Internet must be consistent with City policies. Any violation of this policy may result in disciplinary action, up to and including termination. Employees have no expectation of privacy in any materials or communications or content via the Internet. Inappropriate material includes, but is not limited to, any pornographic or other sexually explicit material, violent material, derogatory, racial or ethnic material, or any other material the possession of which in the workplace would be contrary to the policies prohibiting harassment in the workplace. Any such materials or communications may be accessed and monitored by the City to ensure compliance with this policy.

The City of Southaven recognizes the growing importance of online social media networks as a communication tool. This policy addresses employees' use of such networks including: personal websites, web logs (blogs), wikis, social networks, online forums, virtual worlds, and any other kind of social media. The City of Southaven respects the right of employees to use these mediums during their personal time. Use of these mediums during City time or on City equipment, however, is prohibited.

The City of Southaven takes no position on employees' decision to participate in the use of social media networks. In general, employees who participate in social media are free to publish personal information without censorship by the City of Southaven. Employees must avoid, however, posting information that could harm the City of Southaven using the guidelines set forth below.

All employees are responsible for maintaining the organization's positive reputation and under no circumstances should employees present the City to the public in a manner that diminishes its standing within the community. Instead, employees are responsible for presenting the organization in a manner that safeguards the positive reputation of themselves, as well as the organization's employees.

If an employee chooses to identify him or herself as a City of Southaven employee on any social media network, he or she must adhere to the following:

- Employees are required to state in clear terms that the views expressed on any social media network are the employee's alone and that they do not necessarily reflect the views of The City of Southaven.
- Employees are prohibited from disclosing information on any social media network that is confidential or proprietary to the City of Southaven or to a third party that has disclosed information to the organization. For example, information about or identifying the organization's customers, co-workers, incidents that occur at the City of Southaven.
- Employees are prohibited from displaying the City of Southaven logo on any social media network without permission from the City of Southaven. Also, they should not post images of co-workers without the written consent of their co-workers'. Finally, employees are prohibited from posting any nonpublic images of The City of Southaven premises and property.
- Employees are prohibited from making statements about the City of Southaven, their coworkers, our customers, agents, or partners that could be considered as harassing, threatening, libelous, or defamatory in any way.
- Employees are prohibited from acting as a spokesperson for the City of Southaven or posting comments as a representative of the organization.
- Employees are prohibited from sharing any communication that engages in personal or sexual harassment, unfounded accusations, or remarks that would contribute to a hostile work environment (racial, sexual, religious, etc.), as well as any behavior not in agreement with the general municipal policies.

Employees may be required to disclose annually to the City of Southaven whether or not they have a personal web site or blog.

Employees who participate in social media may still decide to include information about their work at the City of Southaven as part of their personal profile, as it would relate to a typical social conversation. This may include:

- Work information included in a personal profile, to include organization name, job title, and job duties.
- Status updates regarding an employee's own job promotion.
- Personal participation in the City of Southaven sponsored events, including volunteer activities.

An employee who is responsible for a social media posting that fails to comply with the guidelines set forth in this policy or that otherwise causes harm to the City of Southaven may be subject to discipline, up to and including termination. Employees will be held responsible for the disclosure, whether purposeful or inadvertent, of confidential or proprietary organization information, information that violates the privacy rights or other rights of a third party, or the content of anything posted on any social media.

Anything posted on an employee's Web site or blog or other Internet content for which the employee is responsible will be subject to all the City of Southaven policies, rules, regulations, and guidelines. The City of Southaven is free to view and monitor an employee's website or web log at any time without consent or previous approval.

Finally, employees should let the Information Technology (IT) Department know if they encounter incorrect information about the City of Southaven that might randomly appear online. Employees themselves should not attempt to correct any such information that appears online.

T. CELL PHONE POLICY

Employees whose work necessitates a cell phone and a cell phone plan purchased by the City should restrict use to City business only. If personal use is required, reimbursement to the City for personal calls shall be reimbursed at actual costs. Timely reimbursements should be made upon receipt of telephone statements.

Personal cell phone use for City business should be limited to only necessary and immediate City related business needs. It is the responsibility of the employee's department to monitor cell phone use and reimbursements for appropriateness. Departmental offices have the right to review, question, and limit reimbursement requests of employees' personal cell phone bills.

The employee should retain documentation supporting the request for reimbursement but does not need to attach such documentation to request under $25 per month. Reimbursement requests for more than $25 will require either a log that identifies individual calls by number of minutes, area code, and phone number or a copy of the cell phone bill which identifies the calls for which reimbursement is requested.

To keep processing and administering costs to a minimum, employees are encouraged to accumulate at least $25 in business cell phone charges before submitting requests for reimbursement unless requests are combined with other reimbursement requests that exceed the $25 minimum. Abuse of this policy may result in disciplinary actions. Employees shall not use

their city issued or personal cell phone while operating a city vehicle. An employee in violation of this is subject to disciplinary actions up to and including termination.

U. EMPLOYEE DRESS CODE

Each employee of the City of Southaven is expected to present a clean and professional appearance when representing the city. Municipal employees come into contact with the public on a daily basis and are expected to dress in appropriate business attire.

Updated July 24, 2006

Monday through Thursday, the dress of the administrative offices of the City of Southaven should be business dress. In particular, employees are required to dress in a professional manner. This is accomplished by observing the following rules for business dress:

a. No halter tops
b. No revealing or provocative clothing
c. No shorts, tee-shirts, short skirts or low-cut necklines
d. No tight, clinging or see-through items
e. No clothing or accessories that would in any way be a distraction to either the public or other employees

On Fridays, the acceptable attire will be the City-issued shirt (or similar) and slacks. If an individual does not wish to dress casually and wear the City issued shirt (or similar) with business casual khakis or slacks, they should end the week with the type of dress clothing worn Monday through Thursday. Business dress is always acceptable.

While wearing the acceptable Friday City issued shirt with slacks, it is wise to keep a jacket in the office that can be worn over casual attire in order to be prepared for any unexpected situations that may require a more professional look (visits by dignitaries, impromptu press conferences, etc).

In addition to "distracting" clothing or accessories, all excessive forms of body-piercing (any piercing not confined to earlobes and/or multiple piercing in earlobes) as well as visible tattoos are considered inappropriate for employees of the City of Southaven while on duty.

All legitimate requests to alter the dress code policy will be considered on a case-by-case basis or when an employee has a particular disability or religious belief that is contrary to this City dress code policy.

This dress code policy is adopted in order to provide a guide for employees who wish to maintain the proper business attire while in the employ of the City of Southaven. Employees who are required to wear a City issued uniform (fire fighters, police officers, etc) shall wear the appropriate dress in accordance with the specific department.

V. SAFETY POLICY

The City of Southaven has as its objective for all employees that any operation performed as part of an employee's duties be conducted in the safest and most efficient manner possible.

To that end, Department Heads and Divisional Directors are charged with the responsibility and authority to direct safety training and deal with safety issues within their respective area of operation. Department Heads will be given direction and support by the Safety Committee as to how such training will be achieved. In addition, policies and procedures will be reviewed by the Safety Committee for adoption, amendment and/or implementation if warranted; complaints and corrective measures (if warranted) shall be addressed by the Safety Committee.

Updated, January 23 2007

Furthermore, all employees are responsible to be aware of their work conditions, equipment and environment and shall report unsafe conditions, accidents / incidents or any other safety matter to their supervisor immediately.

A Safety Committee shall be formed in order to make recommendations to the Administration regarding establishing initial policy and procedures, making assignments for training and aiding in setting up initial meetings which are to become part of all offices' routine. Subsequently, this body will evaluate policy, complaints, accidents / incidents, etc. in order to make ongoing recommendations for improvement and amendment of the overall safety procedures for the City. This group shall meet initially as required to establish policy and procedures and to evaluate initial training sessions; after that, this body shall meet quarterly to address standing agenda items as well as any other issues relevant to its cause and attendance and meeting minutes shall be kept for review purposes and record. Special meetings shall be called as required. This group shall have the following general goals:

- Promote safety in all scopes of work throughout City operations
- Review accidents / incidents and use information to gauge effectiveness of program and recommend revision as required
- Monitor overall program for needed improvements regardless of accidents / incidents and make recommendations as required
- Address matters regarding safety equipment in the workplace
- Address general training sessions and seek new resources when needed as well as addressing any special training issue that may arise from a particular Department / Division
- Perform and/or monitor routine self-inspections for all Departments / Divisions

It is recommended that the City of Southaven adopt as a standard guideline for Safety Policy and Procedures the following: *Risk Control Manual* from the Mississippi Public Entities Workers' Compensation Trust.

Regular safety meetings shall be held in all offices, Departments and Divisions throughout the City to address basic safety issues relevant to each area of operation and to address any questions or special concerns that have emerged from the previous period. These meetings shall keep attendance records and minutes for review and record documentation. Special meetings may be

called as warranted. These meetings shall generally be presided over by Supervisors, Department Heads or Divisional Directors.

Regular safety inspections shall be performed and/or monitored by Supervisors, Department Heads or Divisional Directors to evaluate the condition of equipment, vehicles, etc. as well as working conditions and operations performed by employees. These are intended to discover safety problems before they become an accident / incident report. Periodic safety inspections shall be performed by Safety Committee representatives to evaluate the overall working conditions within the City.

In addition to appropriate emergency personnel involved with any accident / incident resulting in serious injury or death – the Department Head and Divisional Director shall evaluate emergency personnel reports, interview witness employees, etc. as required to prepare a report to be presented to the Safety Committee. For accidents / incidents that result only in minor injury and/or damage to property – Department Head and Divisional Director shall gather information necessary to prepare a report to be presented to the Safety Committee.

Basic Safety Policy *(to be updated as required)*:

- Report any injury to Supervisor immediately.
- Inspect machinery, equipment or vehicle daily prior to any use in performance of duties.
- Report any unsafe equipment or working conditions to Supervisor immediately.
- Do not operate any machinery, equipment or vehicle without appropriate safety equipment.
- Do not operate any machinery, equipment or vehicle without training provided by Supervisor unless Supervisor has given prior approval for such operation based on employee's knowledge and experience.
- Do not modify standard operation procedures for any machinery, equipment or vehicle whether for time efficiency or any other reason.
- Do not misuse any machinery, equipment or vehicle for purposes other than it was intended nor for any "practical jokes" or other horseplay.
- Ask Supervisor if there are any doubts about the safe use of any machinery, equipment or vehicle.
- All substance abuse policies and prohibitions included in Employee Handbook apply to this Safety Policy.
- Notify Supervisor if any legal prescription or over-the-counter medications are being taken that could impair ability to operate machinery, equipment or vehicle used in the performance of duties.
- Use all safety devices and equipment available in order to perform duties safely – included proper dress for duties performed.
- Obey all safety warnings posted either by the City or by product manufacturer when performing duties.

- Avoid unsafe conditions like standing under suspended loads, jumping from heights without using steps, etc. or any other such condition that may result in unnecessary injury.

W. CITY VEHICLE POLICY

The City of Southaven ("City") by statutory authority may assign vehicles to employees when deemed necessary in order to discharge their daily job functions. It is imperative for all employees assigned a City vehicle to understand it is a privilege and not a mandatory requirement by the Board of Alderman or a City department and all are required to follow the established policies set forth or be subject to forfeiture of City vehicle. A vehicle assignment may be incidental, a routine assignment used to fulfill an employees' job description, or authorized take-home vehicle assignment.

It is incumbent upon all operators of City vehicles to follow all motor vehicle laws and rules of the road, and to operate City vehicles in a safe and courteous manner. It is recognized that this policy may not cover all instances and examples of acceptable vehicle usage. It is also understood due to the variety and different applications of uses of city vehicles city Departments such as Public Safety (Police, Fire, EMS) have additional policies and Standard Operating Guidelines that apply to the operation of city vehicles. In cases not specifically covered in this policy, the employee is responsible to utilize common sense and seek clarification from their immediate supervisor or Department Head. Failure to adhere to this may result in disciplinary actions. The City reserves the right to deny any employee the use of a City vehicle. The City may also choose not to indemnify an employee failing to adhere to the policies and procedures contained in this policy.

I. ASSIGNMENT

A. A City vehicle may be assigned to an employee when deemed necessary and cost effective to carry out the daily functions and responsibilities of a particular job or position.

B. A vehicle assignment will be a determination by the department head and/or the City Administrator and if necessary by the Mayor.

C. Once a vehicle assignment has been made to an employee all applicable state and local laws, and shall be followed.

D. Must be at least eighteen years old.

E. Before any employee can drive a City vehicle the Department Head and the employee must read and sign this policy and send the original to the Human Resource Department.

II. FUEL AND GASOLINE ACCOUNT CARDS

A. Each City owned vehicle shall have a specifically assigned gasoline account card and corresponding Personal Identification Number (PIN) for that employee.

B. Corresponding cards and PIN's shall be used for the assigned vehicle and shall not be used for other City owned vehicles nor personal vehicles.

C. Only regular octane gasoline and diesel fuel may be purchased with a gasoline account card.

D. All gasoline fuel receipts shall be kept and turned in to each department head or his or her designee in order to track gasoline fuel consumption and reconcile all billing statements.

E. Random departmental and individual audits of gasoline fuel accounts may occur at any time without prior notice. Misuse of gasoline account cards may result in loss of vehicle privileges and/or other disciplinary action in accordance with the City of Southaven Personnel Manual and laws.

F. Any deviation from the gasoline fuel account card policy due to problems incurred while purchasing fuel must be approved by department head and must be appropriate for the vehicle.

III. DRIVER'S LICENSE REQUIREMENTS

City of Southaven employees operating City vehicles or operating personal, rental or other vehicles while on City business must adhere to the following:

A. No employee may operate a City vehicle without a current valid state issued driver's license.

B. An employee is required to report any moving traffic violation received while operating a City vehicle to his or her department head in accordance with the City's Accident Reporting Procedures as detailed within the Employee Policies and Procedures Handbook. Random driving record audits will be performed to ensure employees who are assigned vehicles maintain safe driving practices.

C. If an employee is required to drive a motor vehicle in connection with City employment and his or her driver's license is suspended, cancelled or revoked for any reason (i.e., DUI, excessive traffic violations) he or she must report the loss of license immediately in writing to his or her department head. Driving privileges will be immediately revoked upon a conviction that includes suspension or revocation.

D. The department head will forward any notification or traffic violation of license suspension to the City Administrator immediately.

E. An employee shall not drive a City vehicle and shall not drive on City business if they have more than one conviction in the past three (3) years for driving under the influence of alcohol or drugs, or for reckless driving.

F. Loss or suspension of a driver's license by an employee whose essential job function includes operating a motor vehicle may result in reassignment or possible termination from employment.

G. Every Department Head must collect copies of the valid driver's license for each employee's that is authorized to drive a City vehicle on January 1 of each year. The Department Head must deliver copies of the authorized drivers' license to the Human Resource Department no later than January 15th of each year.

IV. PERSONAL USE

A. All City vehicles will be used for official City business only. Take home vehicles may not be used for incidental personal use once employee has arrived at place of residence with vehicle after working hours. Upon permission by a Department's Standard Operating Guideline and approved by the Department Head, a City vehicle may be used for incidental personal use under the following conditions:

1. The incidental personal use must be within one mile of the most direct route of the official business.

2. Any measurable amount of elapsed time during incidental personal use shall not be charged as time worked.

3. It is during normal business hours.

B. Violations of personal use policy will result in loss of vehicle privileges and is subject to disciplinary action in accordance with the City of Southaven Personnel Manual.

V. TAKE HOME POLICY

A. A take home vehicle is a City-owned automobile which is permanently assigned to a specific employee who has been granted the authority to drive the vehicle to and from work (24-hour per day assignment).

B. The City's primary interest in controlling take-home vehicles is to achieve a balance between the need to provide staff with a means to perform their job functions and the need to demonstrate the prudent use of public resources by minimizing unnecessary costs and liabilities associated with take home vehicles.

C. Take home vehicles shall be assigned by the Mayor and/or the City Administrator to City employees when determined it is reasonable and necessary for said employee to fully discharge his or her duties for the City and when such use would be for the benefit of and to the best interest for the City and at the recommendation of the employee's Department Head.

E. Prior to the Mayor and/or the City Administrator assigning a City take home vehicle a recommendation from the department head must be provided in writing with appropriate justification. The recommendation from the department head shall be presented by the City administrator whereby an appropriate finding necessitating the take home vehicle will be

established and spread upon the Board minutes permitting the use of the vehicle by the City employee.

F. Recommendations from department heads for assignments of take home vehicles should be based on the following:

1. Public Trust – ability to use vehicles in a manner the public would deem appropriate
2. Emergency Response – ensure effective, timely response to emergency situation
3. Legal Compliance – demonstrate compliance with not only applicable state statutes, but also federal tax code requirements
4. Cost Considerations – minimize number of take home vehicles thus reducing additional costs
5. Liability – reduces exposure to vehicle and personnel accidents
6. Necessity – ultimate need to carry out employee's job functions

G. Employees taking home City owned vehicles must comply with all applicable laws of the State of Mississippi and local jurisdictions. Take home vehicles may not be used to conduct any personal business unless incidental as stated in Section IV. Personal use does not qualify as incidental once vehicle reaches employee's place of residence.

H. With regard to the Southaven Police and Fire Departments, the following policies apply:

1. Emergency response vehicles will only be issued to personnel who maintain a residence inside the City of Southaven. This residence requirement applies to all personnel other than those on call who would have to respond from their residence. Emergency personnel, who are considered to be on call and reside outside the city limits, but within Desoto County, may be issued a take home vehicle at the discretion of the department head.

2. The issuance of a vehicle will be made at the discretion of the respective Chief of the Department and he/she has the final authority to assign vehicles on a case by case basis to any officer not meeting the standards of vehicle assignment.

I. The take home use of a City vehicle is considered a taxable benefit by the Internal Revenue Service (IRS). All employees receiving such benefit shall comply will all state and federal tax reporting guidelines.

VI. ADDITIONAL REQUIREMENTS

A. Each employee assigned a City vehicle must comply with the following additional requirements:

1. All vehicles shall have the proper identification markings as per state statute.

2. Seatbelts shall be used by driver and passengers at all times. It is the responsibility of the driver to ensure all passengers use seatbelts when vehicle is in motion.

3. Employees are prohibited from talking or texting on cell phones while operating a City vehicle unless using a hands free device.

4. At minimum, a bi-annual inspection of each vehicle will be performed, including digital photos. Unannounced inspections may take place at the discretion of the City Administrator or Department Head.

5. Check oil and tire pressure on a regular basis and wash vehicle as needed.

6. Interior of vehicle shall be clean at all times.

7. Bring vehicle in for scheduled service and make arrangements for an alternate vehicle while being serviced.

8. Unauthorized person(s) shall not operate a city vehicle under, except when necessary in an emergency.

9. Report any citations (both moving and parking violations) to the department head immediately and complete written report when applicable. Traffic citations, including parking citations will be the responsibility of the employee.

10. Leave vehicle legally parked with doors locked and windows up when unattended. All take home vehicles shall be parked off the street at night. Keys removed.

11. Observe all traffic laws and drive in a safe and courteous manner.

12. Carry and maintain at all times a valid state issued driver's license (appropriate for vehicle, i.e., commercial) when operating a City vehicle.

13. Vehicles shall not idle for longer than five (5) minutes. If a vehicle is stationary for more than five (5) minutes (other than waiting for traffic), vehicle shall be turned off. It is understood that vehicles used for emergency purposes (i.e. Police, Fire) may idle for periods longer than five (5) minutes.

14. Use the vehicle only for authorized official business unless incidental personal use is necessary.

15. City prohibits the illegal use, possession, distribution, unlawful manufacture, or dispensation of controlled substances. Employees shall not use illegal substances or abuse legal substances in a manner that impairs the performance of assigned tasks. Employees who take prescribed medication that may impact driving ability must not operate a vehicle when under the influence of a prescribed medication.

16. City of employees who spend the majority of their professional time driving must complete a safe driving course sponsored by the specific Department within a reasonable period of time after they are hired. Other employees who drive City vehicles are encouraged to attend a safe driving course every two years. Documentation of these course must be submitted to and kept on file by the City's Human Resource Department

17. Must not drive on City business if the driver has caused 3 or more at-fault accidents or received three or more traffic tickets or moving violations within the past eighteen months.

18. Non-employees, off-duty employees, unauthorized persons and animals are not permitted in City vehicles at any time, without the express permission of the driver's Department Head.

19. Hitchhikers are prohibited in City vehicles at any time.

VII. REPORTING OF ACCIDENTS AND DAMAGE

A. Any accident or damage incurred or caused while operating a City vehicle, or personal, rental or other vehicle on City business, must be promptly reported to the local police and the City's Department of Risk Management and Safety.

B. When you have been in an accident in a City vehicle or while on City business you must:

1. Get immediate medical aid if you are injured

2. Keep calm and do not argue

3. Make no statements or admissions concerning fault or responsibility for the accident

4. Do not offer or agree to make payments for the accident or suggest City will do so

5. Notify the local police

6. Discuss the accident only with police officers or representatives of the City's Department of Risk Management and Safety

7. Record as much information as you can on all of the other parties to the accident. This information should include their name, address, telephone numbers(s), insurance company,

driver's license number, license plate number, make, model and year of their car, precisely where the accident happened, witnesses (with names, addresses and telephone numbers).

8. Refer all questions from lawyers, the other party to the accident, insurance adjusters or representatives of the other party and others to the City's Board Attorney.

VIII. RESERVED

IX. WHAT TO DO IN CASE OF AN ACCIDENT

It is the policy of City of Southaven that all accidents or incidents that result in either personal injury or illness, and or damage to City property shall be properly reported and investigated. Although accident/incident investigation is a reactive process, a comprehensive accident reporting and investigation process is a proactive measure that can effectively prevent or minimize future accidents/incidents. This operating procedure establishes a systematic process to ensure that accidents are properly reported in a timely manner, that all causes (direct and contributory) are thoroughly identified and that the appropriate corrective actions are taken.

Regardless of the situation, the following procedure MUST be followed in the event of an accident while in a City owned vehicle:

1. Stop immediately and investigate even when the accident appears to be minor.

2. If someone is hurt or if there is a danger of fire, call 911 to request assistance.
(I.e. Law Enforcement, Fire Department Ambulance, Rescue Squad)

3. Make no express or implied admission or liability or fault. Do not make an expression of apology or sorrow.

4. Notify your supervisor immediately.

5. Make written notes of the details of the accident while at the scene. Do not wait until later.

6. Do not give information concerning the accident to anyone unless the party requesting it is an authorized official.

7. Do not discuss the accident with insurance agents, news personnel, adjusters or attorneys without express permission from your supervisor and City attorney.

8. Complete the Motor Vehicle Accident Report with supervisor/manager.

9. All accident reports shall be submitted within 24 hours of the accident to the Department Head.

If necessary, an injury report must be completed and submitted to Human Resources as soon as possible in order to file workers' compensation claim within 24 hours of the accident in accordance with the Accident Reporting Procedures as detailed in the City of Southaven Personnel Manual.

The use of a City vehicle is a privilege and not a mandatory requirement. These guidelines will be followed at all times.

Amended December 17, 2013

SECTION 2 EMPLOYEE LEAVE, REGULATIONS AND BENEFITS

A. HOLIDAYS

City employees receive regular pay for ten (10) legal holidays and for any other day proclaimed as a holiday by the Governor or the President of the United States (Section 3-3-7, Mississippi Code of 1972, as amended).

The legal holidays are as follows:

January 1	News Year's Day
The Third Monday of January	Martin Luther King, Jr. and Robert E. Lee's Birthday
The Third Monday of February	Washington's Birthday
The Friday before Easter Sunday	Good Friday
The Last Monday of May	Memorial Day and Jefferson Davis' Birthday
July 4	Independence Day
The First Monday of September	Labor Day
November 11	Veterans Day
A day fixed by proclamation of the Governor of Mississippi as a day Of Thanksgiving, which shall be Fixed to correspond to the date Proclaimed by the President of the United States	Thanksgiving Day
December 25	Christmas

Provided, however, that in the event any holiday hereinbefore declared legal shall fall on Saturday, then the preceding Friday shall be a legal holiday. If the holiday shall fall on a Sunday, then the following Monday shall be a legal holiday.

When, in the opinion of the governing authority, it is essential that a city employee work during an official city holiday, the employee shall receive credit for the day. (Refer to Section 25-3-92(1), Mississippi Code of 1972, as amended .)

Amended April 3, 2007

The governing authority may require employees in specific job classes to work on an official city holiday and be paid call-back pay in lieu of receiving compensatory time credit.

No employee may receive holiday pay for a holiday in which sick leave was taken either the day prior or following the holiday.

This section shall not apply to employees receiving a shift differential stipend

B. EMPLOYEE WORK SCHEDULES

All city offices shall be open and staffed for the normal conduct of business from 8:00 a.m. until 5:00 p.m., Monday through Friday, unless altered by the Mayor and Board of Alderman.

The City of Southaven defines a normal work schedule as eight hours per day, 40 hours per week, 173.929 hours per month and/or 2,087 hours per year.

Each part-time employee shall be provided a schedule of working hours.

To provide for maximum flexibility in scheduling employees, each department may develop modified work schedules providing for flextime or compressed work schedules. "Flextime" is a schedule that offers departmental management a choice, within limits, to vary employee arrival and departure times from work. A "compressed work schedule" allows departmental management to schedule the basic work requirement in less than the usual five workdays a week. All "flextime" and compressed time work schedules must be approved by the Mayor and Board of Alderman.

C. TRANSFER OF LEAVE BETWEEN AGENCIES

All accrued leave, both medical and personal leave, shall be transferable between departments

D. PERSONAL LEAVE

All full-time and exempt employees, other than fire fighters, hired *after* January 1, 1991 will accrue paid personal leave at the following annual rate based on total continuous service, as of the employees hire date anniversary:

Service	Leave accrual rate
1 Month—23 Months	40 hours
24 Months—72 Months	80 hours
73 Months—120 Months	120 hours
121 Months—Over	160 hours

Amended February 3, 2015

All full-time firefighters hired *after* January 1, 1991 will accrue paid personal leave at the following annual rate based on total continuous service as of their hire date anniversary:

Service	Leave accrual rate
1 Month—23 Months	120 hours
24 Months—72 Months	144 hours
73 Months---120 Months	168 hours
121 Months—Over	240 hours

All full-time and exempt employees, other than fire fighters, hired *prior* to January 1, 1991 will accrue paid personal leave at the following annual rate based on total continuous service as of their hire date anniversary:

Service	Leave accrual rate
1 Month—23 Months	40 hours
24 Months—72 Months	80 hours
73 Months—120 Months	120 hours
121 Months—240 Months	160 hours
240 Months---360 Months	200 hours
Over 360	240 hours

All full-time firefighters hired *prior* to January 1, 1991 will accrue paid personal leave at the following annual rate based on total continuous service as of their hire date anniversary:

Service	Leave accrual rate
1 Month—23 Months	120 hours
24 Months—72 Months	144 hours
73 Months---120 Months	168 hours
121 Months—240 Months	240 hours
241 Months---360 Months	300 hours
Over 360 Months	360 hours

Personal leave may only be granted to full-time employees with over 480 hours (3-months) of service. Part-time and temporary employees shall not earn personal leave. Personal leave shall begin accruing on the date the employee begins work, not the date of initial hire.

For the purpose of computing credit for personal leave, each employee shall be considered to work not more than forty hours each week. The provisions of this section shall not apply to military leaves of absence. The time for taking personal leave shall be determined by the governing authority of which such employees are employed.

The earned personal leave of each employee shall be credited the first full pay period after the employees anniversary date each year. It shall be unlawful for a department to grant personal leave in an amount greater than was earned and accumulated by the employee.

Amended February 3

Employees are encouraged to use earned personal leave. Personal leave may be used for vacations and personal business as scheduled by the governing authority. Accrued personal or compensatory leave may also be used for an illness in the employee's immediate family. There shall be a limit to the accumulation of personal leave. Only upon voluntary termination of employment or retirement may an employee be paid for not more than one hundred and sixty (160) hours; two-hundred and forty (240) for firefighters, of accumulated, unused personal leave.

Personal leave pay will be based on the rate of pay you receive when your personal leave time begins. You can use earned personal leave time for injury leave or in conjunction with holiday pay. Except as provided by the Family and Medical Leave Act, personal leave may not be used in conjunction with major medical leave.

Up to 80 hours of leave without pay per employee per year may be approved by each department head. Salaried employees (exempt employees) shall use personal leave whenever they are not at work. The beneficiary of an employee who dies with unused personal leave shall receive payment for all personal leave accumulated but not used by the employee up to one hundred sixty (160) hours of accumulated leave.

After January 1, 2012, paid leave will be used by drawing down on any existing leave balance. Should an employee not use and/or otherwise take their accrued leave within a 12-month period, such leave shall not carry over into a following 12-month period. Any personal leave earned but not used in a 12-month period shall be designated as follows: 100% of time shall be counted as major medical leave.

In accordance with Mississippi Code Section 25-11-103(i), the Governing Authority of the City of Southaven may offer an employee leave buy-back program. When funding is available and accounted/budgeted for within the municipal budget, an employee may "cash-out" his or her unused vacation balance in an amount not to exceed 160 hours. The Governing Authority will establish the date such buy-back will take place and the maximum amount of time/leave to "buy back". Prior to any employee leave balance buy back, the funding shall be adopted by the Governing Authority.

Revised August 30, 2011, September 20, 2011

E. MAJOR MEDICAL LEAVE

Major medical (sick) leave may be used for illness of the employee, for illness of a member of his/her immediate family and for physician appointments when it is not possible to schedule them during non-working hours. For purposes of this section, "immediate family" shall be deemed to include: (1) spouse; (2) children, step-children: (3) parents, step-parents, foster parents and parents-in-law; (4) sibling; and (5) other members of the family who reside within the home of the employee. "Physician" means a doctor of medicine, osteopathy, dental medicine, podiatry or chiropractic. For each absence due to illness more than two (2) working days/shift days, paid Major medical leave shall be authorized only when certified by the attending physician.

Major medical leave is provided for the reasons stated in this policy and may not be used for other purposes and may not be advanced. Abuse of sick leave by an employee will result in the withholding of payment of the sick leave and possible disciplinary action up to and including termination. A supervisor, or his designee, may perform a routine wellness check by going to the employees place of residence to check on their well-being.

You will begin to earn major medical leave on the day you begin work, but may not use it until you have completed six months of continuous employment. However, if you have less than six-months of service and have filed a Workman's Comp claim and are set to miss work due to an on the job injury sustained during your first six-months of employment, you may use the Major medical leave you have in order to compensate for any gaps in compensation by Workman's Comp.

Major medical leave will be based on an employees workweek, and overtime will not be used to add extra time to accumulate sick leave. Employees accrue Major medical leave at the following rate(s): all hourly and salaried employees (excluding employees on a 24-hour shift) earn major medical leave at a rate of four (4) hours per pay period of major medical leave. Major medical leave shall not be accrued for an hourly or salaried employee that does not work at least 76 hours in any given pay period. Employees on a twenty-four hour shift earn major medical leave at the rate of six (6) hours per pay period. Employees on a 24-hour shift shall not accrue major medical leave until that employee has worked at least 80 hours in a pay period.

No payment will be made for unused major medical leave upon termination of employment.

All sick leave and prime leave earned prior to January 1, 2012 shall be transferred to and classified as major medical leave.

Amended December 20, 2005, January 20, 2009, August 30, 2011, Sept 20, 2011

A leave of absence may be granted for a limited or specified period of time. The following types of leave may be granted if an employee has completed the probationary period and is otherwise eligible:

- Bereavement leave
- Administrative leave (with/without pay)
- Maternity leave
- Jury duty/witness leave
- Leave of Absence or intermittent leave under the ADA
- Leave of Absence or intermittent leave under the FMLA
- Major Medical leave
- Military leave
- Worker's compensation leave or light duty
- Personal leave

An employee who is approved for one or more of the above types of leave, or who is approved for limited duty, is prohibited from engaging in secondary employment.

Employees who engage in other employment or in self-employment while on authorized leave of absence or light duty may be terminated unless written authorization has been granted by the Board of Alderman prior to commencement of the leave of absence.

The above limitations specifically do not apply to an employee's use of annual/personal leave or absences resulting from a temporary reduction in force.

Amended May 6 2014

F. FAMILY AND MEDICAL LEAVE ACT (FMLA)

General Provisions

The Family and Medical Leave Act (FMLA) was enacted into law on February 5, 1993 and took effect August 5, 1993. All departments of the City of Southaven are considered covered employers under the Act, and any and all future amendments/revisions to said Act.

The FMLA entitles eligible employees to take up to twelve (12) weeks of unpaid, job-protected leave in a 12-month period for specified family and medical reasons and makes it unlawful for any department to discharge or discriminate against any person for opposing any practice made unlawful by the Act or for involvement in any proceeding under or relating to the Act. Further, the governing authority shall not interfere with, restrain, or deny the exercise of, or the attempt to exercise any right provided under the Act.

The FMLA does not affect any other federal law that prohibits discrimination and does not supersede any local law that provides greater and more generous leave rights.

Notice to Employees

Each department shall post and keep posted, in conspicuous places where notices to employees and applicants are customarily posted, a notice summarizing the entitlement to family leave and providing information concerning the procedures for filing complaints of violations of the Act.

Definitions for Purposes of FMLA

Health Care Provider:

A. A doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the jurisdiction in which the doctor practices; or

B. Any other person determined by the Governing Authority to be capable of providing health care services, including only:

1. Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as

demonstrated by X-ray to exist) authorized to practice in the jurisdiction and performing within the scope of their practice as defined under applicable law;

2. Nurse practitioners, nurse-midwives and clinical social workers who are authorized to practice under applicable law and who are performing within the scope of their practice as defined under applicable law;

3. Christian Science practitioners listed with the First Church of Christ Scientist in Boston, Mass. Where an employee or family member is receiving treatment from a Christian Science practitioner, an employee may not object to any requirement from an employer that the employee or family member submit to examination (though not treatment) to obtain a second or third certification from a health care provider other than a Christian Science practitioner, except as otherwise provided under applicable law;

4. Any health care provider from whom the City or the City's group health plan's benefit manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits; and

5. A health care provider listed above who practices in a country other than the United States, who is authorized to practice in accordance with the law of that country, and who is performing within the scope of his or her practice as defined under such law.

Authorized to practice under applicable law: Means that the provider must be authorized under state law to diagnose and treat physical or mental health conditions without supervision by a doctor or other health care provider.

Incapacity: Inability to work, attend school or perform other regular daily activities due to 1) a serious health condition, 2) treatment for a serious health condition, or 3) recovery from a serious health condition.

Parent: The biological parent of an employee or an individual who stands or stood in loco parentis to an employee when such employee was a son or daughter, as defined below. This term does not include parents-in-law.

Son or Daughter: A biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is either under 18 years of age or 18 years of age or older and incapable of self-care because of a mental or physical disability.

Incapable of Self-care: Means that the individual requires active assistance or supervision to provide daily self-care in three or more of the activities of daily living including grooming and hygiene, bathing, dressing and eating or instrumental activities of daily living including cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, using a post office, etc.

Physical or Mental Disability: A physical or mental impairment that substantially limits one or more of the major life activities of an individual.

In Loco Parentis: Persons having day-to-day responsibilities to care for and financially support a child or, in the case of an employee, who had such responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary.

Reduced Leave Schedule: A leave schedule that reduces an employee's usual number of working hours per workweek, or hours per workday. A reduced leave schedule is a change in the employee's schedule for a period of time, normally from full-time to part-time.

Serious Health Condition: An illness, injury, impairment, or physical or mental condition that involves:

A. Inpatient care (an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity, or any subsequent treatment in connection with such inpatient care; or

B. Continuing treatment by a health care provider to include any one or more of the following:

1. A period of incapacity of more than three consecutive calendar days and any other subsequent treatment or period of incapacity relating to the same condition that also involves:

a. Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; OR

b. Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

2. Any period of incapacity due to pregnancy, or for prenatal care.

3. Any period of incapacity or treatment for such incapacity due to a chronic serious health condition.

4. A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of a health care provider, but need not be receiving active treatment by a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

5. Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three (3) consecutive calendar days in the absence of medical intervention or

treatment, such as cancer (chemotherapy, radiation, etc.) severe arthritis (physical therapy), kidney disease (dialysis).

Chronic Serious Health Condition: A condition which (a) requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider; (b) continues over an extended period of time (including recurring episodes of a single underlying condition); and (c) may cause episodic rather than a continuing period of incapacity (asthma, diabetes, epilepsy, etc.)

Equivalent Position: A position that is virtually identical to the employee's former position in terms of pay, benefits and working condition, including privileges, prerequisites and status. It must involve the same or substantially similar duties and responsibilities, which must entail substantially equivalent skill, effort, responsibility and authority.

Intermittent Leave: FMLA leave taken in separate blocks of time due to a single qualifying reason.

Unable to Work: Where the health care provider has found that the employee is either unable to work at all, or is unable to perform any one of the essential functions of the job.

Spouse: A husband or wife, as defined or recognized under state law for purposes of marriage.

Immediate Family Member: An employee's spouse, son or daughter or parent.

Eligibility: An eligible employee is one who has been employed by the City for at least a total of twelve (12) months, and has worked for at least 1,250 hours over the prior 12 months.

Entitlement: FMLA entitles eligible City employees to take up to twelve (12) weeks of unpaid, job-protected leave during any 12-month period for any one or more of the following family and medical reasons:

A. for the birth of the employee's son or daughter, and to care for the newborn child;

B. the placement with the employee of a son or daughter for adoption or foster care, and to care for the newly placed child;

C. to care for an immediate family member with a serious health condition;

D. because of the employee's own serious health condition that makes the employee unable to perform one or more of the essential functions of his or her job.

Entitlement to leave under (A) and (B) above shall expire at the end of the 12-month period beginning on the date of such birth or placement. The 12-month period under (C) and (D) above will begin on the date of the employee's first FMLA leave. Leave entitlement shall be determined on a rolling 12-month basis so that the amount of available leave remaining to be

taken is measured based on leave previously taken during the 12 months preceding the first date of the current requested leave.

Spouses employed by the same employer are jointly entitled to a combined total of twelve (12) workweeks during any 12-month period of family leave for the birth or placement of a child for adoption or foster care, or the care of such a child after birth or placement, and to care for a sick parent (but not a parent "in-law") who has a serious health condition. However, if the leave is to care for a sick child or the serious health conditions of each other or for the employee's own serious illness, this limitation does not apply.

Substitution of Paid Leave

Generally, FMLA leave is unpaid. However, eligible employees may choose to substitute certain accrued paid leave for FMLA leave as follows:

A. Medical leave up to 480 hours.

B. Personal leave

If an employee does not choose to substitute accrued paid leave, the City may require them to do so.

A serious health condition may result from injury to the employee "on or off" the job. Either the employee or the department may choose to have the employee's FMLA 12-week leave entitlement run concurrently with a workers' compensation absence when the injury is one that meets the criteria for a serious health condition. Since the workers' compensation absence is not unpaid leave, the provision for substitution of the employee's accrued paid leave is not applicable.

However, if the health care provider treating the employee for the workers' compensation injury certifies that the employee is able to return to a "light duty job", but is unable to return to the same or equivalent job, the employee may decline the department's offer of a "light duty job". As a result, the employee may lose workers' compensation payments, but is entitled to remain on unpaid FMLA leave until the 12-week entitlement is exhausted. As of the date workers' compensation benefits cease, the substitution provision becomes applicable and either the employee may elect, or the department may require, the use of accrued paid leave.

However, if an employee is receiving workers compensation benefits they may elect to use a portion of their accrued leave to offset the difference between their regular pay and the compensation received from workers compensation.

Compensatory time off is not a form of accrued paid leave that a department may require the employee to substitute for unpaid FMLA leave. The employee may request to use his/her compensatory time for an FMLA reason; however, if the department allows the compensatory time to be used, it may not be counted against the employee's FMLA leave entitlement.

An employee who elects to use paid leave should make a written request of his/her intent to use accrued paid leave. The employee should explain the reasons for the request to substitute medical and/or personal leave and provide sufficient information for the department to determine that the leave qualifies under the Act and to designate the paid leave as substitution for all or some portion of the employee's FMLA leave entitlement.

Notice to Department

The Department may require that the employee provide written notice setting forth the reasons for the requested leave, the anticipated duration of the leave, and the anticipated start of the leave in accordance with the Department's established policy. Failure to follow established Department policy may result in disciplinary action, but will not permit the Department to disallow or delay an employee's taking of FMLA leave, if the employee gives timely verbal or other notice.

In any case in which the necessity for leave is foreseeable based on an expected birth or placement, the employee shall provide the Department with no less than thirty (30) days notice, before the date the leave is to begin, and of the employee's intention to take such leave, except that if the date of the birth or placement requires leave to begin in less than (thirty) 30 days, the employee shall provide such notice as is practicable

In any case in which the necessity for leave is foreseeable based on planned medical treatment, the employee:

1. shall make a reasonable effort to schedule the treatment so as not to unduly disrupt the operations of the Department, subject to the approval of the health care provider of the employee or the health care provider of the son, daughter, spouse, or parent of the employee, as appropriate; and

2. shall provide the Department with no less than thirty (30) days notice, before the date the leave is to begin, of the employee's intention to take leave, under FMLA, except if the treatment is to begin in less than thirty (30) days, the employee is to provide such notice as is practicable.

If the employee had actual notice of the FMLA leave requirements and he/she fails to give 30 days notice for foreseeable leave with no reasonable excuse for the delay, the Department may deny taking FMLA leave until at least 30 days after the date the employee provides notice to the Department Head of the need for FMLA leave.

A Department Head may require periodic reports from an employee on FMLA leave regarding the employee's status and intent to return to work. If the employee provides a statement of intent to return to work, even if the statement is qualified, entitlement to leave and maintenance of health benefits continue. However, if the employee gives an unequivocal notice of intent not to return to work, the Department's obligations to provide health benefits (except pursuant to COBRA requirements) and to restore the employee end.

Should the employee discover after beginning leave that the circumstances have changed and the amount of leave needed is shorter than originally anticipated, the employee may not be required

to take more FMLA leave than necessary. If the employee desires to return to work earlier than anticipated, the Department Head may require the employee to provide notice of at least two (2) business days.

Designation of Leave as FMLA Leave and Notification to Employee

The Department Head is responsible for designating leave that is FMLA qualifying and for giving notice of the designation to the employee.

A. If the Department Head knows the reason for leave is an FMLA reason at the time leave begins, the leave must be designated by the Department Head in writing at that time. If the Department Head knows the leave is for an FMLA reason at the time leave begins and fails to designate, the leave may not be counted against the employee's FMLA entitlement and the employee continues to be subject to FMLA protection. Once the Department Head designates, the leave may be counted against the FMLA entitlement only from that time forward, and not retroactively.

B. When the Department Head learns that leave is for an FMLA purpose after leave has begun, but before the employee returns to work, the entire or some part of the leave period may be retroactively counted as FMLA leave.

C. Leave may be designated as FMLA after the employee has returned to work in only two (2) circumstances:

1. The Department Head knew the reason for the leave, but was not able to confirm that the leave qualified as FMLA leave; or the Department Head requested and was awaiting medical certification; or the parties were in the process of obtaining a second or third medical opinion; and the Department Head accordingly made a preliminary FMLA leave designation and so notified the employee at the beginning of the leave or as soon as the reason was known. Upon receipt of the requisite information from the employee or of the medical certificate confirming the FMLA reason, the Department Head shall make the preliminary designation final, unless the medical certifications fail to confirm an FMLA reason, in which case the Department Head shall withdraw the designation and give written notice to the employee; or

2. The Department Head did not know the reason for the leave, but learns upon the employee's return to work. The designation must be made by the Department Head within two (2) business days of the employee's return to work and appropriate notice then given to the employee. If the Department Head was not aware of the FMLA reason, but the employee wants the absence to be treated as FMLA leave, the employee must notify the Department Head within two (2) business days of his/her return to work. If such notification is not made, the employee may not subsequently assert FMLA protection.

If an employee takes paid or unpaid leave and the Department Head does not designate the leave as FMLA leave, it may not be counted against the employee's FMLA entitlement.

The Department Head must provide written notice detailing the specific expectations and obligations of the employee and explaining any consequence of failure to meet these obligations. Such specific notice must be provided to the employee no less often than the first time in each six-month period that an employee gives notice of the need for FMLA leave (if FMLA leave is taken during the six-month period), within a reasonable time after notice of the need for leave is given, and must include, as appropriate:

A. That the leave will be counted against the employee's annual FMLA leave entitlement;

B. Any requirements for the employee to furnish medical certification of a serious health condition and the consequences of failing to do so;

C. The employee's right to substitute paid leave and whether the Department Head will require the substitution of paid leave, and the conditions related to any substitution;

D. Any requirement for the employee to make any premium payments to maintain health benefits, the arrangements for making such payments, and the possible consequences of failure to make such payments on a timely basis;

E. Any requirement for the employee to present a fitness-for-duty certificate to be restored to employment;

F. The employee's status as a "key employee", the potential consequence that restoration may be denied following FMLA leave, and the conditions required for such denial;

G. The employee's right to restoration to the same or an equivalent job upon return from leave; and

H. The employee's potential liability for payment of health insurance premiums paid by the Employer during the employee's unpaid FMLA leave if the employee fails to return to work after taking FMLA leave.

Intermittent Leave or Leave on a Reduced Leave Schedule

FMLA leave may be taken intermittently or on a reduced leave schedule under certain circumstances. When leave is taken after the birth or placement of a child for adoption or foster care, an employee may take leave intermittently or on a reduced leave schedule only if the Department Head approves. The Department Head's approval is not required, however, for leave during which the mother has a serious health condition in connection with the birth of her child or if the newborn child has a serious health condition.

Leave may be taken intermittently or on a reduced leave schedule when medically necessary for planned and/or unanticipated medical treatment of a related serious health condition by or under the supervision of a health care provider, or for recovery from treatment or recovery from a serious health condition. It may also be taken to provide care or psychological comfort to an immediate family member with a serious health condition.

Only the time actually taken as FMLA leave may be charged against the employee's leave entitlement when leave is taken intermittently or on a reduced schedule. For part-time employees and those who work variable hours, the FMLA leave entitlement is calculated on a pro-rated basis by comparing the new schedule with the employee's normal schedule (i.e., if an employee who normally works 30 hours per week works only 20 hours a week under a reduced leave schedule the employee's 10 hours of leave would constitute 1/3 of a week of FMLA Leave for each week the employee works the reduced schedule).

Medical Certification

The Department Head may require that an employee's leave to care for his/her seriously-ill immediate family member, or due to the employee's own serious health condition that makes the employee unable to perform one or more of the essential functions of his/her position, be supported by a certification issued by the health care provider of the employee or the employee's ill family member.

When the leave is foreseeable and at least thirty (30) days notice has been provided, the employee should provide the medical certification before the leave begins. When this is not possible, the employee must provide the requested verification to the Department Head within the time frame requested (which must allow at least fifteen (15) calendar days after the Department Head's request) unless it is not practicable under the particular circumstances despite the employee's diligent, good faith efforts.

The Department of Labor has developed an optional form (Form WH-380, as revised) for employees' or their family members' use in obtaining medical certification from health care providers that meet FMLA's certification requirements. This form or another form containing the same basic information may be used by the Department; however, no additional information may be required. The form contains required entries for:

A. A certification as to which part of the definition of serious health condition, if any, applies to the patient's condition and the medical facts which support the certification, including a brief statement as to how the medical facts meet the criteria or definition.

B. The approximate date the serious health condition commenced, and its probable duration, including the probable duration of the patient's present incapacity, if different.

C. Whether it will be necessary for the employee to take leave intermittently or to work on a reduced leave schedule basis as a result of the serious health condition and if so, the probable duration of such schedule.

D. If the condition is pregnancy or a chronic condition, whether the employee is presently incapacitated, and the likely duration and frequency of episodes of incapacity.

E. If additional treatments will be required for the condition, an estimate of the probable number of such treatments.

F. If the patient's incapacity will be intermittent, or will require a reduced leave schedule, an estimate of the probable number and interval between such treatments, actual or estimated dates of treatment if known, and the period required for recovery, if any.

G. If medical leave is required for the employee's absence from work because of the employee's own condition, whether the employee:

1. is unable to perform work of any kind;

2. is unable to perform any one or more of the essential functions of the employee's position, including a statement of the essential functions that the employee is unable to perform based on either information provided on a statement from the Department of the essential functions of the position, or if not provided, discussion with the employee about the employee's job functions; or

3. must be absent from work for treatment.

H. If leave is required to care for a family member of the employee with a serious health condition, whether the patient requires assistance for basic medical or personal needs or safety or for transportation; or if not, whether the employee's presence to provide psychological comfort would be beneficial to the patient or assist in the patient's recovery. The employee is required to indicate on the form the care he or she will provide and an estimate of the time period. If the employee's family member will need care only intermittently or on a reduced leave schedule basis (i.e. part-time), the employee must also indicate the probable duration of the need.

If an employee submits a complete certification signed by the health care provider, the Department Head may not request additional information from the employee's health care provider other than for purposes of clarification and authentication.

If the Department Head has reason to doubt the validity of the certification, it may require, at City's expense, that the employee obtain the opinion of a second health care provider designated or approved by the City. Any such health care provider designated or approved shall not be employed on a regular basis by the City.

If the second opinion differs from the original certification, the City may require, at its own expense, that the employee obtain the opinion of a third health care provider designated or approved jointly by the City and the employee concerning the information previously certified. The opinion of the third health care provider concerning the information previously certified shall be considered to be final and shall be binding on the City and the employee.

The City may require, at the employee's expense, that the employee obtain subsequent recertification on a reasonable basis, depending on the employee's condition. No second or third opinion on recertification may be required.

Restoration

A. Employees, with the exception of certain highly paid "key employees," are entitled to be restored to their positions after returning to work:

1. The employee will be entitled to be restored by the City to the position held by the employee when the leave commenced, OR the employee will be entitled to be restored to an equivalent position with equivalent benefits, pay status, and other terms and conditions of employment.

2. The employee will not lose any employment benefit accrued prior to the date on which leave commenced,

3. The employee will not accrue any employment benefits other than group health benefits which would have been provided to the employee had the employee been continuously employed during the entire leave period, as discussed below, during any period of unpaid leave, and

4. the employee will not be entitled to any right, benefit, or position of employment other than any right, benefit, or position to which the employee would have been entitled to had the employee not taken the leave.

The employee has no greater right to reinstatement or to other benefits and conditions of employment than if the employee had been continuously employed during the FMLA leave period. The City must be able to show that the employee would not otherwise have been employed at the time reinstatement is requested in order to deny restoration to employment.

B. An employee who qualifies as a "key employee" may be denied restoration to employment. A key employee is one who is salaried and is "among the highest paid 10 percent" of the employees. The Governing Authorities may deny restoration to a "key" employee only as necessary to prevent substantive and grievous economic injury to Department operations. The Department may refuse to reinstate certain highly paid "key" employees after using FMLA leave during which health benefits are maintained. However, in order to do so, the Department must:

1. Notify the employee of his/her status as a "key" employee in response to the employee's notice of intent to take FMLA leave;

2. Notify the employee as soon as the Governing Authorities decides it will deny job restoration and explain the reasons for this decision;

3. Offer the employee a reasonable opportunity to return to work from FMLA leave after giving this notice; and,

4. Make a final determination as to whether reinstatement will be denied at the end of the leave period if the employee then requests restoration.

An Department that will not deny restoration is not required to determine which employees are "key" employees or to notify them of that status when leave is requested.

Maintenance of Benefits

At the end of an employee's FMLA leave, benefits must be resumed in the same manner and at the same levels as provided when the leave began, and subject to any changes in benefit levels that may have taken place during the period of FMLA leave affecting the entire Department, unless otherwise elected by the employee. Upon return from FMLA leave, an employee cannot be required to re-qualify for any benefits the employee enjoyed before FMLA leave began.

Health Insurance

The city maintains group health insurance coverage for an employee on FMLA leave whenever such insurance was provided before the leave was taken, and on the same terms as if the employee had continued work.

For purposes of FMLA, the term Group Health Plan does not include an insurance program providing health coverage under which employees purchase individual policies directly from insurers provided that: (1) no contributions are made by the Department; (2) participation in the program is completely voluntary for employees; (3) the sole functions of the Department with respect to the program are, without endorsing the program to permit the insurer to publicize the program to employees, to collect premiums through payroll deductions and to remit them to the insurer; (4) the Department receives no consideration in the form of cash or otherwise in connection with the program, other than reasonable compensation, excluding any profit for administrative services actually rendered in connection with payroll deduction; and (5) the premium charged with respect to such coverage does not increase in the event the employment relationship terminates.

A Department may recover premiums it paid for maintaining group health plan coverage during any period of unpaid FMLA leave if the employee fails to return to work after the employee's FMLA leave entitlement has expired, unless the reason the employee does not return to work is due to:

A. The continuation, recurrence, or onset of a serious health condition that would entitle the employee to FMLA leave (either affecting the employee or an immediate family member), or

B. Other circumstances beyond the control of the employee.

If an employee fails to return to work at the end of the leave period because of a serious health condition, the Department Head may request that the employee furnish a medical certification from the health care provider of the employee, or the employee's family member to support the employee's claim. If the employee fails to furnish the requested certification within thirty (30) days of the Department Head's request, or the reason for not returning to work does not meet the test of other circumstances beyond the employee's control, the City may recover the health insurance premiums it paid during the period of unpaid leave.

The Department Head and the employee are encouraged to work out arrangements that accommodate both administrative convenience for the Department and the financial situation of the employee who would not be receiving a paycheck during the leave period. There is a 30-day grace period after the agreed upon date for payment within which the employee may make payment of the premium without affecting health benefit coverage. If the employee does not make the payment within the 30-day grace period, the City may cease to maintain health coverage on the date the grace period ends, or the City may continue health coverage by making both the City's and employee's premium payments.

In order to drop the coverage for an employee whose premium payment is late, the City must provide written notice to the employee that the payment has not been received. Such notice must be mailed to the employee at least fifteen (15) days before coverage is to cease, advising that coverage will be dropped on a specified date at least fifteen (15) days after the date of the letter unless the payment has been received by that date.

If an employee fails to pay his or her share of health benefit premiums and the City elects to continue health coverage for the employee (in order to be able to restore the employee on return to work) by paying the employee's share, and the employee fails to return to work at the end of the FMLA leave period in circumstances where recovery is allowed, the City may recover all of the health benefit premiums it paid for the employee's share during the period of unpaid FMLA leave. An employee who does not return to work for at least thirty (30) calendar days is considered to have failed to "return" to work for this purpose, unless the employee retires during the first thirty (30) days after the FMLA leave ends. If the City chooses to continue coverage in this manner, the City is entitled to recover the additional payments made on behalf of the employee while on leave after the employee returns to work.

Seniority, Medical and Personal Leave

Employees shall continue to accrue seniority during unpaid FMLA leave. Benefits accrued at the time leave began, (e.g., paid medical or personal leave to the extent not substituted for FMLA leave) must be available to an employee upon return from leave.

Life Insurance

If an employee desires to continue life insurance, disability insurance, or other types of benefits for which he or she typically pays during unpaid FMLA leave, the City is required to follow established policies or practices for continuing such benefits for other instances of leave without pay. If the City has no established policy, the employee and the City are encouraged to agree upon arrangements before FMLA leave begins.

Retirement

With respect to pension and other retirement plans, any period of FMLA leave will be treated as continued service (i.e., no break in service) for purposes of vesting and eligibility to participate.

Return to Duty from Family Leave

As a condition to return to duty, the employee may be required to provide certification from the employee's health care provider that the employee is able to resume work. A Department requiring any fitness for duty certifications must have a uniformly applied policy that is based on the nature of the illness or duration of the absence. The Department may seek fitness-for duty certification only with regard to the particular health condition that caused the employee's need for FMLA leave. Department requirements must be job-related and consistent with business necessity.

Amended January 20, 2009

Military Family Leave

An eligible employee who is the spouse, son, daughter, or parent of a member of the Armed Forces may take FMLA leave for "any qualifying exigency" if the service member is on active duty or has been notified of an impending call or order to active duty in support of a contingency operation. 29 U.S.C. § 2612(a)(1)(E).

"Qualifying exigencies" generally include:

(1) Short-notice deployment;
(2) Military events and related activities;
(3) Childcare and school activities;
(4) Financial and legal arrangements;
(5) Counseling;
(6) Rest and recuperation;
(7) Post-deployment activities, and;
(8) Additional activities agreed to by the City and eligible employees

Military Caregiver Leave

An eligible employee who is the spouse, son, daughter, parent or next of kin of a covered military member who is recovering from a serious illness or injury sustained in the line of duty on active duty is entitled to up to 26 weeks of leave in a single 12-month period to care for the service member. This military caregiver leave is available during "a single 12-month period" during which an eligible employee is entitled to a combined total of 26 weeks of all types of FMLA leave.

For purposes of Qualifying Exigency Leave and Military Caregiver Leave a "covered military member" means the employee's spouse, son, daughter or parent on active duty or call to active duty status.

Enforcement

The U.S. Department of Labor (DOL) is responsible for the enforcement of the FMLA and may investigate and resolve complaints and violations under the Act in the same manner as under the

Fair Labor Standards Act (FLSA). For assistance in complying with the FMLA, department employers may contact the area office of the Wage and Hour Division of the DOL.

G. FUNERAL LEAVE

An employee may use up to 24 hours per funeral of paid leave in addition to personal leave for each occurrence of death in the immediate family requiring the employee's absence from work. No qualifying time or use of personal leave will be required prior to use of leave for this purpose. The immediate family is defined as spouse, parent, step-parent, sibling, child, step-child, grandchild, grandparent, great-grandparent, son-in-law, daughter-in-law, mother-in-law, father-in-law, grandparent-in-law, brother-in-law, or sister-in-law. Child means a biological, adopted or foster child, or a child for whom the individual stands or stood in *loco parentis*.

H. DONATED LEAVE

A City employee shall be eligible to receive donated leave if the employee:

1. Has completed at least one year of continuous City service;
2. Has exhausted all accrued sick, vacation, compensatory and holiday time;
3. Has not, in the two-year period immediately preceding the employee's need for donated leave, been disciplined for chronic or excessive absenteeism, chronic or excessive lateness or abuse of time; and
4. Either:
    a. Suffers from a catastrophic health condition or injury;
    b. Is needed to provide care to a member of the employee's immediate family who is suffering from a catastrophic health condition or injury; or
    c. Requires absence from work due to the donation of an organ

With respect to an employee, a "catastrophic health condition or injury" is a life-threatening condition or combination of conditions or a period of disability required by his or her mental or physical health or the health of the employee's fetus and requiring the care of a physician or licensed health care provider who provides a medical verification of the need for the employee's absence from work for 60 or more workdays.

A leave donor shall have remaining at least 480 hours of accrued major medical leave if donating major medical leave and (720 hours of accrued major medical leave for firefighters) at least 80 hours of accrued personal leave if donating personal leave.
Amended October 2015

The maximum amount of leave a donated leave recipient may receive and use is 40-weeks for the duration of their employment. A leave donor shall not revoke the leave donation.

If a leave donor is not in the same department as the leave recipient, appropriate arrangements shall be made between the affected departments Amended February 2011, April 2015

A leave recipient must receive at least five (5) days from one or more leave donors to participate in the Donated Leave Program. A leave donor shall donate only whole days and may not donate more

than ten (10) such days to any one recipient to verify donor eligibility and adjust leave records. However, the posting requirement set forth above is limited to the appointing authority.

Any unused donated leave shall be returned to the leave donors on a prorated basis upon the leave recipient's return to work, except that if the proration of leave days results in less than one day per donor to be returned, that leave time shall not be returned.

Upon retirement, the leave recipient shall not be granted supplemental compensation on retirement for any unused sick days that he or she had received through the Donated Leave Program.

While using donated leave time, the leave recipient shall accrue sick leave and vacation leave and be entitled to retain such leave upon his or her return to work.

An employee shall be prohibited from threatening or coercing or attempting to threaten or coerce another employee for the purpose of interfering with rights involving donating, receiving or using donated leave time. Such prohibited acts shall include, but not be limited to, promising to confer or conferring a benefit such as an appointment or promotion or making a threat to engage in, or engaging in, an act of retaliation against an employee.

All donations shall remain confidential and employees shall refrain from discussing who donated or the amount of time donated.

All Donations must be approved by the employees Department Head and the Mayor.

All leave will be donated/exchanged based on hourly rates.

I. ADMINISTRATIVE LEAVE

City employees may be granted administrative leave with or without pay. For the purposes of this section, "administrative leave" means discretionary leave with or without pay, other than personal leave or medical leave.

The Mayor may grant administrative leave to any employee serving as a witness or juror or party litigant, as verified by the clerk of the court, in addition to any fees paid for such services, and such services or necessary appearance in any court shall not be counted as personal leave. If released from such obligation prior to noon, you must report to work within one hour after being released. If no verification of service as a witness, juror, or party litigant is provided, the Department may require the employee to take personal leave, compensatory leave, or leave without pay.

The Mayor may grant administrative leave with or without pay to department employees in the event of extreme weather conditions or in the event of a manmade, technological or natural disaster or emergency.

The Mayor may grant administrative leave with or without pay to any employee, who is a certified disaster service volunteer of the American Red Cross, who participates in specialized disaster relief services for the American Red Cross in this state and in states contiguous to this

state when the American Red Cross requests the employee's participation. This leave shall not exceed twenty (20) days in any twelve-month period.

To be considered for administrative leave, the employee shall make the request in writing. All administrative leave must be approved by the Mayor prior to becoming effective. Administrative leave without pay may be granted by the Mayor in certain situations.

J. MATERNITY LEAVE

Federal law requires that women affected by pregnancy, child-birth or related medical conditions shall be treated the same for all employment-related purposes, including receipt of benefits under fringe benefit programs, as other persons not so affected but similar in their ability or inability to work. (42 U.S. Code Section 2000e (k))

1. All types of leave shall be granted to pregnant women on the same terms as leave is granted to other disabled employees in accordance with these rules.

2. The governing authority shall not terminate the employment of any employee in the department because of pregnancy or require that such employee take a mandatory leave.

3. When certified in advance by a medical doctor, pregnant women shall be allowed to use medical leave for regularly scheduled prenatal care by a medical doctor.

K. MILITARY LEAVE

Unpaid military leaves of absence will be granted to members of the uniformed services in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 an all amendments thereto. Appropriate documentation is required to be turned in to the Department head prior to the necessary leave. Anyone who completes a military leave of absence will be reinstated to his/her previous or similar job in accordance with federal and state law. An additional 120 hours of leave shall be available for mandatory pre-deployment training pending appropriate documentation. For more information regarding status, compensation, benefits and reinstatement upon return from military leave, please contact the City Administrator/CAO.

Amended September 2, 2008

L. ACCRUAL AND USE OF LEAVE BY PART-TIME EMPLOYEES

Part-time employees shall not accrue leave at any time.

M. UNEMPLOYMENT COMPENSATION

If an employee becomes separated from a job with the City, for reasons beyond the employee's control, that employee may be eligible for unemployment compensation. Inquiries may be directed to the Mississippi Employment Security Commission.

N. DEFERRED COMPENSATION PLAN

Deferred Compensation is a supplemental, voluntary savings plan administered by the Public Employees' Retirement System (PERS) Board of Trustees offering tax advantages to participants. Employees who choose this plan may set aside part of their salary each year. Income tax liability is postponed on that part of the salary until the year in which the employee actually receives the deferred amount. Interest and/or earnings also are tax deferred until withdrawal. Interested employees may contact their Department personnel officer or PERS.

O. WORKER'S COMPENSATION

The basic purpose of Worker's Compensation is to provide fixed benefits to employees in the event an employee is injured in the course of employment. These benefits may include:

Compensation for medical expenses;

Partial compensation for income lost because of the injury or illness;

Retraining for new skills when necessary; and

Certain other related benefits.

Worker's Compensation may also provide benefits to an employee's dependents and compensation for funeral expenses in case of death due to a job-connected accident or illness.

If an employee is injured, no matter how minor the injury, the employee should report this to the supervisor immediately.

P. SOCIAL SECURITY

Every employee of the City of Southaven is required to participate in the federal Social Security program.

Q. CAFETERIA PLAN

The city offer's this tax savings mechanism that is permitted by Section 125 of the Internal Revenue Code and Sections 25-17-1 to 25-17-11, Mississippi Code of 1972, as amended. Additional information may be obtained from the Department of Finance and Administration. Any monies owed to the cafeteria plan shall be collected before issuance of a final check for an employee who has resigned or has been terminated, as allowed by law.

R. RETIREMENT

Employees and officials of the City of Southaven become members of the Public Employees' Retirement System as a condition of employment. Employees may receive service credit for accumulated, uncompensated leave, if eligible, in accordance with the rules and regulations of PERS.

Retirement System participation and coverage is provided to employees in positions requiring employees to work and receive compensation for not less than 20 hours per week OR not less than 80 hours per month. Participation is restricted to employees whose wages are subject to payroll taxes and are reported on Form W-2.

When an employee is first employed, the City of Southaven will furnish that employee with a member information form to establish a membership account. The employee's social security number will serve as a membership number. A fiscal year membership statement will be sent to the employee each year containing data pertinent to contributions paid into the Public Employees' Retirement System. Additional information may be obtained by contacting the Public Employees' Retirement System (www.pers.state.ms.us).

S. INSURANCE

Full time employees are eligible to participate in the health and life insurance program offered by the city, which may be at no cost to the employee. Dependent care coverage is available to the employee for appropriate charges.

Any employee making contributions to the State of Mississippi retirement plan is eligible for hospitalization insurance as a benefit of employment. Employees may select coverage for dependents at reduced group rates under this policy. Employees on leave without pay must pay the hospitalization insurance premiums themselves in order to keep insurance coverage.

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), eligible employees may be able to temporarily continue their major medical insurance coverage after termination or other "qualifying event."

Additional information on current insurance benefits is available from the insurance or payroll clerk/Department of Finance and Administration.

T. JURY/WITNESS DUTY LEAVE

Leave shall be granted to all employees when they are summoned for jury or witness service. An employee summoned for jury duty or to serve as a witness, upon receiving a summons shall, on the next day the employee is working, show the summons to the employee's immediate supervisor. When not accepted for jury duty, or not required to serve as a witness, the employee should inform his/her supervisor and return to work according to his/her work schedule.

Employees are expected to report to work on scheduled work day's that the court is not in session or if the court recesses or excuses the employee.. Following the completion of the jury/witness duty, employees are required to work on their first regularly scheduled workday.

Salaried employees who perform jury/witness duty on scheduled workdays shall receive their regular pay for the week during which they perform jury/witness duty, so long as they perform any work during the week they perform jury/witness duty.

Hourly employees who perform jury/witness duty on scheduled workdays are eligible for up to 24 hours of compensated jury duty leave, per summons.

Upon returning from jury/witness duty, all employees must submit the hours served for jury/witness duty, including travel to and from jury/witness duty, to human resources/payroll before a payroll check is issued.

U. EMPLOYEE EDUCATIONAL REIMBURSEMENT

The City of Southaven encourages its employees to receive as much formal education as possible. To this end, the City may provide tuition assistance for work/job related coursework only. The City shall not offer reimbursement for coursework that is not directly related to the day-to-day job duties of the employee seeking such assistance/reimbursement.

To be eligible for tuition reimbursement, an employee must earn a minimum of a 3.0 grade point average (GPA) in all coursework. The employee must attach a copy of their official grade report and a detailed explanation of the coursework taken prior to receiving any reimbursement. Such requests must be approved by the appropriate department head, the CAO and the Mayor prior to becoming effective. If approved, the City shall assist the employee for actual tuition costs only. The City shall not reimburse the employee for other costs (fines, fees, books, supplies etc) associated with their continuing education. Any and all reimbursement/assistance is contingent upon the availability of departmental budgetary funds and such reimbursement request may be denied as such. Nothing in this policy shall be deemed to constitute a continual reimbursement/assistance program. The City reserves the right to amend or otherwise revoke this policy with or without notice pending available funding. Employees receiving or are otherwise eligible to receive outside educational assistance (i.e. Pell Grants, scholarships, etc) shall not be eligible to receive City funded educational assistance.

V. LIGHT DUTY POLICY

The purpose of this order is to establish the authority for granting temporary light-duty assignments and to establish procedures for granting temporary light duty to eligible personnel within city departments.

Temporary light-duty assignments, when available, are for officers and other eligible personnel in the department who, because of injury or illness, are temporarily unable to perform their regular assignments but are capable of performing alternative duty assignments. Use of temporary light duty can provide employees with an opportunity to remain productive while convalescing as well as provide a work option for employees who may otherwise risk their health and safety or the safety of others by remaining on duty when physically or mentally unfit for their regular assignment. Therefore, it is the policy of the City of Southaven that eligible

personnel be given a reasonable opportunity to work in temporary light-duty assignments when available and consistent with this policy.

Eligible Personnel: For purposes of this policy, a sworn or civilian member, suffering from medically certified illness, injury, or condition, who is temporarily unable to perform their regular assignment but is capable of performing alternative assignments.
Family Medical Leave Act (FMLA): Federal law providing for up to twelve (12) weeks of leave for eligible workers, for their own serious health condition or other situations as outlined in the law and the City's FMLA policy.

GENERAL PROVISIONS

1. Temporary light-duty positions are limited in number, task, variety, and availability. Therefore:

a. personnel injured or otherwise disabled in the line of duty may be given preference in initial assignment to light duty; and
b. assignments may be changed at any time, with concurrence of the treating physician, if deemed in the best interest of the employee or the agency.

2. This policy in no way affects the privileges of employees under provisions of the Family and Medical Leave Act, Fair Labor Standards Act, Americans with Disabilities Act, or other federal or state law.

3. Assignment to temporary light duty shall not affect an employee's pay classification, pay increases, promotions, retirement benefits or other employee benefits.

4. No specific position within a department shall be established for the use as a temporary light-duty assignment, nor shall any existing position be designated or utilized exclusively for personnel on temporary light duty.

5. Light-duty assignments are strictly temporary and will not exceed six (6)-weeks. (Light duty may be provided for a total six(6)-week allotment in a one year period, with a year being defined as beginning on the first light duty day and ending 12 calendar months after the first light-duty day.) After the six-week period, personnel on temporary light duty who are not capable of returning to their original duty assignment may pursue other options as provided by employment provisions under federal or state statute.

6. Officers of the Southaven Police department on temporary light duty are strictly prohibited from engaging in outside employment in which that officer may reasonably be expected to perform law enforcement functions which they have been determined physically or mentally unable to perform on behalf of the department.

7. Officers/employees who are medically prohibited from performing their regularly assigned duties may not engage in outside or "off-duty" employment until approved by the Chief of Police

and/or Department Head. Officers/employees shall provide the Chief of Police documentation from their attending physician stating that the outside / off-duty employment is medically permitted.

8. Depending upon the nature and extent of the injury or illness, an employee on temporary light duty may be prohibited or restricted from wearing Southaven Police and/or Southaven Fire departmental uniform, carrying a weapon or otherwise limited in employing police powers as determined by the Chief of Police so long as such limitations are consistent with this policy.

9. Light-duty assignments shall not be made for disciplinary purposes.

10. Officers/employees who incur a duty-related injury and refuse a temporary light- duty assignment may be subject to loss of Worker's Compensation benefits. However, such officers/employees may be covered by FMLA provisions with respect to obtaining leave, whether paid or unpaid, per FMLA.

B. TEMPORARY LIGHT-DUTY ASSIGNMENTS

1. Temporary light-duty assignments may be drawn from a range of technical and administrative areas that include but are not limited to the following:

a. administrative functions (e.g. report review, special projects)
b. clerical functions (e.g. filing)
c. report taking (e.g. telephone reports)
d. communications

2. Decisions on temporary light-duty assignments shall be made based upon the availability of an appropriate assignment given the applicant's skills, knowledge and abilities; availability of light duty assignments; and the physical limitations imposed on the officer.

a. When available, the work hours of a Light Duty assignment are subject to need and the availability of necessary equipment or work space.

3. Every effort shall be made to assign officers/employees to positions consistent with their rank and pay classification. However, where deemed appropriate, personnel may be assigned to positions designated for personnel of lower rank or pay classification. Officers/employees thus assigned shall:

a. Retain the privileges of their rank but shall answer to the supervisory personnel of the unit to which they are assigned with regard to work responsibilities and performance; and

b. Retain the pay classification and related benefits of the position held prior to their assignment to temporary light-duty.

C. REQUESTS FOR AND ASSIGNMENT TO TEMPORARY LIGHT DUTY

1. Requests for temporary light-duty assignments shall be submitted to the officer's / employee's immediate supervisor. Requests shall be accompanied by a statement of medical certification to support a requested reassignment, which must be signed by the treating physician. The certificate

must include an assessment of the nature and probable duration of the injury or illness, prognosis for recovery, nature of work restrictions and an acknowledgement by the health-care provider of familiarity with the light-duty assignment and a statement that the employee can physically assume the duties involved.

2. The request for temporary light duty and the physician's statement shall be forwarded to the appropriate department head. Department head or designee may consult with the City's Human Resources and/or other City Department prior to making a determination regarding the assignment to temporary light-duty.

a. The Department may require the employee to submit to an independent medical examination by a health provider of the Department's choosing.
In the event the opinion of this second health care provider differs from the foregoing health provider, the employee may request a third opinion at the employer's expense.

b. The employee and representative of the Department shall cooperate and act in good faith in selecting any third health-care provider, and both parties shall be bound by that medical decision.

3. Employees not eligible for FMLA leave, may be offered a temporary light duty assignment upon submission of a request from the officer's/employee's immediate supervisor or department head.

4. As a condition of assignment to temporary light-duty, employee's may be required to submit to monthly physical assessments of their condition. Amended February 2011

W. Employee Assistance Program (EAP)

The City of Southaven offers an Employee Assistance Program (EAP) benefit for employees and their dependents through Concern EAP. The EAP provides confidential assessment, referral and solution-focused counseling for employees who need or request it. If an EAP referral to a treatment provider outside the EAP is necessary, costs may be covered by the employee's medical insurance; but the cost of such outside services are the employees' responsibilities.

Confidentiality is assured. No information regarding the nature of the personal problem will be made available to supervisors, nor will it be included in the employee's permanent personnel file.

The EAP can be accessed by an employee through self-referral or through referral by a supervisor. When the EAP referral is mandatory, this step is part of the progressive disciplinary procedure. If management and HR agree, the employee may be referred to the EAP as a remedial step to assist the employee with appropriate workplace behavior and productivity. This formal management referral (FMR) requires a written agreement between the employee and HR/management to assure that the employee understands his/her responsibilities to make and keep the EAP appointment and to follow through with any recommendations by the EAP

counselor. He/she also needs to be advised that failure to do so will result in automatic termination. The FMR process is also a limited release of information when signed by the employee. This gives the counselor and the City representative the right and ability to share information about the employee's workplace behavior and for the counselor to share with the City whether the employee made and kept the appointment and whether they are willing to follow through on any treatment recommendations.

See Drug-Free Workplace Policy for additional information.

Amended June 21, 2011

X. Law Enforcement Appreciation Act of 2014 Leave

In accordance with the Law Enforcement Appreciation Act of 2014, employees who are injured while engaging in the line of duty performing any law enforcement, firefighting, emergency response or other on-the-job duties which protect the public interest may continue to have their regular compensation and related benefits paid for without using their accruals. The payment of regular compensation and benefits shall continue until such time as the employee is physically able to perform the duties of his or her employment or the employee retires on a disability retirement allowance, whichever occurs first. The maximum portion of the injured employee's compensation that will be paid under this policy shall be the difference between the total amount that the injured employee is receiving from worker's compensation benefits and the employee's regular compensation. Employee's receiving pay under this policy may be required to undergo a fitness for exam physical examination and be required to return to duty upon successful completion.

Amended July 15 2014

SECTION 3 EMPLOYEE CONDUCT

For the purposes of Section 3 Employee Conduct, "Working Day" shall mean any day the City Clerk's office is open for and conducting business or as otherwise defined by a Department Head/Governing Authority.

The following guidelines should be followed by all city employees:

A. ATTENDANCE

All employees shall report to and leave work at the time designated by the City/Governing Authority.

B. DILIGENCE DURING WORK PERIOD

All employees shall apply themselves to their assigned duties during the full schedule for which compensation is being received.

C. WORK PERFORMANCE

All employees shall meet established performance standards. Any conditions or circumstances in the work environment that prevents an employee from performing effectively are to be reported to the supervisor.

Many departments maintain more specific rules for employees. The employee's supervisor or the Department Head may provide additional information.

D. DEMOTION

A city employee may be demoted because of inadequate performance, disciplinary reasons, a reduction in force, or voluntarily. Written notice of intent to effect any demotion and the reason for such action shall be given to the employee. All actions adversely affecting compensation or employment status require that the employee be given an opportunity for a hearing with the Mayor and Board of Alderman. Such hearing must be requested by the employee within three (3) working days after such demotion. The request must be in writing, and in accordance with Section 4 of this Handbook. The decision by the Board of Alderman is final.

E. RESIGNATION

An employee who desires to terminate service with the City should submit a written resignation to the governing authority.

A resignation should provide a two-week notice at the time of the notice of intent to resign. If a two-week notice is not given, absent some extraordinary justification, the employee may not be eligible for rehire. All city property shall be turned over to the appropriate official prior to an employee receiving final paycheck upon termination of employment with the City.

F. OPEN DOOR POLICY

The City is concerned about the wellbeing and morale of its employees and encourages all employees to voice any questions or concerns. Employees should use the proper chain of command in addressing all questions or concerns. Employees should first bring an issue or concern to the attention of their immediate supervisor. If you have addressed a matter with your supervisor and it has not been handled to your satisfaction, please bring the issue to the attention of the Department Head or the City Administrator/CAO.

G. SEXUAL HARASSMENT

The City has a strict policy against sexual harassment. Each department shall provide a work place free from sexual harassment. Sexual harassment will not be tolerated, regardless of whether the harasser is an employee, visitor, customer, etc.

Sexual harassment may consist of requests for sexual favors, unwelcome sexual advances, threats, actual bodily contact, or other deliberate verbal or physical conduct of a sexual nature, when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of employment; or

2. Submission to or rejection of such conduct is used as the basis for making employment decisions; or

3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating a hostile, intimidating, or offensive work environment.

Sexual harassment is prohibited between all employees and is prohibited by both supervisors and employees. In all cases, the governing authority shall take appropriate corrective action. This rule applies equally to sexual harassment of men and women.

Any employee, supervisor, manager or other person who believes that he or she has been subjected to sexual harassment at work by anyone should report such harassment immediately to his or her supervisor, the Department director, the City Administrator/CAO, or the Mayor. Any employee, supervisor, manager or other person, including any department employee, probationary department employee, non-department employee in, or applicant for employment in a Department that employs department employees, may file a grievance in accordance with the Special Grievance Procedure for Sexual and Workplace Harassment contained in this handbook.

The City will handle sexual harassment complaints with as much confidentiality as possible. There will be no retaliation against anyone who reports a claim or incident of sexual harassment in good faith or against any employee who provides information as a witness to sexual harassment. The City will conduct an immediate investigation to attempt to determine all of the facts concerning the alleged harassment. To assist the investigation, any harassment complaint should be reported immediately and should be put in writing and specifically state the details of the offending behavior.

If the City determines that sexual harassment has occurred, corrective action will be taken. Depending upon the circumstances, such action may include a reprimand, discharge, or other appropriate action. The City will also monitor any incidents in which sexual harassment has occurred to ensure the harassing behavior has stopped.

If it is determined that no sexual harassment has occurred or that there is not sufficient evidence to conclude that sexual harassment has occurred, this determination will be communicated to the person who made the complaint.

All persons on City property, at work for the City, or on City business must avoid engaging in any action or conduct that might be viewed as sexual harassment. Approval of, participation in, or supporting conduct constituting sexual harassment will be considered a violation of this

policy. The City's goal is to prevent and eliminate sexual harassment completely. Each employee, supervisor, manager or other person employed in any capacity by the City is responsible for helping the City accomplish this goal.

H. WORKPLACE HARASSMENT

The City has a strict policy prohibiting harassment against any individual on the basis of race, color, religion, gender, national origin, immigrant or non-immigrant status, age, disability, veteran status or uniformed service status. Each governing authority shall provide a work place free from any such workplace harassment. Workplace harassment will not be tolerated, regardless of whether the harasser is an employee, visitor, customer, etc.

Harassment is verbal or physical conduct that insults or shows hostility or aversion toward an individual because of his or her race, color, religion, gender, national origin, immigrant or non-immigrant status, age, disability, veteran status or uniformed service and that:

1. contributes to or has the effect of creating an intimidating, hostile, or offensive working environment; or

2. unreasonably interferes with an individual's work performance; or

3. otherwise adversely affects an individual's employment opportunities.

Harassing conduct includes, but is not limited to, the following:

1. The use of disparaging or abusive words or phrases, slurs, negative stereotyping, or threatening, intimidating, or hostile acts that relate to race, color, religion, gender, national origin, immigrant or non-immigrant status, age, disability, veteran status or uniformed service status.

2. Written or graphic material that insults, stereotypes, or shows aversion or hostility toward an individual or group because of race, color, religion, gender, national origin, immigrant or non-immigrant status, age, disability, veteran status or uniformed service status and that is placed on walls, bulletin boards, e-mail, voice mail, or elsewhere on the City's premises, or is circulated in the workplace.

Any employee, supervisor, manager or other person who believes that he or she has been subjected to harassment at work as outlined above should report such harassment immediately to his or her supervisor, the Department Head, the City Administrator/CAO, or the Mayor. Any employee, supervisor, manager or other person, including any department employee, probationary department employee, non-department employee in, or applicant for employment in a Department that employs department employees, may file a grievance in accordance with the Special Grievance Procedure for Sexual and Workplace Harassment contained in this handbook.

The City will handle harassment complaints with as much confidentiality as possible. There will be no retaliation against anyone who reports a claim or incident of workplace harassment in good

faith or against any employee who provides information as a witness to workplace harassment. The City will conduct an immediate investigation to attempt to determine all of the facts concerning the alleged harassment. To assist the investigation, any harassment complaint should be reported immediately and should be put in writing and specifically state the details of the offending behavior.

If the City determines that workplace harassment has occurred, corrective action will be taken. Depending upon the circumstances, such action may include a reprimand, discharge, or other appropriate action. The City will also monitor any incidents in which workplace harassment has occurred to ensure the harassing behavior has stopped.

If it is determined that no workplace harassment has occurred or that there is not sufficient evidence to conclude that workplace harassment has occurred, this determination will be communicated to the person who made the complaint.

All persons on City property, at work for the City, or on City business must avoid engaging in any action or conduct that might be viewed as workplace harassment. Approval of, participation in, or supporting conduct constituting workplace harassment will be considered a violation of this policy. The City's goal is to prevent and eliminate workplace harassment completely. Each employee, supervisor, manager or other person employed in any capacity by the City is responsible for helping the City accomplish this goal.

I. CONFLICTS OF INTEREST

City employees should be especially careful to avoid using, or appearing to use, an official position for personal gain, giving unjustified preferences, or losing sight of the need for efficient and impartial decision making in the City of Southaven's method of operation. No act should be committed which could result in questioning the integrity of City government.

Employees are not to engage in any activity in either a private or official capacity where a conflict of interest may exist. An employee's first loyalty should be to the public's interest. Associations, dealings or interests that could affect an employee's objectivity in performing the employee's job or in making the decisions required of the employee's position should be avoided. However, employees are encouraged to participate in professional and civic organizations if such participation does not adversely affect the employee's role as a public employee.

J. POLITICAL ACTIVITY

It is the policy of the Mayor and Board of Alderman that personnel administration be conducted in an atmosphere free from political influence or coercion.

Political Contributions and Services

No city employee shall be obliged, by reason of his or her employment, to contribute to a political fund or to render political service, and he or she may not be removed or otherwise

prejudiced for refusal to do so. [Refer, Section 25-9-115 (k), Mississippi Code of 1972, as amended .]

Use of Official Authority or Influence to Coerce Political Action

No city employee shall use his or her official authority or influence to coerce the political action of a person or body. [Refer, Section 25-9-115 (l) and Section 25-9-145, Mississippi Code of 1972, as amended.]

Fair Treatment of Applicants and Employees

The city shall assure fair treatment of applicants and employees in all aspects of personnel administration without regard to political affiliation.

Freedom from Political Coercion

The city shall assure that employees are free from coercion for partisan or political purposes.

Informing Employees of Political Activities Laws

The city shall inform all employees which political activities are permitted or prohibited by law.

Violation of Provisions

Any employee who violates any of the provisions of this section may be subject to appropriate disciplinary action.

Grievance and Appeals

Any applicant or employee who believes he or she has been discriminated against on the basis of political affiliation or unlawful political activity affecting department employment may grieve and appeal in accordance with Section 4 of this handbook.

Political Activity Prohibited

Agencies receiving federal loans or grants:

The federal "Hatch Act," 5 U.S.C. § 1501 and following, covers individuals employed by department or local agencies whose principal employment is in connection with an activity which is financed in whole or in part by loans or grants made by the United States or a federal Department, but does not include (a) an individual who exercises no function in connection with that activity; or (b) an individual employed by an educational or research institution, establishment, Department, or system which is supported in whole or in part by the State, the City or another political subdivision of the State, or by a recognized religious, philanthropic, or cultural organization.

K. DRUG-FREE WORK PLACE

The Drug-Free Workplace Act of 1988, found at Title 5, Subtitle D, Anti-Drug Abuse Act of 1988, Public Law No. 100-690 (DFWA), requires grantees of federal agencies to certify that they will provide a drug-free workplace. Making the required certification is a precondition of receiving a federal grant beginning March 18, 1989.

The certification statement which grantees are required to make under the DFWA includes several provisions which grantees must comply with in order to provide a drug-free workplace, including

A. publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition; and

B. establishing a drug-free awareness program to inform employees about the dangers of drug abuse in the workplace, the grantee's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

The DFWA also provides that sanctions may be imposed against grantees for non-compliance with the law. In order to comply with the DFWA, departments that are federal grantees should refer to the federal regulations governing this law. A copy of the regulations may be found in the Federal Register, Vol. 54, No. 19, Tuesday, January 31, 1989.

Law governing drug and alcohol testing of employees and job applicants is set forth at Section 71-7-1, et. seq., Mississippi Code of 1972, as amended. This statute provides procedures and guidelines for governing authorities that wish to formulate a drug and alcohol testing policy. Except as provided by federal law, departments are not required to administer drug or alcohol tests. This statute must be complied with if such tests are given. However, the statute does not apply to agencies subject to any federal law or regulations that govern the administering of drug and alcohol tests. Departments are also required to be cognizant of the proscriptions of the Americans With Disabilities Act regarding pre-employment medical tests.

The City's drug and alcohol policy is contained in Part O of this Section.

L. REDUCTION IN FORCE

Except as otherwise provided in these rules, the tenure of an employee with permanent department status shall be continued during good behavior and the satisfactory performance of assigned duties. However, an employee's employment may be terminated without regard to behavior or performance by a reduction in force. No provision of this Employee Handbook shall be read or construed to limit the City's discretion in implementing a reduction in force and in terminating an employee's employment as part of a reduction in force.

1. Reduction in force - a governing authority may reduce the number of employees in a department whenever deemed necessary for the following reasons:

a. shortage of funds or work,

b. material change in duties or organization, or

c. a merger of agencies.

d. as ordered by the Mayor and Board of Aldermen

M. PROHIBITION AGAINST VIOLENCE IN THE WORKPLACE

It is the policy of the City to provide all employees with a safe, violence-free workplace. Therefore, the City prohibits all forms of workplace violence, and it prohibits all conduct that could lead to workplace violence. This applies to violence by any individual, including employees, customers, vendors, and visitors. The following conduct is strictly prohibited under this policy:

1. Physical Assaults. Any physical assault such as hitting, pushing, kicking, holding, or other unwelcome touching.
2. Threatening behavior. Any threats, including direct verbal threats, veiled threats, menacing gestures, harassing phone calls and stalking.
3. Possession of Weapons. Any possession of weapons (other than weapons authorized for use in law enforcement or security activities for the City), including firearms, knives, chains, dangerous chemicals, explosives, or other objects carried for the purpose of inuring or intimidating others.

Any employee who violates this policy shall be subject to discipline up to, and including, termination.

Employees are encouraged to report violations of this policy to a manager, or call 9-1-1 for outside assistance. Employees are encouraged to err on the side of safety when determining whether to report anything that may constitute a violation of this policy. Retaliation against individuals who report violations of this policy is strictly prohibited.

N. SEARCHES OF CITY PROPERTY

Employees have no expectation of privacy in any City property, including, but not limited to, City lockers and desks. Any such City property may be monitored to ensure compliance with this and other City policies, if the City has a reasonable belief some prohibited item is being kept in such City property, or if something is being kept in such City property to aid in the violation of the law or any policy of the City. Further, City property may be searched if the City has a reasonable belief that something is being maintained in City property that would adversely affect

the health or safety of City employees, customers, or visitors, or adversely affect the job performance of City employees.

O. DRUG AND ALCOHOL FREE WORKPLACE POLICY

General Statement of the City's Policy on Drug and Alcohol Use

It is the policy of the City to provide a safe work environment and to foster the well being and health of its members. Compliance with the City's Drug and Alcohol Free Workplace Policy is a condition of employment. The City strictly prohibits the unlawful manufacture, possession, use, abuse, sale, transfer, distribution, solicitation or possession, including possession with the intent to sell or distribute any controlled substances, including illegal drugs, alcohol, prescription drugs (used contrary to a legitimate prescription), nonprescription drugs (used in a manner contrary to the directions or for a purpose other than that for which the drugs are offered by the manufacturer) or any other controlled substances or drug paraphernalia at any time, whether on City or personal time, including but not limited to any time on the City's premises, in the City's vehicles, when performing City business or when otherwise acting as an employee of the City.

An applicant for employment may be required to submit to a drug and alcohol test as a condition of the job applicant's employment application. An employee may be required to submit to a drug and alcohol test as a condition of employment when the City has a reasonable suspicion that an employee is in violation of the City's Drug and Alcohol Free Workplace Policy or as part of neutral selection drug and alcohol testing of employees engaged in public health, law enforcement and/or safety sensitive positions with one or more of the following duties or responsibilities:

a. engage in law enforcement;
b. have national or state security responsibilities;
c. engage in drug interdiction responsibilities;
d. have authorization to carry firearms;
e. have access to sensitive information;
f. as a condition of employment are required to obtain a security clearance; or
g. engage in activities affecting public health or safety.

The City may refuse to hire a job applicant or may discipline any employee, up to and including discharge, on the basis of a positive confirmed drug and alcohol test result, a refusal to submit to a drug or alcohol test, or any other violation of the City's Drug and Alcohol Free Workplace Policy. Further, conviction for a drug-related offense may result in discipline up to and including discharge.

Statement of Mississippi Law

You are hereby advised that the City has implemented a drug and alcohol policy and conducts a testing program, pursuant to House Bill No. 84 of 1994, codified at Miss. Code Ann. § 71-7-1, et seq. (hereinafter "the Act"), and you are hereby advised of the existence of said Act.

You are hereby advised that the City has also implemented a drug and alcohol policy and conducts a testing program pursuant to the Drug-Free Workplace Workers' Compensation Premium Reduction Act, codified at Miss. Code Ann. §§71-3-201 to 71-3-225, and you are hereby advised of the existence of said law.

Confidentiality

All information, interviews, reports, statements, memoranda and test results, written or otherwise, received by the City through its drug and alcohol testing program are confidential communications, except under certain circumstances as allowed by the Act.

Procedures for Confidentially Reporting Prescription or Nonprescription Medication

An employee or job applicant shall be allowed to provide notice to the City of currently or recently used prescription or nonprescription drugs at the time of the taking of the specimen to be tested, and such information shall be placed in writing upon the City's drug and alcohol testing custody and control form prior to initial testing.

When Drug and Alcohol Testing May Occur

Drug and alcohol testing may occur under the following circumstances:

1. Job applicants may be required to submit to a drug and alcohol test as a condition of employment. Job applicants will not be required to submit to an alcohol test prior to a conditional offer of employment.

2. All employees may be required to submit to reasonable suspicion drug and alcohol testing. Reasonable suspicion means a belief that an employee is using or has used drugs in violation of the City's Drug and Alcohol Free Workplace Policy when such belief is drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Reasonable suspicion may be based on, but is not limited to, the following: (1) observable phenomena such as direct observation of drug use and/or the physical symptoms or manifestations of being under the influence of a drug or alcohol; (2) abnormal conduct or erratic behavior while at work, absenteeism, tardiness, or deterioration in work performance; (3) a report of drug or alcohol use provided by reliable and credible sources and which has been independently corroborated; (4) evidence that an individual has tampered with a drug or alcohol test during his employment with the City; (5) information that an employee has caused or contributed to an accident while at work; or (6) evidence that an employee is involved in the use, possession, sale, solicitation or transfer of drugs while working or while on the City's premises or operating the City's vehicle, machinery or equipment.

3. Only employees engaged in law enforcement activities, in safety sensitive positions or in positions involving the public safety with duties as set out above in the General

Statement of the City's Policy on Drug and Alcohol Use may be required to submit to neutral selection drug and alcohol testing.

4. An employee may be required to submit to a drug and alcohol test if the test is conducted as part of a routinely scheduled employee fitness for duty medical examination that is part of the City's established policy and/or which is scheduled routinely for all members of the same classification or group.

5. An employee may be required to submit to neutral selection or routine drug and alcohol tests if the employee in the course of his/her employment enters a drug abuse rehabilitation program, and as a follow-up to such rehabilitation program, or if previous drug and alcohol testing of the employee within a twelve-month period resulted in a positive confirmed test result.

6. An employee, who is participating in drug abuse rehabilitation, may be required to submit to drug and alcohol testing conducted by the rehabilitation provider as deemed appropriate by the provider.

Consequences of Refusing to Submit to a Drug and Alcohol Test

The City may refuse to hire any job applicant who refuses to submit to a drug and alcohol test. The City may discipline any employee for refusing to submit to a drug and alcohol test authorized under the City's Drug and Alcohol Free Workplace Policy, and such discipline may include discharge.

Opportunities for Assessment and Rehabilitation

If an employee has a positive confirmed test result and the City determines that neither discipline nor discharge is necessary or appropriate, the employee will be afforded an opportunity for assessment and rehabilitation. Information on counselors, treatment providers or other methods of assessment, assistance or rehabilitation is available from the City's benefits coordinator and the City Administrator's office. The City has also posted a summary of the resource file, including the identification and contact information for multiple employee assistance providers in the area.

Contesting the Accuracy of a Positive Confirmed Drug and Alcohol Test Result

An employee who has received a positive confirmed drug and alcohol test result may contest the accuracy of that result or explain it to the City.

List of Drugs For Which the City May Test

The City may test for marijuana, cocaine, opiates, amphetamines, phencyclidine, and alcohol.

No Applicable Contracts

There are no applicable contracts or collective bargaining agreements which apply to limit this policy.

Exception to the City's Provisions Regarding Drug and Alcohol Testing

The provisions of the City's Drug and Alcohol Free Workplace Policy do not apply to employees subject to drug and alcohol testing procedures pursuant to any federal law or regulations.

Federal Drug-Free Workplace Notice

The City provides a drug-free workplace under the provisions of the Federal Drug-Free Workplace Act.

The City also has established a drug-free awareness program to inform employees about the dangers of abuse in the workplace, the City's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties which may be imposed upon employees for drug abuse violations.

Further, the City has made it a requirement that each employee as a condition of employment will be given a copy of the City's Drug and Alcohol Free Workplace Policy, setting out the items identified above as required by the Federal Drug-Free Workplace Act.

The City has further notified each employee that as a condition of employment the employee must:

(a) abide by the terms of the City's Drug and Alcohol Free Workplace Policy and the Federal Drug Free Workplace Act, including those requirements set out above; and

(b) notify the City of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) calendar days after such conviction.

P. PROCEDURES FOR THE DRUG AND ALCOHOL FREE WORKPLACE POLICY

I. Definitions for the City's Drug and Alcohol Free Workplace Policy

1. "Drug" means an illegal drug or a prescription or non-prescription medication.

2. "Prescription or non-prescription medication" means a drug prescribed for use by a duly licensed physician, dentist, or other medical practitioner licensed to issue prescriptions or a drug that is authorized pursuant to federal or state law for general distribution and use without a prescription in the treatment of human diseases, ailments or injuries.

3. "Illegal drug" means any substance, other than alcohol, having psychological or/and physiological effects on a human being and that is not a prescription or non-prescription

medication, including controlled dangerous substances and controlled substance analogs or volatile substances which produce the psychological and/or physiological effects of a controlled dangerous substance through deliberate inhalation.

4. "Alcohol" means ethyl alcohol.

5. "Neutral Selection Basis" means a mechanism for selecting employees for drug tests that (1) results in an equal probability that any employee from a group of employees subject to the selection mechanism will be selected, and (2) does not give an employer discretion to waive the selection of any employee selected under the mechanism.

6. "Specimen" means a tissue or product of the human body chemically capable of revealing the presence of drugs or their metabolites in the human body.

7. "Chain of custody" refers to procedures to account for the integrity of each urine specimen and each blood specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen.

8. "Drug and alcohol test" means a chemical test administered for the purpose of determining the presence or absence of a drug or metabolites in a person's body fluids.

9. "Initial test" means an initial drug test to determine the presence or absence of drugs or their metabolites in a specimen.

10. "Confirmation test" means a drug and alcohol test on a specimen to substantiate the results of a prior drug and alcohol test on the specimen. The confirmation test must use an alternative method of equal or greater sensitivity than that used in the previous drug and alcohol test.

11. "Medical review officer" is a licensed physician responsible for receiving laboratory results generated by the City's drug and alcohol testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's positive test result together with his or her medical history and any other relevant bio-medical information.

12. "Employee assistance program" means a program provided by an employer offering assessment, short term counseling and referral services to employees, including drug, alcohol and mental health programs.

II. Drugs for Testing

The City may include in its drug and alcohol testing protocols marijuana, cocaine, opiates, amphetamines, phencyclidine, and alcohol. No testing for a controlled substance other than those specifically named above will occur unless the United States Department of Health and Human Services has established an approved protocol and positive threshold for each such

substance and this approved protocol has been adopted by the Mississippi State Department of Health.

III. Specimens

Body specimens for drug and alcohol testing are as follows:

1. For tests for drugs, urine will be used for initial and confirmation tests.

2. For tests for alcohol, breath and/or saliva will be used for initial tests; and blood will be used for confirmation tests.

IV. Certified Laboratory

1. No laboratory will conduct an initial or confirmation drug or alcohol test unless the director of the laboratory and the laboratory are certified by the Mississippi State Department of Health. The laboratory will warrant that its certification or license by the State of Mississippi Department of Health has not been suspended or revoked. The laboratory must also warrant that its certification or license has not been revoked by the Substance Abuse and Mental Health Services Administration or the College of American Pathologists Forensic Urine Drug Testing and that there has been no suspension or revocation of a license or certification by an agency of another state, as such suspension or revocation also operates as a suspension or revocation of certification by the Mississippi State Department of Health. The laboratory utilized will also warrant that it has not been notified of any action taken by the Mississippi State Department of Health to suspend or revoke its certification and has not been notified of any actions by any of the other above-named certifying bodies to suspend or revoke its certification.

2. Prior to conducting any initial or confirmation drug or alcohol tests, any laboratory contracted with the City to perform initial or confirmation drug and alcohol tests will certify that to the City as follows:

a. The director of the laboratory and the laboratory are certified by the Mississippi State Department of Health to conduct such tests;

b. The laboratory has methods of analysis and procedures to insure reliable drug and alcohol testing results, including standards for initial tests and confirmation tests;

c. The laboratory has chain of custody procedures to insure proper identification, labeling and handling of specimens being tested;

d. The laboratory has retention and storage procedures to insure reliable results on confirmation tests and results;

e. The laboratory demonstrates satisfactory performance in the proficiency testing program of the National Institute on Drug Abuse, the College of

American Pathology or the American Association for Clinical Chemistry, or the equivalent;

f. The laboratory follows proper quality control procedures, including but not limited to:

(1) The use of internal quality controls, including the use of samples of known concentrations which are used to check the performance and calibration of testing equipment, and periodic use of blind samples for overall accuracy.

(2) An internal review and certification process for test results conducted by a person qualified to perform that function in the testing laboratory.

(3) Security measures implemented by the testing laboratory to preclude adulteration of specimens and test results.

(4) Other necessary and proper actions are taken to insure reliable and accurate test results.

3. The laboratory will also certify that it will disclose to the employer a written test report result within five (5) working days after the test. The laboratory will also certify to the City that laboratory reports of a test result will at a minimum state:

a. The name and address of the laboratory that performed the test and the positive identification of the person tested;

b. Any positive confirmed drug and alcohol test results on a specimen which tested positive on an initial test or a negative drug and alcohol test result on a specimen; provided, however, that reports should not make reference to initial or confirmatory tests when reporting positive or negative results;

c. A list of the drugs tested for;

d. The type of test conducted for both initial and confirmation tests and the cut-off levels of the test; and

e. The report shall not disclose the presence or absence of any physical or mental condition or of any drug other than the specific drug and its metabolites that the City requested to be identified.

4. The lab will also certify that it meets and will abide by the rules promulgated by the Mississippi State Department of Health concerning drug and alcohol testing.

V. Collection and Testing

1. The City will contract with manufacturers, vendors, or other providers of drug and alcohol testing devices, or with a certified laboratory, for initial, on-site drug and alcohol testing of employees to:

a. Train and certify City employees implementing the drug and alcohol testing program with regard to collection of specimens and administration of initial tests; or

b. Provide the City with certified personnel to collect specimens and administer the initial tests.

2. The City may designate employees for training and certification by the Mississippi State Department of Health to qualify them to collect specimens and conduct on-site drug and alcohol tests.

3. The following individuals may collect specimens for a drug and alcohol test:

a. A physician, a registered nurse or a licensed practical nurse;

b. A qualified person employed by a certified laboratory; or

c. An employee or an independent contractor of the City who has been trained and certified as indicated above.

4. Collection of specimens will be done in a sanitary environment and under reasonable conditions to preserve the dignity of the employee or job applicant being tested.

5. Specimens will be collected in a manner to prevent specimen substitution and interference with the collection or testing of the specimens.

6. If the City performs on-site drug and alcohol tests or specimen collection, the City will establish chain-of-custody procedures to ensure proper record keeping, handling, labeling and identification of all specimens to be tested.

7. If the City performs specimen collection, the City will document the specimen collection, including the following steps:

a. Label the specimen container clearly to prevent erroneous identification of test results; and

b. Allow the employee or job applicant an opportunity to provide information which he or she considers relevant to the test, including identification of currently or recently used prescription or nonprescription drugs or other relevant medical information. This

information will be taken into account when interpreting any positive confirmed results but will not prevent the test from being given.

8. Specimen collection, storage, and transportation to the testing site will be conducted to prevent contamination or adulteration.

9. If the City performs specimen collection, the person who collects or takes a specimen will collect enough for two (2) drug and alcohol tests.

10. When the City requires current employees to submit to a drug and alcohol test, the testing will occur during or immediately after the regular work period of the employees, and the time utilized will be considered work time for purposes of determining compensation and benefits for the current employees.

11. Specimen testing for drugs will conform to scientifically accepted analytical methods and procedures as outlined below.

12. Even if the City conducts on-site initial drug and alcohol tests, the City will contract with a certified laboratory to conduct confirmation tests on specimens which produce a positive result in the initial on-site test.

13. The City will pay for the costs of all drug and alcohol tests and accompanying results which the City requests or requires an employee or job applicant to take.

VI. Initial Tests

1. Unless the Mississippi State Department of Health subsequently provides otherwise, the initial test for drugs shall use an immunoassay that meets the requirement of the United States Food and Drug Administration for commercial distribution. The following cut-off levels will be used for screening specimens to determine whether they are negative for the five (5) identified drugs or classes of drugs:

Drugs	Initial Test Cut-Off Levels (NG/ML)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	300*
Phencyclidine	25
Amphetamine	1000

* 25 NG/ML if aminoassay specific for free morphine

2. These cut-off levels for the initial drug test are subject to change by the Mississippi State Department of Health as advances in technology or other considerations warrant.

Initial Test - Alcohol

3.Any detectible level of alcohol found the breath or saliva specimen of an individual shall be deemed a positive result.

VII. Confirmation Test

1. Any initial drug or alcohol test yielding a positive result may be followed by an appropriate confirmation test. If the initial drug and alcohol test is negative, there will be no confirmation drug or alcohol test performed.

2. While the City may choose to utilize appropriately trained or certified personnel to conduct the initial drug and/or alcohol test on-site, the confirmation test will be performed by a certified laboratory; and the laboratory will perform confirmation tests only on specimens which produced a positive result in the initial test for drugs and/or alcohol.

3. All confirmation tests must use an alternative method of equal or greater sensitivity than that used on the initial drug and alcohol test. All specimens identified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques at the cut-off levels for each drug as listed below. All confirmations shall be by quantitative analysis. Concentrations that exceed the linear region of the standard curve will be documented in the laboratory records as "greater than highest standard curve value."

Drugs	Confirmation Test Cut-Off Levels (NG/ML)
Marijuana Metabolite[1]	15
Cocaine Metabolite[2]	150
Opiates:	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines:	
Amphetamine	500
Methamphetamine	500

4. These cut-off levels are subject to change by the Mississippi State Department of Health as advances in technology or other considerations warrant.

Confirmation Test - Alcohol

5. An ethyl alcohol level of 10mg/dl found in the blood specimen of an individual shall be deemed a positive result.

VIII. Reporting Results of Test

1. The laboratory will report as negative all specimens that are negative on the initial test or negative on the confirmation test. Only specimens confirmed positive will be reported positive for a specific drug or alcohol.

2. The laboratory will report confirmation test results to the City's Medical Review Officer within an average of five (5) working days after receipt of the specimen by the laboratory. Before a test result is reported (the results of confirmation tests or quality control data) it shall be reviewed and the test certified as an accurate report by the responsible individual. The laboratory will send only to the Medical Review Officer the drug or alcohol testing results which, in the case of a report positive for drug or alcohol use, shall be signed by the individual responsible for day-to-day management of the drug testing laboratory or the individual responsible for attesting to the validity of the test reports. The report shall identify the drugs/metabolites tested for, whether positive or negative, the specimen number assigned by the employer and the drug testing laboratory specimen identification number (accession number).

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[1] Delta-9-Tetrahydrocannabinol-9-Carboxylic Acid

[2] Benzoylecgonine

IX. Reporting to Medical Review Officer

1. A Medical Review Officer will be responsible for receiving and interpreting laboratory results of drug and alcohol tests. The Medical Review Officer will be the sole person authorized to review the results of such tests.

X. Notification to Applicants or Employees and Objections to Positive Results

1. An employee will be provided written notification of a positive confirmed test result report from the testing laboratory, the consequences of the report, and the options available to the employee within five (5) working days after the City receives the positive confirmation.

2. If an employee requests a copy of the test result report, the City will provide a copy.

3. An employee has ten (10) working days after receiving notice of a positive confirmed test result to submit information to the City explaining the test results and why the results do not violate the City's Drug and Alcohol Free Workplace Policy. If the explanation is not satisfactory, the City will place a written statement of why the explanation was unsatisfactory, along with the report of positive results, in the employee's medical and personnel records. If any information is included in or otherwise accompanies the report, such information will be placed in the employee's medical records but will not be placed in the personnel file.

4. During the ninety (90) day period following the date the results of the positive confirmed test are mailed or otherwise delivered to the City, the employee who submitted the specimen will be permitted to have a portion of the specimen retested, at the employee's expense, at a certified laboratory selected by the employee.

5. Any additional testing requested by the employee or job applicant will be paid by the employee or job applicant.

XI. Release or Disclosure of Test Results

1. Information, interviews, reports, statements, memoranda and test results, written or otherwise, received by the City through its Drug and Alcohol Free Workplace Policy are confidential communications. Any information obtained by the City pursuant to its Drug and Alcohol Free Workplace Policy is the property of the City. The confidentiality provisions contained in this Drug and Alcohol Free Workplace Policy do not apply to other information or parts of an employee's or job applicant's personnel or medical files.

2. Information related to drug and alcohol test results will not be released to any individual, other than the employee or job applicant, or City medical, supervisory or other personnel, as designated by the City on a need to know basis, unless:

a. The employee or job applicant has expressly, in writing, granted permission for the City to release such information;

b. It is necessary to introduce a positive confirmed test result into an arbitration proceeding, provided that the information is relevant to the hearing or proceeding, or the information must be disclosed to a federal or state agency or other unit of a state or the United States government as required under law, regulation or order, or disclosed in accordance with compliance requirements of a state or federal government contract, or disclosed to a drug abuse rehabilitation program for the purpose of evaluation or treatment of an employee; or

c. There is a risk to public health or safety that can be minimized or prevented by the release of such information; provided, however, that unless such a risk is immediate, a court order permitting the release shall be obtained prior to the release of the information.

3. If an employee refuses to sign a written consent form for release of information to persons as permitted under the Drug and Alcohol Free Workplace Policy or any other applicable law, the City may discipline or discharge the employee.

XII. Specimen and Records Retention by the Laboratory and Retesting

1. The laboratory will preserve positive specimens in such a manner as to insure that the specimens will be available for any necessary re-test as required by law.

2. Every specimen that produces a positive confirmed result will be preserved in a frozen state by the certified laboratory that conducts the confirmation test for a period of ninety (90) days from the time the results of the positive confirmed test are mailed or otherwise delivered to the City. During this period, the employee who has provided the specimen will be permitted by the City to have a portion of the specimen retested, at the employee's expense, at a certified laboratory chosen by the employee. The certified laboratory that has performed the test for the City shall be responsible for the transfer of the portion of the specimen to be retested, and for the integrity of the chain of custody during the transfer.

3. Because some analytes deteriorate or are lost during freezing and/or storage, quantitation for a retest is not subject to a specific cut-off requirement but must provide data sufficient to confirm the presence of the drug, alcohol or their metabolites.

4. Unless otherwise instructed by the City in writing, all records pertaining to the given urine or blood specimen or other specimen will be retained by the drug testing laboratory for a minimum of two (2) years.

5. The employee or job applicant is responsible for the payment of costs of any additional drug and alcohol tests requested by the employee or job applicant.

XIII. Employee Assistance

1. If the City maintains an employee assistance program, the City will inform employees of the benefits and services of the employee assistance program. The City will also post notice of the employee assistance program throughout its workplace and will explore other alternatives to publicize such services. The City will also provide employees with notice of the policies and procedures regarding access to and utilization of any available employee assistance program.

2. If at any time the City does not have an employee assistance program, the City will also maintain a resource file of employee assistance service providers, alcohol and other drug abuse programs, mental health providers and other persons, entities or organizations available to assist employees with personal or behavioral problems. The City will provide all employees information about the existence of the resource file and a summary of the information contained within the resource file. The City will post this information.

3. The summary may contain but is not limited to all information necessary to access the services listed in the resource file. Further, the City will also post in conspicuous places a listing of multiple employee assistance providers in the area.

XIV. Supervisor and Employee Training

1. The City will provide all employees with an education program on alcohol and other drug abuse prior to instituting its Drug and Alcohol Free Workplace Policy. Also the City will provide employees with an annual education program on alcohol and other drug abuse, in general, and its effects on the workplace, specifically. The education program will last at least one (1) hour and will include but is not limited to information on:

a. the explanation of the disease of addiction for alcohol and other drugs;

b. the effects and dangers of the commonly abused substances in the workplace;

c. the dangers of drug abuse in the workplace;

d. the City's policies and procedures regarding alcohol and other drug use or abuse in the workplace and how employees who wish to obtain substance abuse treatment can do so;

e. the City's policy of maintaining a drug-free workplace;

f. any available drug counseling, rehabilitation, and employee assistance programs; and

g. the penalties that may be imposed on employees for drug abuse violations.

2. In addition to the educational program referenced above, the City will also provide all supervisory personnel a minimum of two (2) additional hours of training prior to the institution of its Drug and Alcohol Free Workplace Policy and each year thereafter which will include but is not limited to the following:

a. recognition of evidence of employee alcohol and other drug abuse;

b. documentation and corroboration of employee alcohol and other drug abuse;

c. referral of alcohol and other drug abusing employees to the proper treatment provider;

d. recognition of the benefits of referring alcohol and other drug abusing employees to treatment programs, in terms of employee health and safety and City savings; and

e. explanation of any employee health insurance or HMO coverage for drug, alcohol or other problems.

XV. Action by the City Based on Positive Test Results or Refusal to Submit to Drug and Alcohol Testing

1. The City may not discharge, discipline, or request or require rehabilitation of an employee on the basis of a positive test result that has not been verified by a confirmatory test, except the City may temporarily suspend or transfer an employee to another position after an initial positive on-site test while awaiting confirmation.

2. The City will not discharge, discipline, discriminate against or request or require rehabilitation of an employee on the basis of any medical history information revealed to the City as a result of a drug and alcohol test, except if the employee had an affirmative obligation to provide such information before, upon, or after hire.

3. The City may discipline, up to and including discharge, an employee who has had a confirmed positive test result.

4. The City in its discretion may refer any employee who has violated the City's Drug and Alcohol Free Workplace Policy to an employee assistance program or other similar program for assessment, counseling and referral for treatment or rehabilitation as appropriate. Such treatment or rehabilitation shall be at a site certified by the Mississippi State Department of Mental Health. This option does not in any way limit the City's ability to discipline any employee for a positive confirmed test result.

5. If a job applicant refuses to submit to drug and alcohol testing, the City may refuse to hire the job applicant.

6. If an employee refuses to submit to drug and alcohol testing, the City may discipline the employee, up to and including discharge, or refer the employee to a drug abuse assessment, treatment and rehabilitation program at a site certified by the State of Mississippi Department of Mental Health.

7. **Nothing in this Drug and Alcohol Free Workplace Policy affects any right of the City to terminate the employment of any person for reasons not related to the Drug and Alcohol Free Workplace Policy.**

XVI. Federal Drug Free Workplace Program

1. The City provides a drug-free workplace under the provisions of the Federal Drug-Free Workplace Act. Accordingly, the City has implemented a policy prohibiting the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the workplace and indicating that actions which may be taken for such violations may include discipline up to and including termination from employment.

Awareness

2. The City also has established a drug-free awareness program to inform employees about the dangers of drug abuse in the workplace, the City's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties which may be imposed upon employees for drug abuse violations.

Notice to Employees

3. Further, the City has made it a requirement that each employee as a condition of employment will be given a copy of the City's Drug and Alcohol Free Workplace Policy, setting out the items identified above as required by the Federal Drug-Free Workplace Act.

Additional Employee Obligations

4. The City has further notified each employee that as a condition of employment the employee must:

a. abide by the terms of the City's Drug and Alcohol Free Workplace Policy and the Federal Drug-Free Workplace Act provisions, including those requirements set out above; and

b. notify the City in writing of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) calendar days after such conviction.

Notice to Federal Government

5. The City will provide notice, including position title, to any federal government contracting agency or federal government granting agency and to every grant officer or other designee on whose grant activity the convicted employee was working, unless the federal agency has designated a central point for the receipt of such notices, within ten (10) calendar days after receiving notice by an employee or otherwise of a criminal drug statute conviction for a violation occurring in the workplace. The notice will include the identification number(s) of each affected grant.

Termination/Discipline/Assistance

6. Within thirty (30) calendar days of receiving notice of an employee's conviction for a violation of a criminal drug statute occurring in the workplace, the City will either:

a. take appropriate personnel action against such employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

b require such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

7. If an employee is terminated for such conviction, no further participation in drug abuse assistance or rehabilitation will be required.

8. The City will make a good faith effort to maintain a drug-free workplace program through the implementation of the terms set forth above.

Q. NOTIFICATION OF ARREST AND/OR CONVICTION

Any employee who is arrested for a misdemeanor or felony must notify his or her supervisor of such arrest no later than seventy-two (72) hours after the arrest. If an employee is convicted of a misdemeanor or felony while employed with the City of Southaven, he or she must inform a supervisor of such conviction (including pleas of guilty and nolo contendre) no later than seventy-two (72) hours after the conviction.

The arrest of an employee - whether on or off duty - may result in corrective action. Corrective action depends upon a review of all factors involved - including whether or not the employees action was work-related, the nature and severity of the act, or any resultant circumstances that adversely affect the employees attendance and/or eroding of public confidence. Such corrective actions may include termination.

If an employee is convicted of a criminal offense while employed with the City of Southaven, he or she may be terminated and, if terminated, may be ineligible for rehire. The ultimate disposition of the issue will depend upon the nature of the offense and the employee's work duties. Any corrective action taken must be supported by available information coming from witnesses, police, or court records.

Any employee who is arrested for a misdemeanor or felony shall notify his or her supervisor of such arrest no later than seventy-two (72) hours after the arrest. Any employee on a leave of absence must report any arrest (for a misdemeanor or felony) and any subsequent disposition(s) - including conviction(s) - to his/her supervisor prior to returning to work.

If an employee is convicted of a misdemeanor or felony while employed with the City of Southaven, he or she must inform a supervisor of such conviction (including pleas of guilty and nolo contendre) no later than seventy-two (72) hours after the conviction. Failure to inform the supervisor within the designated time period subjects the employee to corrective actions up to and including termination.

An employee's failure to report an arrest or a conviction (for a misdemeanor or felony) within the specified time period may result in immediate termination.

Updated August 2, 2011

R. ACCIDENT REPORTING PROCEDURES

Purpose

It is the policy of City of Southaven that all accidents or incidents that result in either personal injury or illness, and or damage to City property shall be properly reported and investigated. Although accident/incident investigation is a reactive process, a comprehensive accident reporting and investigation process is a proactive measure that can effectively prevent or minimize future accidents/incidents. This operating procedure establishes a systematic process to ensure that accidents are properly reported in a timely manner, that all causes (direct and contributory) are thoroughly identified and that the appropriate corrective actions are taken.

Scope

This operating procedure applies to the reporting and investigation of all incidents that result in:

- A work-related injury and/or illness to any City employee (full-time, part-time, temporary or seasonal) or elected official;
- Personal injury and/or illness to non-City personnel while on or using City-owned property;
- Damage to City-owned property; or

- A non-injury event that had the potential to cause harm or damage.

Responsibility

Department heads, managers and/or supervisors -- are responsible for:

a. ensuring that all accidents/incidents are properly reported and investigated in accordance with this operating procedure.

b. ensuring that all corrective actions are promptly and completely carried out.

Employees -- are responsible for reporting any injury/illness work-related accident or non-injury incidents to their manager/supervisor as soon as possible. All accidents/incidents must be reported by no later than the end of the employee's regular work shift.

The Office of Human Resources -- shall participate in accident investigations either directly or by review of the report as deemed appropriate to the incident. The Office of Human Resources shall determine the level of participation that is warranted. The Office of Human Resources is also responsible for administering the Workers' Compensation benefits program for work-related injuries or illnesses.

Definitions

Major Accident -- - Any injury or illness-related accident that results in:

a. Death;

b. Amputations involving the loss of bone tissue;

c. Loss of consciousness due to electrical shock, lack of oxygen or chemical exposure;

d. Possible permanent functional impairment of a body part (excluding those resulting from a back strain);

e. Admission to a hospital (other than 24-hour observation, hernia repair or back strain).

Multiple Injury Accident -- (as defined by OSHA) -- Accidents or incidents that result in five (5) or more employees being admitted to a hospital or medical treatment facility.

OSHA Recordable Incident - Any accident/incident that results in:

a. Medical treatment other than first-aid, (Examples: treatment of an infection, sutures, second or third degree burns, etc.) -- - a list of OSHA-defined medical treatment is provided in Appendix A;

b. Restriction of normal work activities (reduced work activities, or reduced work days);

c. In days away from work (lost-time);

d. or any occupational illness.

First-Aid Only -- Any accident/incident which results in a minor injury that can normally be treated or cared for by the employee and/or his/her supervisor, and does not result in any of the conditions identified in Section 4.3. Note -- - first-aid can be administered by a medical professional and not result in an OSHA-recordable incident. (Examples: application of a Band-Aid or antiseptic to a minor cut or scrape).

"Non-Injury" Incident -- - Any incident which does not result in personal injury or illness but had the potential to do so OR any incident which results in property damage but does not result in injury or illness.

Notification Procedures

Notification During Regular Working Hours -- - Any City employee involved in an accident/incident (as defined in Section 4.0) during regular working hours shall:

a. Report the occurrence to their department manager or supervisor as immediately as possible, but by no later than the end of the regular work shift. Failure to properly report an incident can result in disciplinary action and/or denial of benefits.

b. If the incident only involves first-aid treatment administered by either the employee or his/her manager/supervisor, or is a non-injury incident and the manager/supervisor is assured that there will be no further complications, the incident shall be documented on the DEPARTMENT INCIDENT LOG.

c. If the work-related accident results in injury or illness requiring professional medical treatment, the employee shall be referred to Family Medical Clinic located at 3451 Goodman Road East, Suite 115, Southaven, MS 38672 or, in severe cases, taken to Baptist Memorial Hospital – Desoto located at 7601 Southcrest Parkway, Southaven, MS 38671 or other designated medical provider. If the injury or illness requires emergency medical treatment, contact the Southaven Police Department (662-393-8654) or 9-1-1 as appropriate, for proper notification of emergency medical services. *NOTE:* The employee(s) involved may be required to submit to a drug and alcohol test as described in the City's Drug Free Workplace Policy and Drug and Alcohol policy.

d. The employee's manager/supervisor shall report the event to the Office of Human Resources by no later than the end of the work shift of the day on which the event occurred. At a minimum, the manager/supervisor must provide the employee's name, date and time of accident, nature of injury/illness, and how the accident/incident occurred.

e. The employee's manager/supervisor is responsible for conducting the initial accident investigation and completing the MWCC – WORKERS' COMPENSATION – FIRST

REPORT OF INJURY OR ILLNESS, HIPAA MEDICAL AUTHORIZATION, and PHYSICIAN OF CHOICE forms as outlined in Section 7.0.

Notification After Regular Working Hours/Days -- Any City employee involved in an accident, that results in a work-related injury or illness, after regular working hours/days shall:

a. Report the occurrence to their department manager or supervisor as immediately as possible, but by no later than the end of the shift. Failure to properly report an incident can result in disciplinary action and/or denial of benefits.

b. If the incident only involves first-aid treatment administered by either the employee or his/her manager/supervisor, or is a non-injury incident and the manager/supervisor is assured that there will be no further complications, the incident shall be documented on the DEPARTMENT INCIDENT LOG on the next regular work day.

c. If the work-related accident results in injury or illness requiring professional medical treatment, the employee shall be referred to Family Medical Clinic located at 3451 Goodman Road East, Suite 115, Southaven, MS 38672 or, in severe cases, be taken to Baptist Memorial Hospital – Desoto located at 7601 Southcrest Parkway, Southaven, MS 38671 or other designated medical provider. If the injury or illness requires emergency medical treatment, contact the Southaven Police Department (662-393-8654) or 9-1-1 as appropriate, for proper notification of emergency medical services. *NOTE:* The employee(s) involved may be required to submit to a drug and alcohol test as described in the City's Drug Free Workplace Policy and Drug and Alcohol policy.

d. The employee's manager/supervisor shall report the event to the Office of Human Resources by no later than the end of the work shift of the next regular work day after the event occurred.

e. The employee's manager/supervisor is responsible for conducting the initial accident investigation and completing the MWCC – WORKERS' COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS, HIPAA MEDICAL AUTHORIZATION, and PHYSICIAN OF CHOICE forms as outlined in Section 7.0.

Deaths and/or Multiple Injuries -- - Any incident which results in death or multiple injuries shall be immediately reported to Emergency Medical Services by calling 9-1-1 from the nearest phone. After Emergency Medical Services has cleared the scene, the nearest employee shall be responsible for notifying their department manager/supervisor. The department manager/supervisor shall be responsible for notifying:

a. The Department Head; and

b. The Office of Human Resources (662-280-6549).

c. The Office of Human Resources shall provide the necessary instructions to the Department Head and report the incident in accordance with City, State and Federal regulations.

Non-Injury Incidents (Situation 1) -- Any incident which does not result in injury or illness, but had the potential to do so, shall:

a. be reported to the department manager or supervisor;

b. the manager/supervisor shall document the event on the DEPARTMENT INCIDENT LOG;

c. the manager/supervisor shall evaluate the incident and take the appropriate action to reduce or prevent recurrence. The manager/supervisor should consult with the Office of Human Resources if assistance is required in evaluating and responding to the event.

Non-Injury Incidents (Situation 2) -- Any incident which results in property damage but does not result in injury or illness shall:

a. be reported to the department manager or supervisor as immediately as possible, but by no later than the end of the regular work shift (Failure to properly report an incident can result in disciplinary action);

b. the manager/supervisor shall report the event to the Southaven Police Department;

c. the manager/supervisor is responsible for reporting the incident to the Office of Human Resources by no later than the end of the regular work shift on the day on which the property damage was discovered;

d. the manager/supervisor is responsible for completing the INCIDENT REPORT FORM as outlined in Section 7.0.

Investigation Guidelines

General Guidelines – In the case of Major Accidents, Multiple Injury Accidents and OSHA Reportable Incidents, the Southaven Police Department shall perform typical accident investigation procedures. In First Aid Only and Non-Injury Incidents, the Department Head/Manager/Supervisor shall act as the principal investigator. In all cases, the Department Head/Manager/Supervisor or designee shall complete a PRINCIPAL INVESTIGATOR REPORT as outlined in Section 7.0. The purpose of investigation is to provide corrective action in order to prevent or reduce the recurrence of similar incidents.

Accident Scene -- When possible, the accident scene should be preserved and disturbance of any physical evidence should be prevented until the principal investigator(s) arrive. Unless necessary to prevent further damage or injury, clean up or repair activities should commence only after all pertinent information has been collected.

Witnesses -- The principal investigator(s) shall identify and record the names of all individuals who witnessed the incident. Each witness shall be requested to provide a written statement identifying their account of the accident/incident (see WITNESS STATEMENT FORM). The witnesses shall be instructed to forward their written statements to the Office of Human Resources.

Photographs -- When feasible, the principal investigator(s) should obtain photographs and or measured diagrams of the accident scene. All photographs and/or diagrams shall be forwarded to the Office of Human Resources for inclusion as part of the permanent record.

Questioning Injured Employees and/or Witnesses -- When questioning injured employees or witnesses, the investigator(s) shall stress that the purpose of the investigation is to identify facts and not to assign fault. At all times the investigator(s) shall ensure that proper medical treatment and care of any injuries is given priority over questioning of the personnel involved.

Investigation Findings -- The investigator(s) shall attempt to identify and record the root and contributory causes of the incident. Upon completion of the investigation, the investigator(s) will identify the appropriate corrective actions, indicate the personnel responsible for implementing the actions and assign a target completion date if appropriate.

Accident/Incident Report Forms

First Report of Injury or Illness – Department heads, managers and/or supervisors directly responsible for the employee(s) involved in an accident/incident shall:

a. Complete all sections of the MWCC – WORKERS' COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS, HIPAA MEDICAL AUTHORIZATION, and PHYSICIAN OF CHOICE forms, provided by the Office of Human Resources;

b. The responsible department head or manager should involve the injured employee and all identified witnesses in gathering the details necessary to complete the report.

c. The completed form(s) shall be forwarded to the Office of Human Resources within 48 hours after the accident/incident has occurred. If additional time is required to complete the investigation, the manager/supervisor shall notify the Office of Human Resources.

Principal Investigator's Report – The Department head, manager, supervisor or designee shall:

a. Complete all sections of the PRINCIPAL INVESTIGATOR'S REPORT, provided by the Office of Human Resources;

b. The principal investigator should involve the injured employee and all identified witnesses in the accident investigation and corrective action processes.

c. The completed form(s) shall be forwarded to the Office of Human Resources within 48 hours after the accident/incident has occurred. If additional time is required to complete the investigation, the principal investigator shall notify the Office of Human Resources.

Incident Report Form -- Department heads, managers and/or supervisors upon notice of an incident resulting in property damage from their respective employee(s) shall:

a. Complete all sections of the INCIDENT REPORT FORM, provided by the Office of Human Resources;

b. Request a copy of any and all Police reports be submitted to the Office of Human Resources.

c. The completed report form shall be forwarded to the Office of Human Resources within 48 hours after the incident was discovered.

Witness Statement Form -- Department heads, managers and/or supervisors upon identifying potential witnesses to an accident/incident shall:

a. Record the names of each potential witness;

b. Distribute a WITNESS STATEMENT FORM to each potential witness;

c. Instruct the potential witness to submit the completed form to the Office of Human Resources.

Southaven Police Department Reports – Immediately following any accident/incident that requires the response of the Southaven Police Department, the Department Head/Manager/Supervisor shall:

a. Complete all sections of the appropriate accident/incident form(s) if necessary;

b. Request a copy of any and all Police reports be submitted to the Office of Human Resources;

c. The completed report forms shall be forwarded to the Office of Human Resources within 48 hours after the accident/incident has occurred. If additional time is required to complete the investigation, the manager/supervisor shall notify the Office of Human Resources.

Office of Human Resources -- Upon notification of any accident/incident, Human Resources staff shall:

a. Confirm that notification of an accident/incident has been received and collect preliminary information required to establish a workers' compensation claim with the designated carrier (if required). The manager/supervisor will be instructed to complete

the appropriate accident/incident reporting forms and forward them along with any additional documents or information pertinent to the accident/incident to the Office of Human Resources. If necessary, copies of all report forms will be forwarded to the manager/supervisor.

b. Upon receipt of the completed report forms, the Office of Human Resources shall contact the City's designated workers' compensation insurance carrier to document a valid claim (if required). The Office of Human Resources shall also classify the incident and injury types and record all pertinent medical and treatment information; and

c. Human Resources staff shall determine the appropriate level of participation in the accident/incident investigation based on the findings of the affected department's manager/supervisor or report forms.

Office of Human Resources Supplemental Reports -- for all major accidents (as defined) or when requested by the Director of Human Resources, a supplemental investigation and analysis report may be required. The report will be provided to all necessary parties and will include professional analysis of the investigation findings and recommendations of corrective actions and any photographs, documents and legal correspondence relevant to the accident.

Appendix A

Medical Treatment

The following procedures are generally considered medical treatment. Injuries for which this type of treatment was provided or should have been provided are almost always classified as an OSHA-recordable if the injury is work-related:

- Treatment of infection
- Application of antiseptics during second or subsequent visit to medical personnel
- Treatment of second or third degree burn(s)
- Application of sutures (stitches)
- Application of butterfly adhesive dressings(s) or steri-strip(s) in lieu of sutures
- Removal of foreign bodies embedded in eye
- Removal of foreign bodies from wound; if procedure is complicated because of depth of embedment, size, or location
- Use of prescription medications (except a single dose administered on first visit for minor injury or discomfort)

- Use of hot or cold soaking therapy during second or subsequent visit to medical personnel
- Application of hot or cold compress(es) during second or subsequent visit to medical personnel
- Cutting away dead skin (surgical debridement)
- Application of heat therapy during second or subsequent visit to medical personnel
- Use of whirlpool bath therapy during second or subsequent visit to medical personnel
- Positive x-ray diagnosis (fractures, broken bones, etc.)
- Admission to a hospital or equivalent medical facility for treatment

First-Aid Treatment

The following procedures are generally considered first-aid treatment (e.g., one-time treatment and subsequent observation of minor injuries) and should not be classified as an OSHA-recordable if the work-related injury does not involve loss of consciousness, restriction of work or motion, or transfer to another job:

- Application of antiseptics during first visit to medical personnel
- Treatment of first degree burn(s)
- Application of bandage(s) during any visit to medical personnel
- Use of elastic bandage(s) during first visit to medical personnel
- Removal of foreign bodies not embedded in eye if only irrigation is required
- Removal of foreign bodies from wound; if procedure is uncomplicated, and is, for example by tweezers or other simple technique
- Use of nonprescription medications and administration of single dose of prescription medication on first visit for minor injury or discomfort
- Soaking therapy on initial visit to personnel or removal of bandages by soaking
- Application of hot or cold compress(es) during first visit to medical personnel
- Application of ointments to abrasions to prevent drying or cracking
- Application of heat therapy during first visit to medical personnel
- Negative x-ray diagnosis

- Observation of injury during visit to medical personnel

The following procedure, by itself, is not considered medical treatment:

- Administration of tetanus shot(s) or booster(s)

However, these shots are often given in conjunction with more serious injuries; consequently, injuries requiring these shots may be recordable for other reasons.

Source -- *Recordkeeping Guidelines for Occupational Injuries and Illnesses*, U.S. Department of Labor, Bureau of Labor Statistics, September 1986, The Occupational Safety and Health Act of 1970 and 29 CFR 1904, O.M.B No. 1220-0029, Effective April 1986

S. ABUSE OF LEAVE

While on approved leave, employees may not engage in activities that are inconsistent with the purpose of or basis for the approved leave (FMLA, major medical, etc). Where an employee acts inconsistent with the representations made to the City to obtain the approved leave, the Employee's representations and inconsistent conduct may be deemed to be a misrepresentation and fraudulent conduct. In such instances, an Employee found to have engaged in activities inconsistent with the Employee's representations to obtain approved leave may be subject to discipline, and this discipline may include actions up to and including termination of employment.

SECTION 4 DISCIPLINARY ACTION

The Mayor and Board of Alderman require that all forms of discipline and corrective action adhere with due process. Supervisory employees and/or Department Heads shall exercise corrective action when an employee violates established rules of appropriate conduct or is in violation of this handbook. Such corrective action shall be in accordance with the policies and procedures established herein. Distinguishes may be made by supervisory personnel and/or Department head employees between more serious and less serious actions of misconduct and provide corrective action accordingly.

Nothing in this handbook should be construed as a guarantee of continued employment. Your employment may be terminated at any time, for any reason, with or without cause, with no advance prior notice. Likewise, you may terminate your employment at any time for any reason without prior notice.

A. DISCIPLINARY ACTION

The Department head or designated representative shall take action to formally discipline an employee who is guilty of an offense. The Mayor and City Administrator/CAO may also issue disciplinary actions and/or take other corrective measures as necessary without prior action by the department head or designee.

In extraordinary circumstances, the employee may be placed on immediate suspension with pay pending a hearing on the matter. Any employee placed on suspension without pay may be eligible for restitution pending the outcome of said hearing.

The Department head, or supervisory employee, shall maintain a written record of the disciplinary action he or she takes. Such written documentation shall be turned into the Department of Finance and Administration prior to corrective action being enforced.

The governing authority or a designated representative may attempt to correct unacceptable behavior by issuing a verbal warning and/or counseling and/or other appropriate informal means, whenever practical, prior to taking formal action against an employee. The governing authority or a designated employee shall maintain a written record of such verbal warning or other informal action taken.

B. BOARD OF ALDERMAN ACTION

Pursuant to the relevant laws of the State of Mississippi, the Southaven Board of Alderman shall be responsible for all terminations of employment of City employees. Department heads may provide recommendations of an employee's termination to the Board of Aldermen; however, it is the singular responsibility of the Board of Alderman to enact a termination of employment. Personnel decisions made by the Board of Alderman are final. Any appeal of an action taken by

the Board of Aldermen would be made via the filing of a bill of exceptions, pursuant to Mississippi Code Annotated Section 11-51-75.

Amended January 3 2013

C. GRIEVABLE ISSUES

The following issues are grievable under the department grievance procedure:

1. acts of reprisal against an employee for using the grievance procedure;

2. complaints of discrimination or harassment on the basis of race, color, sex, creed, religion, national origin, immigrant or non-immigrant status, age, disability, uniformed military service status, veteran status or political affiliation;

3. performance appraisal ratings to the extent they affect an employee's employment status or compensation;

4. permanent relocation of employees as a disciplinary measure, for political reasons and/or where the employee can present substantive evidence that the management decision to relocate the employee was arbitrary or capricious.

D. NON-GRIEVABLE ISSUES

The following are non-grievable issues under the department grievance procedure:

1. issues that are pending or have been concluded by direct appeal through administrative or judicial procedures;

2. temporary work assignments that do not exceed ninety (90) calendar days;

3. budget and organizational structure, including the number or assignment of employees or positions in any organizational unit;

4. performance standards and performance elements established as criteria for performance appraisal;

5. the selection of an individual by the governing authority, department head, or designee to fill a position through promotion, transfer, demotion, or appointment unless it is alleged that selection is in violation of a written Department policy or of a Mayor and Board of Alderman rule on filling vacancies;

6. internal security practices established by the city, department head, or designee;

7. termination, layoff or transfer from duties because of shortage of funds or work, material change in duties or organization, or a merger of agencies or order of the Mayor and Board of Alderman;

8. any matter which is not within the jurisdiction or control of the city;

9. the content of published Department policy;

10. an action by an Department pursuant to federal law or directives from the Governor's office or court order;

11. establishment and revision of the compensation plan, and the policies, procedures, rules and regulations pertaining thereto;

12. position classifications;

13. employee benefits

14. application of personnel policies, procedures, rules, regulations;

15. any matter of concern or dissatisfaction to an employee if the matter is subject to the control of Department management, except those listed in the preceding section as grievable

16. termination of employment by the Board of Alderman

E. GENERAL INFORMATION

If the employee does not present the grievance within the specified time frame, it is considered waived.

If the employee does not advance the grievance to the next step within the specified time frame, the last management decision stands.

If management does not react within the specified time frame, the employee may advance the grievance to the next level unless an extension of time is granted to management to respond by written mutual agreement.

All time limits may be extended by mutual written agreement.

It is the responsibility of the aggrieved employee's supervisor and/or Department Head to make certain that all grievances are handled as quickly as possible and without prejudice.

F. GRIEVANCE PROCEDURAL STEPS

Step I

A. An employee who has a grievable complaint arising from an action or inaction subject to the control of management must identify the grievance in writing with his or her department head within three (3) working days of becoming aware of the cause of the complaint. The written statement of the grievance should contain the name, address, and telephone number of the

individual or authorized representative filing the grievance; the name of the employee, identity of the Department; the date; a brief and specific description of the situation, incident, or condition being grieved and reasons therefore; identity of witnesses, if any; the remedy or relief the individual is seeking and the signature of the individual filing the grievance and properly dated by this individual.

B. The department head will have three (3) working days from the date of receiving the grievance statement to inform the employee, in writing, of his or her answer. The department head shall write a memorandum for record and have the aggrieved employee sign it.

Step II

A. If not satisfied with the Step I written decision, the employee may indicate the desire to have the grievance advanced to the next step. The grievance must be submitted to the City Administrator/CAO within three (3) working days following receipt of the Step I department head's response.

B. The City Administrator/CAO or his designee and or the Human Resource staff is required to conduct an investigation of the grievance and may meet with the aggrieved employee within three (3) working days after receipt of the grievance form. The meeting, if necessary, will be informal.

C. City Administrator/CAO or his designee is required to give the employee a written response within three (3) working days after this informal interview detailing his decision.

Step III

A. If the second step written response is not acceptable to the employee, the employee may specify in writing the desire to advance the grievance to the third step. To do so the employee must forward the grievance to the Office of the Mayor within three (3) working days after receipt of the City Administrator/CAO response in Step II.

B. The Mayor and Board of Alderman may conduct a hearing into the grievance and shall make a decision as to such cause. No alternative disciplinary actions shall be considered upon the convening of the hearing of the Mayor and Board of Alderman. The Board's decision shall be final.

Certain steps may be waived at the Mayors discretion in order to proceed to Step III of the grievance procedure.

G. SPECIAL GRIEVANCE PROCEDURE FOR SEXUAL HARASSMENT AND WORKPLACE HARASSMENT

Any applicant, probationary department employee, permanent department employee, or non-department employee alleging sexual workplace harassment, including harassment based upon

sex, color, creed, religion, national origin, immigrant or non-immigrant status, age, disability, uniformed service status or veteran status, may:

1. File a grievance with their supervisor in accordance with the standard Grievance Procedural Steps.

2. If the source of the harassment is the employee's supervisor, the employee may skip a level of management by proceeding to Step Two and filing the grievance directly with the City Administrator/CAO; OR

3. File the grievance with the Mayor and Board of Alderman.

Regardless of outcome, all grievances alleging sexual harassment shall be forwarded to the governing authority. There will be no retaliation for filing a grievance for workplace harassment. Any grievance will be investigated. While the City will attempt to maintain the confidentiality of the grievant to the extent possible, some disclosure will have to be made as part of the investigation. If any sexual or workplace harassment is determined to have occurred, prompt remedial action will be taken to remedy such conduct.

H. SPECIAL AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE PROCEDURE

1. Any applicant for an employment position or employee who has reason to believe that they have been unlawfully discriminated against by a Department on the basis of disability may file a grievance in accordance with this Grievance Procedure. Implementation of this Grievance Procedure is not intended to prohibit an applicant or Department employee from utilizing the existing grievance procedures. Grievants are not required to exhaust this Special ADA Grievance Procedure prior to filing a complaint with an applicable federal Department.

2. The Grievance Procedure begins with the individual who is filing the grievance, by preparing and submitting a written statement. The statement should contain the name, address, and telephone number of the individual or authorized representative filing the complaint; a brief and specific description of the situation, incident, or condition being grieved and reasons therefore; identity of the grievant; identity of witnesses, if any; the remedy the individual is seeking; and the signature of the individual filing the grievance properly dated by this individual.

3. The grievance should be submitted to the City Administrator/CAO within seven (7) workdays after the alleged violation occurred.

4. The City Administrator/CAO will have three (3) workdays to provide to the grievant a written acknowledgement of the grievance.

5. The City Administrator/CAO will promptly conduct a review of the issues involved in the grievance to ascertain whether or not an informal resolution of the grievance can be achieved. If an informal resolution is possible and mutually agreeable by the parties involved, the City Administrator/CAO will facilitate arrangement of the resolution and make a record of this

agreement. If no informal resolution is possible, the City Administrator/CAO will conduct an investigation of the grievance and provide a written response to the grievant outlining possible accommodations, if any, for resolution of the grievance. This response shall be approved by the Mayor and must be completed no later than fifteen (15) workdays from the Department's receipt of the grievance.

6. If a grievance is not presented within the time lines as set forth hereinabove, it will be considered waived absent an extension by written mutual consent. If the City Administrator/CAO does not answer or acknowledge receipt of the grievance within the specified time lines, the grievant may elect to treat the grievance as denied at that point and immediately appeal the grievance to the Board of Alderman unless an extension of time is granted to the City Administrator/CAO to respond by written mutual agreement.

GRIEVANCE FORM

This Form is to be used by the grievant if grievant is not satisfied with the oral decision of his or her department head. If grievance is settled orally with the immediate supervisor, this form shall not be necessary. This form shall also be used for additional steps (i.e. submittal to the City Administrator/CAO, to the Board of Alderman).

Date:_____

Name of Grievant:_____Signature of Grievant:_____

Mailing Address:_____

Telephone Number:_____

Submitted to:_____ Signature of Recievant:_____

Grievance Statement (use additional pages if necessary):

Relief Sought (use additional pages if necessary):

GRIEVANCE DECISION

This form is to be used by the Department Head and/or City Administrator/CAO

Date:_____

Name of Dept Head_____ Signature of Dept Head:_____

Dept Location:_____

Telephone Number:_____

Management Statement and Decision (use additional pages if necessary):

Submitted to:_____ Signature of Recievant:_____

CITY OF SOUTHAVEN

This form is to be used by all supervisory employees conducting disciplinary actions

RECORD OF CONVERSATION

DATE:_____ REASON FOR CONFERENCE:
( ) Attendance
( ) Report of Conference
( ) Work Performance
( ) First Written Notice
( ) Final Written Notice
( ) Termination
( ) Other

EMPLOYEE:_____

FACTS LEADING UP TO THE CONFERENCE:

EMPLOYEE COMMENTS: (Use back or attach additional pages if necessary)

ACTION TAKEN:

_____ _____

Employee's Signature
(This signature simply acknowledges the employee has seen this document)

Supervisor's Signature

CC: Human Resources Department

The City of Southaven
Tuition Assistance Request Form

Date:_____

Name:_____

School/University:_____

Area of Study:_____

Please attach the following in order to be considered for tuition reimbursement:

__Tuition receipt

__ Official grade report

Department head signature of approval_____

Employee signature_____

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI APPOINTING CHRIS WILSON AS CHIEF ADMINSTRATIVE OFFICER

WHEREAS, pursuant to Mississippi Code Section 21-3-25, and Southaven Ordinance Chapter 3, Article IV, Section 1-91, the City of Southaven ("City") hereby desires to appoint a Chief Administrative Officer; and

WHEREAS, the City Mayor and Board have considered the matter and desire to appoint Mr. Christopher Wilson as the Chief Administrative Officer; and

WHEREAS, Christopher Wilson as the Chief Administrative Officer shall be charged with all duties as set forth under Mississippi Code 21-3-25, City ordinances, and as delegated by the City Mayor and Board; and

NOW, THEREFORE, BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. The City hereby appoints Mr. Christopher Wilson as City Chief Administrative Officer and compensation shall be at budgeted amount.
2. Mr. Christopher Wilson is charged with all duties and obligations under Mississippi Code 21-3-25, City ordinances, and all other duties as assigned by the City Mayor and Board.

Motion was made by Alderman Flores and seconded by Alderman Kelly, and the question being put to a roll call vote, the result was as follows:

Alderman William Brooks	voted:	YES
Alderman Kristian Kelly	voted:	YES
Alderman Ronnie Hale	voted:	YES
Alderman George Payne	voted:	YES
Alderman Joel Gallagher	voted:	YES
Alderman John Wheeler	voted:	YES
Alderman Raymond Flores	voted:	YES

RESOLVED AND DONE, this 5th day of July, 2017.

DARREN L. MUSSELWHITE, MAYOR

ATTEST:

Andrea Mullen

Andrea Mullen, CITY CLERK

CITY OF SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

City of Southaven
Oath of Office

I, Chris Wilson, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of City Administrator, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed _____

Sworn to and subscribed before me this the 5 day of July 2017.

_____
Darren Musselwhite, Mayor

_____
Andrea Mullen, City Clerk

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI APPOINTING STEVEN PIRTLE AS POLICE CHIEF

WHEREAS, pursuant to Mississippi Code Sections 21-3-3, 21-21-1, and Southaven Ordinance Chapter 3, Article III, Section 1-76, the City of Southaven ("City") hereby desires to appoint a Police Chief; and

WHEREAS, the City Mayor and Board have considered the matter and desire to appoint Mr. Steven Pirtle as the City Police Chief; and

WHEREAS, Steven Pirtle as the City Police Chief shall be charged with all duties as set forth under Mississippi Code 21-21-1 and all other duties as set forth under Mississippi law.

NOW, THEREFORE, BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. The City hereby appoints Mr. Steven Pirtle as City Police Chief and compensation shall be set at the currently budgeted amount.
2. Mr. Steven Pirtle is charged with all duties and obligations under Mississippi Code 21-21-1 and all other duties as set forth under Mississippi law.

Motion was made by Alderman Gallagher and seconded by Alderman Hale and the question being put to a roll call vote, the result was as follows:

Alderman William Brooks	voted:	YES
Alderman Kristian Kelly	voted:	YES
Alderman Ronnie Hale	voted:	YES
Alderman George Payne	voted:	YES
Alderman Joel Gallagher	voted:	YES
Alderman John Wheeler	voted:	YES
Alderman Raymond Flores	voted:	YES

RESOLVED AND DONE, this 5th day of July, 2017

DARREN L. MUSSELWHITE, MAYOR

ATTEST:

Andrea Mullen, CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

City of Southaven
Oath of Office

I, Steve Pirtle, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of Chief of Police, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed _____

Sworn to and subscribed before me this the 5 day of July 2017.

_____
Darren Musselwhite, Mayor

_____
Andrea Mullen, City Clerk

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI APPOINTING ROGER THORNTON AS FIRE CHIEF PURSUANT TO MISSISSIPPI CODE 21-25-1

WHEREAS, pursuant to Mississippi Code Sections 21-3-5 and 21-25-1, the City of Southaven ("City") hereby desires to appoint a Fire Chief; and

WHEREAS, the City Mayor and Board have considered the matter and desire to appoint Mr. Roger Thornton as the City Fire Chief; and

WHEREAS, Roger Thornton as the City Fire Chief shall be charged with all duties as set forth under Mississippi Code 21-25-1 and all other duties as set forth under Mississippi law.

NOW, THEREFORE, BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. The City hereby appoints Mr. Roger Thornton as City Fire Chief and the initial compensation shall be set at the currently budgeted amount.
2. Mr. Roger Thornton is charged with all duties and obligations under Mississippi Code 21-25-1 and all other duties as set forth under Mississippi law.

Motion was made by Alderman Hale and seconded by Alderman Brooks, and the question being put to a roll call vote, the result was as follows:

Alderman William Brooks	voted:	YES
Alderman Kristian Kelly	voted:	YES
Alderman Ronnie Hale	voted:	YES
Alderman George Payne	voted:	YES
Alderman Joel Gallagher	voted:	YES
Alderman John Wheeler	voted:	YES
Alderman Raymond Flores	voted:	YES

RESOLVED AND DONE, this 5th day of July, 2017.

DARREN L. MUSSELWHITE, MAYOR

ATTEST:
Andrea Mullen
Andrea Mullen, CITY CLERK



City of Southaven
Oath of Office

I, Roger Thornton, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of Fire Chief, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed Roger Thornton

Sworn to and subscribed before me this the 5 day of July 2017.

Darren Musselwhite, Mayor

Andrea Mullen, City Clerk

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI APPOINTING ANDREA MULLEN AS CITY OF SOUTHAVEN CLERK

WHEREAS, pursuant to Mississippi Code Sections 21-3-3 and 21-15-3, and Southaven Ordinance Chapter 3, Article II, Section 1-61, the City of Southaven ("City") hereby desires to appoint a City Clerk; and

WHEREAS, the City Mayor and Board have considered the matter and desire to appoint Mrs. Andrea Mullen as the City Clerk; and

WHEREAS, Andrea Mullen as the City Clerk shall be charged with all duties as set forth under Mississippi Code 21-15-3, City ordinances, and as delegated by the City Mayor and Board; and

NOW, THEREFORE, BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. The City hereby appoints Mrs. Andrea Mullen as City Clerk and initial compensation shall be set at current budgeted amount.
2. Mrs. Andrea Mullen is charged with all duties and obligations under Mississippi Code 21-15-3, City ordinances, and all other duties as assigned by the City Mayor and Board.

Motion was made by Alderman Kelly and seconded by Alderman Payne, and the question being put to a roll call vote, the result was as follows:

Alderman William Brooks	voted:	YES
Alderman Kristian Kelly	voted:	YES
Alderman Ronnie Hale	voted:	YES
Alderman George Payne	voted:	YES
Alderman Joel Gallagher	voted:	YES
Alderman John Wheeler	voted:	YES
Alderman Raymond Flores	voted:	YES

RESOLVED AND DONE, this 5th day of July, 2017

DARREN L. MUSSELWHITE, MAYOR

ATTEST:

Andrea Mullen

Andrea Mullen, CITY CLERK

SOUTHAVEN, MISS. APRIL 15, 1980

City of Southaven
Oath of Office

I, Andrea Mullen, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of City Clerk, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed Andrea Mullen

Sworn to and subscribed before me this the 5 day of July 2017.

Darren Musselwhite, Mayor

Andrea Mullen

Andrea Mullen, City Clerk

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI APPOINTING DAVID DELGADO AS MUNICIPAL COURT JUDGE

WHEREAS, the City of Southaven ("City"), pursuant to Mississippi Code Sections 21-3-3 and 21-23-3 desires to appoint a Municipal Court Judge; and

WHEREAS, the City Board desires to appoint David Delgado, as Municipal Court Judge; and

WHEREAS, Mr. Delgado shall be charged with all duties and powers as set forth under Mississippi Code 21-23-3, and Mississippi Code 21-23-11, which includes the authority appoint other municipal employees as deputy clerks of the court to assist the clerk of the court in the conduct of the court's responsibilities; and

NOW, THEREFORE BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. The City hereby appoints David Delgado to Municipal Judge and compensation shall be set at budgeted amount.

2. Mr. Delgado is charged with all duties and obligations under Mississippi Code 21-23-3 and 21-23-11 and all other duties as set forth under Mississippi law.

Motion was made by Alderman Brooks and seconded by Alderman Kelly, and the question being put to a roll call vote, the result was as follows:

Alderman William Brooks	voted:	YES
Alderman Kristian Kelly	voted:	YES
Alderman Ronnie Hale	voted:	YES
Alderman George Payne	voted:	YES
Alderman Joel Gallagher	voted:	YES
Alderman John Wheeler	voted:	YES
Alderman Raymond Flores	voted:	YES

RESOLVED AND DONE, this 5th day of July, 2017.

DARREN L. MUSSELWHITE, MAYOR

ATTEST:

Andrea Mullen, CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 18, 1980

City of Southaven
Oath of Office

I, David Delgado, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of Municipal Judge, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed _____

Sworn to and subscribed before me this the 5 day of July 2017.

_____
Darren Musselwhite, Mayor

_____
Andrea Mullen, City Clerk

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI APPOINTING JOSEPH D NEYMAN, JR. ASSISTANT MUNICIPAL COURT JUDGE

WHEREAS, the City of Southaven ("City"), pursuant to Mississippi Code Sections 21-3-3 and 21-23-3, has the discretion to appoint an additional Municipal Court Judge who shall exercise the same authority, regardless of the presence or absence of the other Municipal Judge; and

WHEREAS, the City Board desires to appoint Joseph Neyman, Jr. as Assistant Municipal Court Judge to assist with the City Court; and

WHEREAS, the Mr. Neyman shall be charged with all duties and powers as set forth under Mississippi Code 21-23-3 and all other duties as set forth under Mississippi law, which includes the authority appoint other municipal employees as deputy clerks of the court to assist the clerk of the court in the conduct of the court's responsibilities; and

NOW, THEREFORE BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. The City hereby appoints Joseph D. Neyman, Jr. to the position of Assistant Municipal Court Judge and compensation shall be set at current budget amount.

2. Mr. Neyman is charged with all duties and obligations under Mississippi Code 21-23-3 and all other duties as set forth under Mississippi law.

Motion was made by Alderman Gallagher and seconded by Alderman Payne, and the question being put to a roll call vote, the result was as follows:

Alderman William Brooks	voted:	YES
Alderman Kristian Kelly	voted:	YES
Alderman Ronnie Hale	voted:	YES
Alderman George Payne	voted:	YES
Alderman Joel Gallagher	voted:	YES
Alderman John Wheeler	voted:	YES
Alderman Raymond Flores	voted:	YES

RESOLVED AND DONE, this 5th day of July, 2017.

DARREN L. MUSSELWHITE, MAYOR

ATTEST:

Andrea Mullen

Andrea Mullen, CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

City of Southaven
Oath of Office

I, Joseph Neyman, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of Assistant Municipal Judge, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed _____

Sworn to and subscribed before me this the 5 day of July 2017.

_____
Darren Musselwhite, Mayor

_____
Andrea Mullen, City Clerk

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI APPOINTING ROBERT E. HAYES AS MUNICIPAL PROSECUTOR

WHEREAS, the City of Southaven ("City"), pursuant to Mississippi Code Sections 21-3-5 and 21-23-3 desires to appoint a Municipal Prosecuting Attorney; and

WHEREAS, the City Board desires to appoint Robert E. Hayes as Municipal Prosecutor; and

WHEREAS, Mr. Hayes shall be charged with all duties and powers as set forth under Mississippi Code 21-23-3 and all other duties as set forth under Mississippi law; and

NOW, THEREFORE BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. Pursuant to Mississippi Code 21-23-3, the City hereby appoints Robert Hayes as Municipal Prosecutor and compensation shall at the budgeted amount.

2. Mr. Hayes is charged with all duties and obligations under Mississippi Code 21-23-3 and all other duties as set forth under Mississippi law and appeals from City Court.

Motion was made by Alderman Brooks and seconded by Alderman Hale, and the question being put to a roll call vote, the result was as follows:

Alderman William Brooks	voted: YES
Alderman Kristian Kelly	voted: YES
Alderman Ronnie Hale	voted: YES
Alderman George Payne	voted: YES
Alderman Joel Gallagher	voted: YES
Alderman John Wheeler	voted: YES
Alderman Raymond Flores	voted: YES

RESOLVED AND DONE, this 5th day of July, 2017.

DARREN L. MUSSELWHITE, MAYOR

ATTEST:
Andrea Mullen
Andrea Mullen, CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

City of Southaven
Oath of Office

I, Robert Hayes, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of Prosecutor, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed Robert E. Hayes Jr.

Sworn to and subscribed before me this the 5 day of July 2017.

Darren Musselwhite, Mayor

Andrea Mullen, City Clerk

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI APPOINTING WILLIAM SEALE AS ASSISTANT MUNICIPAL PROSECUTOR

WHEREAS, the City of Southaven ("City"), pursuant to Mississippi Code Sections 21-3-5 and 21-23-3 desires to appoint an Assistant Municipal Prosecuting Attorney; and

WHEREAS, the City Board desires to appoint William Seale as Assistant Municipal Prosecutor; and

WHEREAS, Mr. Seale shall be charged with all duties and powers as set forth under Mississippi Code 21-23-3 and all other duties as set forth under Mississippi law; and

NOW, THEREFORE BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. Pursuant to Mississippi Code 21-23-3, the City hereby appoints William Seale as Assistant Municipal Prosecutor and compensation shall be at budgeted amount.

2. Mr. Seale is charged with all duties and obligations under Mississippi Code 21-23-3 and all other duties as set forth under Mississippi law.

Motion was made by Alderman Payne and seconded by Alderman Hale, and the question being put to a roll call vote, the result was as follows:

Alderman William Brooks	voted:	YES
Alderman Kristian Kelly	voted:	YES
Alderman Ronnie Hale	voted:	YES
Alderman George Payne	voted:	YES
Alderman Joel Gallagher	voted:	YES
Alderman John Wheeler	voted:	YES
Alderman Raymond Flores	voted:	YES

RESOLVED AND DONE, this 5th day of July, 2017.

DARREN L. MUSSELWHITE, MAYOR

ATTEST:

Andrea Mullen

Andrea Mullen, CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

City of Southaven
Oath of Office

I, William Seale, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of Assistant Prosecutor, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed William B. Seale

Sworn to and subscribed before me this the 5 day of July 2017.

Darren Musselwhite, Mayor

Andrea Mullen, City Clerk

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI APPOINTING DEBRA PACE BRANAN AS ASSISTANT MUNICIPAL PROSECUTOR

WHEREAS, the City of Southaven ("City"), pursuant to Mississippi Code Sections 21-3-5 and 21-23-3 desires to appoint an Assistant Municipal Prosecuting Attorney; and

WHEREAS, the City Board desires to appoint Debra Pace Branan as Assistant Municipal Prosecutor; and

WHEREAS, Mrs. Branan shall be charged with all duties and powers as set forth under Mississippi Code 21-23-3 and all other duties as set forth under Mississippi law; and

NOW, THEREFORE BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. Pursuant to Mississippi Code 21-23-3, the City hereby appoints Debra Pace Branan as Assistant Municipal Prosecutor and compensation shall be at budgeted amount.

2. Mrs. Branan is charged with all duties and obligations under Mississippi Code 21-23-3 and all other duties as set forth under Mississippi law.

Motion was made by Alderman Brooks and seconded by Alderman Payne, and the question being put to a roll call vote, the result was as follows:

Alderman William Brooks	voted:	YES
Alderman Kristian Kelly	voted:	YES
Alderman Ronnie Hale	voted:	YES
Alderman George Payne	voted:	YES
Alderman Joel Gallagher	voted:	YES
Alderman John Wheeler	voted:	YES
Alderman Raymond Flores	voted:	YES

RESOLVED AND DONE, this 5th day of July, 2017

DARREN L. MUSSELWHITE, MAYOR

ATTEST:

Andrea Mullen, CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

City of Southaven
Oath of Office

I, Debra Branan, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of Assistant Prosecutor, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed Debra Branan

Sworn to and subscribed before me this the 5 day of July 2017.

Darren Musselwhite, Mayor

Andrea Mullen, City Clerk

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI APPOINTING BUTLER SNOW LAW FIRM AS CITY ATTORNEY

WHEREAS, the City of Southaven ("City"), pursuant to Mississippi Code Section 21-15-27 desires to appoint a firm of attorneys as City Attorney; and

WHEREAS, the City Board desires to appoint Butler Snow Law Firm as City Attorney; and

NOW, THEREFORE BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. Pursuant to Mississippi Code 21-15-27, the City hereby appoints Butler Snow Law Firm as City Attorney.

2. The Mayor is authorized to sign a contract with Butler Snow Law Firm in an amount consistent with the current budget.

Motion was made by Alderman Flores and seconded by Alderman Gallagher, and the question being put to a roll call vote, the result was as follows:

Alderman William Brooks	voted: yes
Alderman Kristian Kelly	voted: yes
Alderman Ronnie Hale	voted: yes
Alderman George Payne	voted: yes
Alderman Joel Gallagher	voted: yes
Alderman John Wheeler	voted: yes
Alderman Raymond Flores	voted: yes

RESOLVED AND DONE, this 5th day of July, 2017.

DARREN L. MUSSELWHITE, MAYOR

ATTEST:

Andrea Mullen, CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

CONTRACTUAL AGREEMENT
FOR LEGAL SERVICES

THIS AGREEMENT made and entered into on this date, July 5, 2017, by and between the City of Southaven, Mississippi ("City") and Butler, Snow LLP ("Firm") for legal services.

WITNESSETH:

In consideration of the mutual covenants contained herein, and subject to the terms and conditions set forth, it is hereby understood and agreed by the parties as follows:

I. **SCOPE OF SERVICES**: The Firm will, upon the request of the City and acceptance of the tendered engagement by the Firm and pursuant to the appointment by the Southaven Board of Aldermen to perform services in the areas of environmental, local government law, federal and state regulatory law, board meetings, research, review of contracts, drafting of contracts, Mississippi Attorney General Opinion requests, ethics opinions, real estate matters and compliance issues. This representation does not include litigation, real estate closings, aldermen or mayor outside of official capacity, aldermen or mayor in an action that is adverse to the City, employment and labor law matters, or bond issues.

II. **PERIOD OF PERFORMANCE**: The term of this Agreement shall commence upon passage and shall expire on June 30, 2018 subject to renewal by appointment of the Southaven Board of Alderman.

III. **COORDINATOR OF SERVICES**: The Firm shall provide the City with a single point of contact who will attend the City Board Meetings and coordinate the requested services within the Firm for the City.

IV. **RELATIONSHIP OF PARTIES**: It is expressly understood and agreed that the Firm is an independent contractor and that the purchase of legal services is not based on an employer-employee relationship.

V. **CONFLICTS**: In the event any conflict arises due to representation of the City in any manner, the parties agree to use good faith efforts to resolve the conflict in a mutually satisfactory manner.

VI. **PAYMENT TERMS**: As full and complete compensation for the services to be provided hereunder, the City will pay the Firm at a flat rate of $21,500.00 per month. The City agrees to pay the Firm all reasonable expenses incurred as a result of its representation of the City in an amount not to exceed $450.00 a month. In the event the Firm anticipates its expenses shall exceed $450.00 in a given month, the Firm shall notify the City and the City shall either approve or disapprove of the extra expenses.

Each month the Firm shall submit to the City an invoice for payment of attorney's fees and all authorized expenses, which shall be paid within forty-five (45) days of receipt.

VII. **BOND COUNSEL**: In the event the City shall issue bonds, a separate fee shall be negotiated in good faith by the City and Firm, at the time of issuance.

VIII. **SEVERABILITY**: It is understood and agreed by the parties hereto that if any part, term or provision of this contractual agreement is by the courts or other judicial body held to be illegal or in conflict with any law of the State of Mississippi, the validity of the remaining portions or provisions shall not be affected and the obligations of the parties shall be construed in full force as if the Agreement did not contain that particular part, term, or provision held to be invalid.

IX. **MODIFICATION OR AMENDMENT**: Modifications or amendments to this contract may be made upon mutual agreement of the parties, in writing and signed by the parties hereto.

X. **PREVIOUS CONTRACTS:** All prior contracts agreed to by the City and Firm for general services shall be replaced by this Contract and the terms set forth herein.

XI. **TERMINATION**: Any party may terminate this contract at any time by giving written notice to the other parties of such termination and specifying the effective date thereof, at least seven (7) working days before the effective date of such termination. In the event of such, Firm shall be entitled to receive just and equitable compensation for any specific services completed to the date of termination in a satisfactory manner.

XII. **PROTOCOL:** It is anticipated that the Mayor and Aldermen in their official capacities may have individual questions of the Firm regarding City Matters. As part of the Firm's

research and opinion for each question of this type, the Firm, when practical and necessary, shall make the individual request known to the entire City Board and thereafter also advise the entire City Board of its response to the question.

XIII. **HIPPA:** The City, through its Mayor, is authorized to execute any and all documents which may be required for HIPPA compliance.

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective as of the date first written above.

CITY OF SOUTHAVEN

By: _____
Mayor Darren Musselwhite

BUTLER, SNOW LLP

By: _____
Nick Manley

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI APPOINTING BENJAMIN MURPHY AS PUBLIC DEFENDER

WHEREAS, the City of Southaven ("City"), pursuant to Mississippi Code Sections 21-3-5 and 21-23-7(4) desire to appoint a public defender for the City Court; and

WHEREAS, the City Board desires to appoint Benjamin Murphy as public defender for the City Court; and

NOW, THEREFORE BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. Pursuant to Mississippi Code 21-23-7(4), the City hereby appoints Benjamin Murphy as a City Public Defender and compensation shall be set at budgeted amount.

Motion was made by Alderman Gallagher and seconded by Alderman Brooks, and the question being put to a roll call vote, the result was as follows:

Alderman William Brooks	voted:	YES
Alderman Kristian Kelly	voted:	YES
Alderman Ronnie Hale	voted:	YES
Alderman George Payne	voted:	YES
Alderman Joel Gallagher	voted:	YES
Alderman John Wheeler	voted:	YES
Alderman Raymond Flores	voted:	YES

RESOLVED AND DONE, this 5th day of July, 2017.

DARREN L. MUSSELWHITE, MAYOR

ATTEST:

Andrea Mullen, CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

City of Southaven
Oath of Office

I, Benjamin Murphy, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of Public Defender, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed _____

Sworn to and subscribed before me this the 12 day of July 2017.

_____
Darren Musselwhite, Mayor

Andrea Mullen
Andrea Mullen, City Clerk

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI APPOINTING KEITH TREADWAY AS PUBLIC DEFENDER

WHEREAS, the City of Southaven ("City"), pursuant to Mississippi Code Sections 21-3-5 and 21-23-7(4) desire to appoint a public defender for the City Court; and

WHEREAS, the City Board desires to appoint Keith Treadway as public defender for the City Court; and

NOW, THEREFORE BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. Pursuant to Mississippi Code 21-23-7(4), the City hereby appoints Keith Treadway as a City Public Defender and compensation shall be set at budgeted amount.

Motion was made by Alderman Kelly and seconded by Alderman Hale, and the question being put to a roll call vote, the result was as follows:

Alderman William Brooks	voted:	YES
Alderman Kristian Kelly	voted:	YES
Alderman Ronnie Hale	voted:	YES
Alderman George Payne	voted:	YES
Alderman Joel Gallagher	voted:	YES
Alderman John Wheeler	voted:	YES
Alderman Raymond Flores	voted:	YES

RESOLVED AND DONE, this 5th day of July, 2017.

DARREN L. MUSSELWHITE, MAYOR

ATTEST:

Andrea Mullen, CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

City of Southaven
Oath of Office

I, Keith Treadway, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of Public Defender, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed _____

Sworn to and subscribed before me this the 5 day of July 2017.

_____
Darren Musselwhite, Mayor

_____
Andrea Mullen, City Clerk

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI APPOINTING THOMAS MASTIN AS CITY OF SOUTHAVEN COURT CLERK

WHEREAS, the City of Southaven ("City"), pursuant to Mississippi Code Sections 21-3-5 and 21-23-11 desires to appoint a Municipal Court Clerk; and

WHEREAS, the City Board desires to appoint Thomas Mastin, as Municipal Court Clerk; and

WHEREAS, Mr. Mastin shall be charged with all duties and powers as set forth under Mississippi Code 21-23-11; and

NOW, THEREFORE BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. The City hereby appoints Thomas Mastin to Municipal Court Clerk and compensation shall be set at budgeted amount.

2. Mr. Mastin is charged with all duties and obligations under Mississippi Code 21-23-11 and all other duties as set forth under Mississippi law.

Motion was made by Alderman Payne and seconded by Alderman Wheeler, and the question being put to a roll call vote, the result was as follows:

Alderman William Brooks	voted:	YES
Alderman Kristian Kelly	voted:	YES
Alderman Ronnie Hale	voted:	YES
Alderman George Payne	voted:	YES
Alderman Joel Gallagher	voted:	YES
Alderman John Wheeler	voted:	YES
Alderman Raymond Flores	voted:	YES

RESOLVED AND DONE, this 5th day of July, 2017.

DARREN L. MUSSELWHITE, MAYOR

ATTEST:

Andrea Mullen, CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

City of Southaven
Oath of Office

I, Thomas Mastin, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of City Court Clerk, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed _____

Sworn to and subscribed before me this the 5 day of July 2017.

_____
Darren Musselwhite, Mayor

_____
Andrea Mullen, City Clerk

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI APPOINTING PAM PYLE AS DEPUTY CITY CLERK

WHEREAS, the City of Southaven ("City"), pursuant to Mississippi Code Sections 21-3-5 and 21-15-23 desires to appoint a Deputy City Clerk; and

WHEREAS, the City Board desires to appoint Pam Pyle, as Deputy City Clerk; and

WHEREAS, Pam Pyle shall be charged with all duties and powers as set forth under Mississippi Code 21-15-23; and

NOW, THEREFORE BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. The City hereby appoints Pam Pyle to Deputy City Clerk and compensation shall be set at the budgeted amount.

2. Pam Pyle is charged with all duties and obligations under Mississippi Code 21-15-23 and all other duties as set forth under Mississippi law.

Motion was made by Alderman Brooks and seconded by Alderman Hale, and the question being put to a roll call vote, the result was as follows:

Alderman William Brooks	voted: YES
Alderman Kristian Kelly	voted: YES
Alderman Ronnie Hale	voted: YES
Alderman George Payne	voted: YES
Alderman Joel Gallagher	voted: YES
Alderman John Wheeler	voted: YES
Alderman Raymond Flores	voted: YES

RESOLVED AND DONE, this 5th day of July, 2017.

DARREN L. MUSSELWHITE, MAYOR

ATTEST:
Andrea Mullen
Andrea Mullen, CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 18, 1980

City of Southaven
Oath of Office

I, Pam Pyle, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of Deputy City Clerk, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed Pam Pyle

Sworn to and subscribed before me this the 5 day of July 2017.

Darren Musselwhite, Mayor

Andrea Mullen, City Clerk

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI APPOINTING DEPUTY CLERKS

WHEREAS, the City of Southaven ("City"), pursuant to Mississippi Code Section 21-3-5 desires to appoint Deputy Clerks; and

WHEREAS, the Deputy Clerks handle or have the custody of public funds; and

NOW, THEREFORE BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. The City hereby appoints the following as Deputy Clerks:
   i. Ashley Ford
   ii. Nicole Hilario
   iii. Sonya Pride
   iv. Elissa Prewitt

2. The Deputy Clerks' compensation shall be set at the budgeted amount.

Motion was made by Alderman Gallagher and seconded by Alderman Hale, and the question being put to a roll call vote, the result was as follows:

Alderman William Brooks	voted:	YES
Alderman Kristian Kelly	voted:	YES
Alderman Ronnie Hale	voted:	YES
Alderman George Payne	voted:	YES
Alderman Joel Gallagher	voted:	YES
Alderman John Wheeler	voted:	YES
Alderman Raymond Flores	voted:	YES

RESOLVED AND DONE, this 5th day of July, 2017.

DARREN L. MUSSELWHITE, MAYOR

ATTEST:

Andrea Mullen, CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

City of Southaven
Oath of Office

I, Ashley Ford, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of Deputy Clerk, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed Ashley Ford

Sworn to and subscribed before me this the 5 day of July 2017.

Darren Musselwhite, Mayor

Andrea Mullen
Andrea Mullen, City Clerk

City of Southaven
Oath of Office

I, Nicole Hilario, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of Deputy Clerk, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed Nicole Hilario

Sworn to and subscribed before me this the 5 day of July 2017.

Darren Musselwhite, Mayor

Andrea Mullen, City Clerk

City of Southaven
Oath of Office

I, Sonya Pride, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of Deputy Clerk, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed Sonya Pride

Sworn to and subscribed before me this the 5 day of July 2017.

Darren Musselwhite, Mayor

Andrea Mullen, City Clerk

City of Southaven
Oath of Office

I, Elissa Prewitt, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi and obey the laws thereof; that I am not disqualified from holding the office of Deputy Clerk, and that I will faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

Signed Elissa Prewitt

Sworn to and subscribed before me this the 5 day of July 2017.

Darren Musselwhite, Mayor

Andrea Mullen, City Clerk

The Mayor and City Board of Alderman (the "Governing Authority") of Southaven, Mississippi (the "City"), on July 5, 2017 took up for consideration the matter of accepting parcels of real property from Desoto County ("County"). After a discussion of the subject, Alderman Flores offered and moved for the adoption of the following order:

ORDER APPROVING THE ACCEPTANCE OF CERTAIN PARCELS OF REAL PROPERTY FROM DESOTO COUNTY

WHEREAS, the City Governing Authority hereby accepts the following park properties from Desoto County and finds that:

1. The property identified as tax parcel 1079.3000.0.00019.00 was conveyed to the County in 1973 "for park purposes," by Warranty Deed of Gift recorded in Deed Book 102 Page 344 of the Land Records of the DeSoto County Chancery Court Clerk.

2. The property identified as tax parcel 1074.1900.0.00021.00 was conveyed to the County in 1973 "for park purposes," by Warranty Deed of Gift recorded in Deed Book 103 Page 397 of the Land Records of the DeSoto County Chancery Court Clerk.

3. The property identified as tax parcel 1086.1400.0.00006.00 was conveyed to the County in 1973 "for park purposes," by Warranty Deed of Gift recorded in Deed Book 103 Page 401 of the Land Records of the DeSoto County Chancery Court Clerk.

4. The property identified as tax parcel 1075.2205.0.00001.00 was conveyed to the County in 1984, by Warranty Deed recorded in Deed Book 171 Page 738 of the Land Records of the DeSoto County Chancery Court Clerk.

5. The City was incorporated in 1980 and the area of incorporation included those parcels identified in paragraphs 1, 2 and 3 above. That property identified in paragraph 4 above was conveyed to the County approximately four years after the City's incorporation.

6. The properties identified in paragraphs 1-4 (hereinafter collectively the "properties") above have remained titled to the County since recording of the deeds. However, since 1980 the County and the City assumed said properties were property of the City. Since the 1980 incorporation of the City, the City has maintained and managed the properties as if it were such were owned by the City and the County has not undertaken any action, or expended any funds, for the maintenance and operation of the Park.

4. The City, at a minimum, has mowed, cleaned and maintained the grounds of the properties a minimum of 32 days per year. The reasonable estimate of average costs for each day of maintenance is $100. Assuming a cost of $100 per day of maintenance, for 32 days per year, for a period of 37 years for those parcels identified in paragraphs 1, 2 and 3 above, and 33 years for that parcel identified in paragraph 4, the total estimated expenditures by the City for basic maintenance of the property is $118,400.00 and $105,600.00 respectively. In addition, the City estimates the cost of gas,

equipment upkeep/replacement, turf repair, repairs to ancillary items in the properties such as fences, to be a minimum of $800 per year over an estimated not less than 20 years during which time the City performed such work "in-house". The assumption of a minimum cost of $800 per year, for 20 years, results in additional expenditures of $16,000.00. Thus, a conservative estimate of the City's expenditures on maintenance of the parcels is identified in paragraphs 1, 2 and 3 above is $134,400, and for that parcel identified in paragraph 4 the sum total is $121,600.00. In addition to this sum would be the costs of utilities and water consumed for activities within or upon the properties which the City has paid.

5. In addition to the maintenance costs, the promoting and fostering of the development and improvement of the communities surrounding the properties has provided substantial value.

6. The maintenance expenditures, as identified above, is good and valuable consideration paid by the City to the benefit of the County, as the County was relieved of the obligation to undertake such work and improvements which it would otherwise would have been required to perform. Further, there is significant value received by the County as a result of the City promoting and fostering the development and improvement of the community through maintaining and operating the Park.

7. The City has the authority pursuant to Mississippi Code 17-1-3 to maintain public parks and playgrounds.

9. Having conveyed the financial benefits of fair market value of the properties, and for the reasons set forth above, the Governing Authority finds it proper and beneficial to receive title to the properties from the County. Such conveyance being found to be permitted by the Statue and consistent with the opinion of the Office of the Attorney General for the State of Mississippi (Manley, November 22, 2013).

NOW, THEREFORE, BE IT ORDERED, as follows:

Section 1. That title to the properties be accepted by the City from the County.

Section 2. The Mayor of the Governing Authority is authorized to take all actions to give full effect to the stated intentions set forth in this order.

REMAINDER OF PAGE LEFT BLANK

The motion was seconded by ALDERMAN Brooks. Upon the question being put to a vote, Members of the Board of Aldermen voted as follows:

Alderman William Brooks	voted: YES
Alderman Kristian Kelly	voted: YES
Alderman George Payne	voted: YES
Alderman Joel Gallagher	voted: YES
Alderman John David Wheeler	voted: YES
Alderman Raymond Flores	voted: YES
Alderman Ronnie Hale	voted: YES

RESOLVED AND DONE, this 5th day of July, 2017.

Darren Musselwhite, MAYOR

ATTEST:

City Clerk

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI ADJUDICATING THE COST OF CLEANING PROPERTY, IMPOSING A PENALTY AND IMPOSING LIEN OF THE SAME AGAINST PROPERTY

WHEREAS, the City of Southaven ("City") has the authority, pursuant to Section 21-19-11 of the Mississippi Code (1972) to clean up property within the City, under circumstances which create a menace to the public health and safety of the community, and

WHEREAS, the Mayor and Board of Aldermen conducted hearings regarding various properties, as set forth in Exhibit A, and determined that the conditions and circumstances of such properties created a menace to the public health and safety of the community, and ordered the clean-up of the properties, and

WHEREAS, pursuant to the authority granted to the City, the Mayor and Board of Aldermen contracted with an outside contractor who has undertaken and completed the clean-up of the properties, and

WHEREAS, the Mayor and Board of Aldermen have heard proof and find as a fact that the actual cost of the clean-up is as attached hereto as Exhibit A, and

WHEREAS, the Mayor and Board of Aldermen are desirous of imposing a penalty of Two Hundred Fifty Dollars and 00/100 ($250.00) per property per cutting, and

WHEREAS, the Mayor and Board of Aldermen deem and resolve that the clean-up cost and penalty shall be collected as a lien against property and if not paid, the lien shall be converted as an assessment against each property, to be collected by the Tax Collector in the manner employed for the collection of all other taxes and assessments of the municipality, unless sooner collected through other means.

NOW, THEREFORE, BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. The actual cost of the clean-up of properties listed in Exhibit A be assessed to the property and the same is hereby determined to be as set forth in Exhibit A attached hereto.

2. A penalty in the amount of $250 per lot per cutting as listed above be, and the same is hereby imposed against each parcel in addition to the actual cost of the property clean-up.

3. The total amount, as set forth above, be, and the same is hereby assessed against each property, to be filed as a lien and if not collected, to be converted as an assessment to be collected by the Tax Collector in

the manner used for collection of other municipal taxes and assessments, unless sooner collected through other means.

Following the reading of this Resolution, it was introduced by Alderman Brooks and seconded by Alderman Kelly. The Resolution was then put to a roll call vote and the results were as follows, to-wit:

Alderman William Brooks	YES
Alderman Kristian Kelly	YES
Alderman George Payne	YES
Alderman Joel Gallagher	YES
Alderman John David Wheeler	YES
Alderman Raymond Flores	YES
Alderman Ronnie Hale	YES

RESOLVED AND DONE this 5th day of July, 2017.

Darren Musselwhite

DARREN MUSSELWHITE, MAYOR

ATTEST:

Andrea Mullen

CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 16, 1980

ADDRESS	PARCEL	# OF MOWINGS	INVOICE TOTALS
7715 CHARLESTON DR.		2	$168.00
2211 CEDARWOOD CV.		2	$168.00
1676 CUSTER DR.		2	$168.00
5888 GARDENWALK		2	$168.00
8614 GREENWAY RD.		3	$504.00
965 GREAT OAKS DR.		2	$168.00
861 GREAT OAKS DR.		2	$168.00
2507 GREENCLIFF DR.		2	$168.00
8131 PINEBROOK DR.		2	$168.00
37 STONEBROOK CV.		1	$3,770.00
2871 STATELINE RD.		2	$336.00
680 THORNWOOD DR.		2	$336.00
5820 WESTMINISTER LN.		2	$168.00
	1074191400000600	1	$195.00
	1074190700111000	2	$336.00
	1075211000011500	2	$168.00
	1085221300000200	2	$336.00
	1085221300000300	2	$336.00
	1085221300000400	2	$336.00
	1086240000001600	1	$1,400.00
	2073080800001100	2	$168.00
	2073080800000100	2	$168.00
	2073080800000200	2	$168.00
	2073080800001000	2	$168.00
	2073080800001200	2	$168.00
	2073080800001500	2	$168.00
	2073080800002200	2	$168.00
	2073080800002300	2	$168.00
	2073080800002400	2	$168.00
	2081011100001500	2	$940.00
	2081011100002700	2	$612.00
	2081001110002600	2	$612.00
	2073080700004100	2	$168.00
	2073080800000800	2	$168.00

FINE TOTALS	ENROLLMENT FEE	ASSESSMENT TOTAL
$500.00	$10.00	$678.00
$500.00	$10.00	$678.00
$500.00	$10.00	$678.00
$500.00	$10.00	$678.00
$750.00	$15.00	$1,269.00
$500.00	$10.00	$678.00
$500.00	$10.00	$678.00
$500.00	$10.00	$678.00
$500.00	$10.00	$678.00
$250.00	$5.00	$4,025.00
$500.00	$10.00	$846.00
$500.00	$10.00	$846.00
$500.00	$10.00	$678.00
$250.00	$5.00	$450.00
$500.00	$10.00	$846.00
$500.00	$10.00	$678.00
$500.00	$10.00	$846.00
$500.00	$10.00	$846.00
$500.00	$10.00	$846.00
$250.00	$5.00	$1,655.00
$500.00	$10.00	$678.00
$500.00	$10.00	$678.00
$500.00	$10.00	$678.00
$500.00	$10.00	$678.00
$500.00	$10.00	$678.00
$500.00	$10.00	$678.00
$500.00	$10.00	$678.00
$500.00	$10.00	$678.00
$500.00	$10.00	$678.00
$500.00	$10.00	$1,450.00
$500.00	$10.00	$1,122.00
$500.00	$10.00	$1,122.00
$500.00	$10.00	$678.00
$500.00	$10.00	$678.00

There came for consideration before the City of Southaven Board of Alderman the matter of the adoption of policy for participation via teleconference for board meetings. A proposed draft of such policy entitled "City of Southaven Policy for Board Member Participating by Teleconference for a Board Meeting" ("Policy") was presented. Following review and discussion, Alderman Flores offered and moved for the adoption of the following Resolution approving and adopting the proposed policy, to-wit:

RESOLUTION APPROVING THE POLICY FOR A BOARD MEMBER OF THE CITY OF SOUTHAVEN TO PARTICIPATE VIA TELECONFERENCE FOR A CITY BOARD MEETING

WHEREAS, pursuant to Mississippi Code Section 25-41-5(2), a public body may conduct any meeting through teleconference or video means and a quorum of the public body may be at different locations for the purpose of conducting a meeting through teleconference or video means provided participation is available to the general public at one or more public locations specified in the public meeting notice; and

WHEREAS, pursuant to Mississippi Code Section 25-41-5(3), notice of any meetings where teleconference will be utilized, five (5) days-notice must be given of the meeting. The notice shall include the date, time, place and purpose for the meeting and shall identify all locations for the meeting available to the general public. All persons attending the meeting at any of the public meeting locations shall be afforded the same opportunity to address the public body as persons attending the primary or central location; and

WHEREAS, the Mississippi Attorney General has opined that a formal adopted policy setting forth that any member of the Board may participate in an official meeting by teleconference or video means and that the public has access to the meeting in the location already designated in the City of Southaven's Policy and its annual schedule of meetings, will satisfy the notice requirements for teleconference meetings; and

WHEREAS, pursuant to Mississippi Code Section 21-3-19 and the City of Southaven Ordinances, the City of Southaven conducts its actual Board Meetings at 6:00 p.m. on the first and third Tuesdays of each month at Southaven City Hall in the Board Room, located at 8710 Northwest Drive; and

WHEREAS, a citizens agenda or other opportunity is provided for each citizen who desires to address the City of Southaven Mayor and Board at every regular meeting at Southaven City Hall; and

WHEREAS, a proposed policy has been presented and reviewed by the City of Southaven Board of Alderman and said draft being attached hereto as an Exhibit A; and

WHEREAS, this Board hereby finds that such policy should be adopted.

NOW, THEREFORE, IT IS HEREBY RESOLVED AND ORDERED by the City of Southaven Board that the attached exhibit entitled "**POLICY FOR A BOARD MEMBER OF THE CITY OF SOUTHAVEN TO PARTICIPATE VIA TELECONFERENCE FOR A CITY BOARD MEETING**" is hereby approved and adopted.

AND FURTHER RESOLVED that a copy of said policy shall be filed with the City Clerk's Office and said policy shall be in full force effective immediately and shall not be repealed or revised except through Resolution passed by the City.

Alderman Payne seconded the motion, and the matter was put to a roll call vote with the result as follows:

Alderman William Brooks	voted: YES
Alderman Kristian Kelly	voted: YES
Alderman Ronnie Hale	voted: YES
Alderman George Payne	voted: YES
Alderman Raymond Flores	voted: YES
Alderman John David Wheeler	voted: YES
Alderman Joel Gallagher	voted: YES

Having received a majority of affirmative votes, the Mayor declared that the Resolution was carried and adopted as set forth above on this the 5th day of July, 2017.

CITY OF SOUTHAVEN, MISSISSIPPI

BY: _____
DARREN MUSSELWHITE, MAYOR

ATTEST:

_____
CITY CLERK

SOUTHAVEN, MISSISSIPPI
APRIL 15, 1980

EXHIBIT A

POLICY FOR A BOARD MEMBER OF THE CITY OF SOUTHAVEN TO PARTICIPATE VIA TELECONFERENCE FOR A CITY BOARD MEETING

OVERVIEW: The City of Southaven recognizes that there may be occasions when a Board of Alderman member may not be able to participate in person at a regular meeting of the City. In those limited instances, the City desires to allow a member of the Board of Alderman to participate via teleconference for the meeting.

SCOPE: This policy applies to all regularly scheduled and special called City of Southaven meetings and to each City of Southaven Alderman.

PROVISIONS:

1. **DATE/LOCATION/TIME.** The City of Southaven shall hold its regular meetings on the 1st and 3rd Tuesdays of each month. The location of the meeting shall be at the 1st Floor City Board Room in Southaven City Hall, 8710 Northwest Drive. The meetings shall be convened at 6:00 p.m.

2. **PUBLIC ACCESS.** The public shall have access and be allowed to attend the City of Southaven meetings on the 1st and 3rd Tuesdays at Southaven City Hall, 8710 Northwest Drive.

3. **BOARD MEMBER PARTICIPATION.** A City of Southaven Board of Alderman may participate via teleconference for a City Board Meeting. The participation shall include voting on all matters to come before the Board.

4. **EQUIPMENT.** The equipment used for the teleconference shall be located at the City of Southaven Hall Board Room and the equipment shall allow all members of the City of Southaven Board and members of the public who attend the meeting to hear the deliberations of the public body.

SO ORDERED as approved by Resolution on this, the 5th day of July, 2017.

CITY OF SOUTHAVEN, MISSISSIPPI

DARREN MUSSELWHITE, MAYOR

ATTEST:

CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

FINAL RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI GRANTING APPLICATION OF GEODIS LOGISTICS, LLC FOR EXEMPTION FROM AD VALOREM TAXATION

The Board took up for consideration the matter of granting tax exemption from ad valorem taxes for Geodis Logistics, LLC and the following Resolution, being first reduced to writing, was introduced.

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI, GRANTING FINAL APPROVAL OF AD VALOREM TAX EXEMPTION TO GEODIS LOGISTICS, LLC

WHEREAS, heretofore, Geodis Logistics, LLC is authorized to do business and doing business in Southaven, DeSoto County, Mississippi, filed with the Mayor and Board of Aldermen of the City of Southaven, Mississippi, an application for exemption from ad valorem taxes, except school district, parks and library taxes and the State mandated County levies, for a period of ten (10) years on real property in the total amount of $40,000,000.00 which said application was approved by the Mayor and Board of Aldermen of the City of Southaven, Mississippi, subject to the approval of the Department of Revenue of the State of Mississippi; and

WHEREAS, on the 26th day of June, 2017, the Department of Revenue of the State of Mississippi approved said application as attached hereto as Exhibit A; and

WHEREAS, a certified copy of the aforesaid Department of Revenue's approval has been received by the Mayor and Board of Aldermen of the City of Southaven, Mississippi and recorded in its minutes.

NOW, THEREFORE, in consideration of the premises, the Mayor and Board of Aldermen of the City of Southaven, Mississippi, do hereby finally approve said application for ad valorem tax exemption, except school district, parks and library taxes and the State mandated County levies, for a period of ten (10) years on real property in the total amount of $40,000,000.00 from and after January 1, 2017.

The foregoing Resolution granting to Future made on motion by Alderman Flores and seconded by Aldermen Brooks, and that the following vote was taken on this action:

Alderman William Brooks	voted: YES
Alderman Kristian Kelly	voted: YES
Alderman George Payne	voted: YES
Alderman Joel Gallagher	voted: YES
Alderman John David Wheeler	voted: YES
Alderman Raymond Flores	voted: YES
Alderman Ronnie Hale	voted: YES

RESOLVED AND DONE this the 5th day of July, 2017.

DARREN MUSSELWHITE, MAYOR

ATTEST:

CITY CLERK

SOUTHAVEN, MISSISSIPPI
APRIL 15, 1980

DEPARTMENT OF REVENUE
STATE OF MISSISSIPPI

OFFICE OF PROPERTY TAX
EXEMPTIONS & PUBLIC UTILITIES BUREAU

June 26, 2017

Ms. Andrea Mullen, City Clerk
City of Southaven
8710 Northwest Drive
Southaven, MS 38671

RE: Ad Valorem Taxation Exemption – Geodis Logistics, LLC.

Dear Ms. Mullen:

In accordance with the authority conferred upon the MS Department of Revenue by Miss. Code Ann. Section 27-31-101, the Department hereby certifies that the above named enterprise is eligible for ad valorem tax exemption, and is in compliance with the provisions of the statute.

The exemption of the property is certified for a period of ten years, from and after January 1, 2017, with a total true value of $40,000,000.

A final order is to be placed on the minutes declaring this property is exempt, the true value, and the dates when such exemption commences and expires.

According to Miss. Code Ann. Section 27-31-109, the clerk shall record the application and order approving the exemption and shall send a copy of the final order to the MS Department of Revenue.

Sincerely,

Paul J. Foreman

Paul J. Foreman, Director
Exemptions & Public Utilities Bureau

PJF: dm

cc: Mr. Scott Speights, Office of State Auditor
Mr. Parker Pickle, Tax Assessor Desoto County
Mr. Nick Manley, Butler Snow (emailed)

P. O. Box 1033 Jackson, MS 39215 www.dor.ms.gov Phone: 601.923.7618 FAX: 601.923.7637

CERTIFICATE OF CITY CLERK

STATE OF MISSISSIPPI
COUNTY OF DESOTO

I, Andrea Mullen, City Clerk for the City of Southaven, Mississippi do hereby certify that this is a true and correct copy of the Resolution Granting Application of Geodis Logistics, LLC Exemption from Ad Valorem Taxes, that was adopted at the Regular Meeting of the Mayor and Board of Aldermen of the City of Southaven, Mississippi on the 5th, day of July 2017 and is on file in the City Clerk's Office at 8710 Northwest Drive, Southaven, Mississippi.

This the 7th day of July, 2017

Andrea Mullen

Andrea Mullen, City Clerk

SEAL
SOUTHAVEN, MISSISSIPPI
APRIL 15, 1980

FINAL RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI GRANTING APPLICATION OF INTUITIVE SURGICAL, INC. FOR EXEMPTION FROM AD VALOREM TAXATION

The Board took up for consideration the matter of granting tax exemption from ad valorem taxes for Intuitive Surgical, Inc. and the following Resolution, being first reduced to writing, was introduced.

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI, GRANTING FINAL APPROVAL OF AD VALOREM TAX EXEMPTION TO INTUITIVE SURGICAL, INC.

WHEREAS, heretofore, Intuitive Surgical, Inc. ("Intuitive") is authorized to do business and doing business in Southaven, DeSoto County, Mississippi, filed with the Mayor and Board of Aldermen of the City of Southaven, Mississippi, an application for exemption from ad valorem taxes, except school district, parks and library taxes and the State mandated County levies, for a period of ten (10) years on real and personal property in the total amount of $38,900,692.00 which said application was approved by the Mayor and Board of Aldermen of the City of Southaven, Mississippi, subject to the approval of the Department of Revenue of the State of Mississippi; and

WHEREAS, on the 26th day of June, 2017, the Department of Revenue of the State of Mississippi approved said application as attached hereto as Exhibit A; and

WHEREAS, a certified copy of the aforesaid Department of Revenue's approval has been received by the Mayor and Board of Aldermen of the City of Southaven, Mississippi and recorded in its minutes.

NOW, THEREFORE, in consideration of the premises, the Mayor and Board of Aldermen of the City of Southaven, Mississippi, do hereby finally approve said application for ad valorem tax exemption, except school district, parks and library taxes and the State mandated County levies, for a period of ten (10) years on real and personal property in the total amount of $38,900,692.00 from and after January 1, 2017.

The foregoing Resolution granting to Future made on motion by Alderman Flores and seconded by Aldermen Kelly, and that the following vote was taken on this action:

Alderman Kristian Kelly	YES
Alderman Ronnie Hale	YES
Alderman George Payne	YES
Alderman Joel Gallagher	YES
Alderman John David Wheeler	YES
Alderman Raymond Flores	YES
Alderman William Brooks	YES

RESOLVED AND DONE this the 5th day of July, 2017.

DARREN MUSSELWHITE, MAYOR

ATTEST:

CITY CLERK

SOUTHAVEN, MISSISSIPPI
APRIL 15, 1980

DEPARTMENT OF REVENUE
STATE OF MISSISSIPPI

OFFICE OF PROPERTY TAX
EXEMPTIONS & PUBLIC UTILITIES BUREAU

June 26, 2017

Ms. Andrea Mullen, City Clerk
City of Southaven
8710 Northwest Drive
Southaven, MS 38671

RE: Ad Valorem Taxation Exemption – Intuitive Surgical, Inc.

Dear Ms. Mullen:

In accordance with the authority conferred upon the MS Department of Revenue by Miss. Code Ann. Section 27-31-101, the Department hereby certifies that the above named enterprise is eligible for ad valorem tax exemption, and is in compliance with the provisions of the statute.

The exemption of the property is certified for a period of ten years, from and after January 1, 2017, with a total true value of $38,900,692.

A final order is to be placed on the minutes declaring this property is exempt, the true value, and the dates when such exemption commences and expires.

According to Miss. Code Ann. Section 27-31-109, the clerk shall record the application and order approving the exemption and shall send a copy of the final order to the MS Department of Revenue.

Sincerely,

Paul J. Foreman, Director
Exemptions & Public Utilities Bureau

PJF: dm

cc: Mr. Scott Speights, Office of State Auditor
Mr. Parker Pickle, Tax Assessor Desoto County
Mr. Nick Manley, Butler Snow (emailed)

P. O. Box 1033 Jackson, MS 39215 www.dor.ms.gov Phone: 601.923.7618 FAX: 601.923.7637

Minutes, City of Southaven, Southaven, Mississippi

CERTIFICATE OF CITY CLERK

STATE OF MISSISSIPPI
COUNTY OF DESOTO

I, Andrea Mullen, City Clerk for the City of Southaven, Mississippi do hereby certify that this is a true and correct copy of the Resolution Granting Application of Intuitive Surgical, Inc. Exemption from Ad Valorem Taxes, that was adopted at the Regular Meeting of the Mayor and Board of Aldermen of the City of Southaven, Mississippi on the 5th, day of July 2017 and is on file in the City Clerk's Office at 8710 Northwest Drive, Southaven, Mississippi.

This the 7th day of July, 2017

Andrea Mullen

Andrea Mullen, City Clerk

(SEAL)

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI DISPOSING OF SEIZED PROPERTY

WHEREAS, the City of Southaven Police Department is presently in possession and ownership of certain vehicles and property (collectively "Seized Property") as set forth in Exhibit A; and

WHEREAS, the Seized Property has cleared all Court Proceedings and has been forfeited to the City; and

WHEREAS, the Seized Property is no longer needed by City Police, so that the Seized Property is now considered "surplus"; and

WHEREAS, pursuant to Mississippi Code 17-25-25, the City desires to surplus the Seized Property; and

NOW, THEREFORE, BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. The Seized Property be hereby disposed of pursuant Mississippi Code 17-25-25.

2. The City Police Chief, City Clerk, or their designee, be, and, if needed, is hereby authorized and directed to advertise the Property on Govdeals.com or sell the Property at public auction or to otherwise dispose of said property in accordance with state law, or to retain such items and remove them from the fixed assets inventory pursuant to State guidelines.

Motion was made by Alderman Brooks and seconded by Alderman Payne, for the adoption of the above and foregoing Resolution, and the question being put to a roll call vote, the result was as follows:

REMAINDER OF PAGE BLANK

Alderman William Brooks	voted: YES
Alderman Kristian Kelly	voted: YES
Alderman Ronnie Hale	voted: YES
Alderman George Payne	voted: YES
Alderman Joel Gallagher	voted: YES
Alderman John Wheeler	voted: YES
Alderman Raymond Flores	voted: YES

RESOLVED AND DONE, this 5th day of July, 2017.

Darren Musselwhite, MAYOR

ATTEST:

CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

SPECIAL INVESTIGATIONS DIVISION

To: Chief Steve Pirtle

From: Captain Steve Stewart

Date: 06/28/17

Reference: Surplus property request.

Chief,

The below listed property was seized by the Special Investigations Division during drug related investigations. The seizure process has been completed and the below listed property has been forfeited to our city. I am requesting that the property be listed as surplus property and sold at auction on govdeals.com, as required by law.

1. 2004 Mitsubishi Galant, VIN: 4A3AB36S14E114281.
2. 2003 Nissan Altima, VIN: JN1DA31A23T400509.
3. 2006 Ford F150, VIN: 1FTPW12516FA23174. (SID vehicle)
4. Vizio 39" TV, model #D43N-E1, serial #LTT7VNA52604871.
5. LG sound bar and woofer, model #SH2 & SPH2B-P, serial #611WLUZ001726.
6. Sony speaker, model #SS-CT91, serial #0115385.
7. Dell Inspiron 20 with mouse and keyboard, model #3052, serial #2ELM772.
8. HP laptop, model #DV6700, serial #CNF7501LBK.
9. Samsung laptop, model #NP-R730, serial #HLNE93BBB00392T.
10. Night Owl video surveillance system, model #AHD7-DVR8-1TB, serial #256A-4896.

Thanks,

#1060

Captain Steve Stewart IBM #1060

Washington, D.C. 20472

FEMA

Mr. Roger Thornton
Southaven Fire Department
8710 Northwest Drive
Southaven, Mississippi 38671-2410

Re: Award No.EMW-2016-FO-06547

Dear Mr. Thornton:

Congratulations, on behalf of the Department of Homeland Security, your application for financial assistance submitted under the Fiscal Year (FY) 2016 Assistance to Firefighters Grant has been approved in the amount of $64,637.00. As a condition of this award, you are required to contribute a cost match in the amount of $6,463.00 of non-Federal funds, or 10 percent of the Federal contribution of $64,637.00.

Before you request and receive any of the Federal funds awarded to you, you must establish acceptance of the award through the Assistance to Firefighters Grant Programs' e-grant system. By accepting this award, you acknowledge that the terms of the following documents are incorporated into the terms of your award:

- Summary Award Memo
- Agreement Articles (attached to this Award Letter)
- Obligating Document (attached to this Award Letter)
- FY 2016 Assistance to Firefighters Grant Notice of Funding Opportunity.

Please make sure you read, understand, and maintain a copy of these documents in your official file for this award.

Prior to requesting Federal funds, all recipients are required to register in the System for Award Management (SAM.gov). As the recipient, you must register and maintain current information in SAM.gov until you submit the final financial report required under this award or receive the final payment, whichever is later. This requires that the recipient review and update the information annually after the initial registration, and more frequently for changes in your information. There is no charge to register in SAM.gov. Your registration must be completed on-line at https://www.sam.gov/portal/public/SAM/. It is your entity's responsibility to have a valid DUNS number at the time of registration.

In order to establish acceptance of the award and its terms, please follow these instructions:

Step 1: Please go to https://portal.fema.gov to accept or decline your award. This will take you to the Assistance to Firefighters eGrants system. Enter your User Name and Password as requested on the login screen. Your User Name and Password are the same as those used to complete the application on-line.

Once you are in the system, the Status page will be the first screen you see. On the right side of the Status screen, you will see a column entitled Action. In this column, please select the View Award Package from the drop down menu. Click Go to view your award package and indicate your acceptance or declination of award. PLEASE NOTE: your period of performance has begun. If you wish to accept your grant, you should do so immediately. When you have finished, we recommend printing your award package for your records.

Step 2: If you accept your award, you will see a link on the left side of the screen that says "Update 1199A" in the Action column. Click this link. This link will take you to the SF-1199A, Direct Deposit Sign-up Form. Please complete the SF-1199A on-line if you have not done so already. When you have finished, you must submit the form electronically. Then, using the Print 1199A Button, print a copy and take it to your bank to have the bottom portion completed. Make sure your application number is on the form. After your bank has filled out their portion of the form, you must fax a copy of the form to FEMA's SF-1199 Processing Staff at 540-504-2883. You should keep the original form in your grant files. After the faxed version of your SF 1199A has been reviewed you will receive an email indicating the form is approved. Once approved you will be able to request payments online. If you have any questions or concerns regarding your 1199A, or the process to request your funds, please call (866) 274-0960.

Sincerely,

Bridget Bean
Acting Assistant Administrator for Grant Programs

RESOLUTION FOR ASSESSING UNPAID SANITATION FEES

WHEREAS, pursuant to Mississippi Code 21-19-1, the City of Southaven ("City") operates and maintains a garbage and rubbish collection system; and

WHEREAS, pursuant to Mississippi Code 21-19-2 and the City ordinances, the City previously implemented a $12.00 per month sanitation fee to defray the cost for the operating and maintaining of the garbage and rubbish collection system; and

WHEREAS, despite correspondence requesting that certain City residents pay the sanitation fee, the residents listed at the properties on Exhibit A have failed to pay the sanitation fee; and

WHEREAS, the individuals were provided an opportunity for a hearing at the June 6, 2017 and June 20, 2017 City Board Meetings regarding the delinquent assessments and chose not to attend the hearing; and

WHEREAS, the City desires to collect the sanitation fees from the individuals and in the amount as set forth in Exhibit A; and

NOW, THEREFORE, BE IT RESOLVED, by the Mayor and Board of Aldermen of the City of Southaven, Mississippi, as follows, to-wit:

1. Pursuant to Mississippi Code 21-19-2, the City Public Works Director and his staff are authorized to notify the Desoto County Tax Collector of the unpaid fees for those residents as set forth in Exhibit A. Upon receipt of the residents and addresses as set forth in Exhibit A from the City, the Desoto County Tax Collector shall not issue or renew a motor vehicle road and bridge privilege license for the motor vehicle owned by those individuals, unless such fees or charges, in addition to any other taxes or fees assessed against the motor vehicle, are paid.

2. In lieu of filing the assessments with the Desoto County Tax Collector, the City, pursuant to Mississippi Code 21-19-2, may file a lien on the property offered the sanitation service.

3. The Mayor, City Public Works Director and any of their designees are authorized to take any and all action to effectuate the intent of this Resolution.

After a full discussion of this matter, ALDERMAN Payne moved that the foregoing Resolution be adopted. The motion was seconded by ALDERMAN Hale. Upon the question being put to a vote, Members of the Board of Aldermen voted as follows:

Alderman William Brooks	voted: YES
Alderman Kristian Kelly	voted: YES
Alderman George Payne	voted: YES
Alderman Joel Gallagher	voted: YES
Alderman John David Wheeler	voted: YES
Alderman Raymond Flores	voted: YES
Alderman Ronnie Hale	voted: YES

RESOLVED AND DONE, this 5th day of July, 2017.

Darren Musselwhite, MAYOR

ATTEST:

City Clerk

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

Property Owners who have received a letter (to pay in full by 6/23/17) & still not paid

SERVICE ADDRESS:	PROPERTY OWNER NAME:	PROP. OWNER ADDRESS:	AS OF 6/14/17:	ACTION:
688 Amber Lane	Pamela Anne Green	Same as service address	STILL NOT PAID - $143.26 (Todd Floyd account)	Lien against Amber address
5580 April Drive	JRI Investments, Inc.	1890-D Mallard Point Road, Batesville, MS 38606	STILL NOT PAID - $296.74 (Justin Rhoades account)	Lien against April address
950 Brookside	Gerald or Helen Swindle	4174 Hwy. 305, Coldwater, MS 38618	STILL NOT PAID - $92.76 (Cecelia G. Piniy account)	Lien against Brookside address
639 Burton Lane	Brian Hancock (Sirius Investments, LLC)	5699 Getwell Road, Southaven, MS 38672	STILL NOT PAID - $143.26 (Blake Williams account)	Lien against Burton address
1290 Haywood	Kendra J. King	Same as service address	STILL NOT PAID - $87.64 (Randall King account)	Lien against Haywood address
5593 Lexy Lane	Glenn A. Jett	1380 Joann Drive, Southaven, MS 38671 (inactive)	STILL NOT PAID - $102 (Amanda Jeff account) & $271.93 (Courtney McMillen account)	Lien against Lexy address

Property Owners who live somewhere else in Desoto County other than service address
(also got previous letters to pay by certain dates & never did)

SERVICE ADDRESS:	PROPERTY OWNER NAME:	PROP. OWNER PERSONAL ADDRESS:	AS OF 6/14/17:	ACTION:
5370 Kristy Lane	Daniel James Hyder	Service address & also 9897 Chris Drive, Olive Branch, MS 38654	STILL NOT PAID - $178.28 (Patrick Harper/Daniel Hyder account)	Car tag hold on Kristy Lane address & Olive Branch address

Customers who got 5/1/17 Letter, to be paid by 6/9/17; Picked up carts on 6/13/17

Address:	Resident:	Initial Amount Due on 4/25/17 (date we picked up carts):	ACTION:
5330 Pollard Drive	James Page	$63.40	Car tag hold

List Current as of 6/28/17

Civil Link
"Connecting Resources"

June 5, 2017
C-L Project No. 110921-517

Mayor Darren Musselwhite
City of Southaven
8710 Northwest Dr.
Southaven, MS 38671

REFERENCE: FIRE SERVICE EXTENSION – PHASE 1
CITY OF SOUTHAVEN – AWARD RECOMMENDATION

Dear Mayor

Civil-Link has reviewed and tabulated, on a line item basis, the bids received on June 5, 2017 for the above referenced project. A copy of the Certified Tabulation of Bids is attached hereto. Based on the tabulation of the bids, we recommend the award of the project to Trey Construction with a lowest and best bid of **$364,043.00**. Upon the City's approval to award this project, Civil-Link will notify each bidder of the results of the bid.

If you have any questions or concerns, please give me a call.

Sincerely,

CIVIL – LINK, LLC

Christopher Shea Skeen, PE , PLS

5779 Getwell Rd Bldg B • Southaven, MS 38672 • Phone: (662) 510 -2169 • Fax: (662) 510 -2197

BID TABULATION
CITY OF SOUTHAVEN, MISSISSIPPI
PROJECT : FIRE SERVICE EXTENSION (PHASE 1)
PROJECT NO. : 110921-517
BID LETTING DATE: June 6, 2017

					TREY CONSTRUCTION		BUZ PLAXICO DOZER SERVICE, INC.	
Line No.	Description	Unit	Estimated Quantity	Unit Price	Total	Unit Price	Total
1	Mobilization/Demobilization	LS	1	xxxxxxxxxxx	$ 20,042.00	xxxxxxxxxxx	$ 24,597.30
2	Maintenance of Traffic	LS	1	$ 5,000.00	$ 5,000.00	$ 12,614.00	$ 12,614.00
3	1" Directional Drilled High Density Polyethylene Tubing	LF	473	$ 10.50	$ 4,966.50	$ 17.28	$ 8,173.44
3.1	4" Directional Drilled High Density Polyethylene Tubing	LF	220	$ 29.25	$ 6,435.00	$ 33.48	$ 7,365.60
4	12" Steel Casing (Open Cut)	LF	50	$ 70.00	$ 3,500.00	$ 75.68	$ 3,784.00
5	Bored Crossing with 12" Steel Casing	LF	70	$ 140.00	$ 9,800.00	$ 156.77	$ 10,973.90
6	Bored Crossing with 12" PVC Casing	LF	152	$ 135.00	$ 20,520.00	$ 128.63	$ 19,551.76
7	Bored Crossing	LF	480	$ 43.75	$ 21,000.00	$ 60.44	$ 29,011.20
8	6" PVC Water Main (C-900)	LF	3431	$ 17.00	$ 58,327.00	$ 22.79	$ 78,192.49
9	8" PVC Water Main (C-900)	LF	1570	$ 20.25	$ 31,792.50	$ 29.73	$ 46,676.10
10	6" Gate Valve	EA	1	$ 975.00	$ 975.00	$ 1,135.26	$ 1,135.26
11	8" Gate Valve	EA	1	$ 1,300.00	$ 1,300.00	$ 1,702.89	$ 1,702.89
12	Blow-off Valve	EA	1	$ 1,200.00	$ 1,200.00	$ 1,009.12	$ 1,009.12
13	Fire Hydrant Assembly	EA	24	$ 4,712.50	$ 113,100.00	$ 5,623.74	$ 134,969.76
14	6" x 6" x 6" Tapping Sleeve and Valve	EA	6	$ 2,975.00	$ 17,850.00	$ 2,312.57	$ 13,875.42
15	12" x 12" x 1" Tapping Sleeve and Valve	EA	2	$ 2,100.00	$ 4,200.00	$ 504.56	$ 1,009.12
16	12" x 12" x 6" Tapping Sleeve and Valve	EA	1	$ 2,950.00	$ 2,950.00	$ 2,712.01	$ 2,712.01
17	12" x 12" x 8" Tapping Sleeve and Valve	EA	1	$ 3,450.00	$ 3,450.00	$ 3,405.78	$ 3,405.78
18	Corporation Stop	EA	15	$ 1,200.00	$ 18,000.00	$ 283.82	$ 4,257.30
19	Water Service Line Tie-in	EA	2	$ 1,200.00	$ 2,400.00	$ 220.75	$ 441.50
20	Service Line Tubing (1" HDPE)	LF	171	$ 15.00	$ 2,565.00	$ 7.01	$ 1,198.71
20.1	Service Line Tubing (1" Copper)	LF	276	$ 15.00	$ 4,140.00	$ 10.05	$ 2,773.80
21	Gravel Driveway Repair	SY	32	$ 40.00	$ 1,280.00	$ 31.54	$ 1,009.28
22	Sodding	SY	2000	$ 4.00	$ 8,000.00	$ 3.15	$ 6,300.00
23	20" Wattles	LF	500	$ 2.50	$ 1,250.00	$ 3.78	$ 1,890.00
TOTAL BID					$364,043.00		$418,629.74

( ) - Indicates discrepancies between unit price and the total price of bids or miscalculations. The unit price governs and was used to calculate the total prices which resulted in the changes marked above.

NR - Indicates nonresponsive bid

I certify that this is a correct tabulation of the bids received and read aloud for this project on the bid date of June 5, 2017

CHRISTOPHER SHEA SKEEN
REGISTERED PROFESSIONAL ENGINEER AND LAND SURVEYOR
ENGINEER SIGNATURE
LS 2903
STATE OF MISSISSIPPI

6/5/2017
DATE

RESOLUTION GRANTING AUTHORITY TO CLEAN PRIVATE PROPERTY

WHEREAS, the governing authorities of the City of Southaven, Mississippi, have received numerous complaints regarding the parcel of land located at the following address, to-wit: **PARCEL ID 207418040 0001000, PARCEL ID 207418110 0000200, PARCEL ID 107419000 0000200, PARCEL ID 107419000 0000700, PARCEL ID 107419240 0000300, PARCEL ID 107419240 0000400, PARCEL ID 107419240 0000500, PARCEL ID 107419240 0000600, PARCEL ID 107420000 0004500, PARCEL ID 108521010 0003500, PARCEL ID 108521010 0003600, PARCEL ID 108614000 0002000, 886 ACORN CV, 8347 BRIDGEWOOD DR, 732 CHARTER OAK DR, 1876 CORAL HILLS DR, 1741 GEORGE PL, 7879 GREENBROOK PKWY, 352 HILLBROOK DR, 7193 LONDONDERRY DR, 1354 MAIN ST, 1902 MERRIMAC CV, 8131 OAKBROOK DR, 1448 WHITWORTH CV, 8684 WHITWORTH ST, 8175 WHITEHEAD DR, 1655 RUTHERFORD CV** to the effect that the said parcel of land has been neglected whereby **the grass height is in violation and there exist other unsafe conditions and is in a state of uncleanliness** and that the parcel of land in the present condition is deemed to be a menace to the public health and safety of the community.

WHEREAS, pursuant to Section 21-19-11 of the Mississippi Code Annotated (1972), the governing authorities of the City of Southaven, Mississippi, provided the owners of the above described parcel of land with notice of the condition of their respective parcel of land and further provided them with notice of a hearing before the Mayor and Board of Aldermen on **July 5,2017**, by United

States mail and by posting said notice, to determine whether or not the said parcel of land were in such a state of uncleanliness as to be a menace to the public health and safety of the community.

WHEREAS, none of the owners of the above described parcel of land appeared at the meeting of the Mayor and Board of Aldermen on **Wednesday, July 5, 2017**, to voice objection or to offer a defense.

NOW, THEREFORE, BE IT HEREBY RESOLVED, by the Mayor and Board of Alderman of the City of Southaven, Mississippi, that the above described parcel of land located at **PARCEL ID 207418040 0001000, PARCEL ID 207418110 0000200, PARCEL ID 107419000 0000200, PARCEL ID 107419000 0000700, PARCEL ID 107419240 0000300, PARCEL ID 107419240 0000400, PARCEL ID 107419240 0000500, PARCEL ID 107419240 0000600, PARCEL ID 107420000 0004500, PARCEL ID 108521010 0003500, PARCEL ID 108521010 0003600, PARCEL ID 108614000 0002000, 886 ACORN CV, 8347 BRIDGEWOOD DR, 732 CHARTER OAK DR, 1876 CORAL HILLS DR, 1741 GEORGE PL, 7879 GREENBROOK PKWY, 352 HILLBROOK DR, 7193 LONDONDERRY DR, 1354 MAIN ST, 1902 MERRIMAC CV, 8131 OAKBROOK DR, 1448 WHITWORTH CV, 8684 WHITWORTH ST, 8175 WHITEHEAD DR, 1655 RUTHERFORD CV** is deemed in the existing condition to be a menace to the public health and safety of the community.

BE IT FURTHER RESOLVED that pursuant to Mississippi Code 21-19-11, the City of Southaven shall, if the owners of the above described parcel of land do not do so themselves, immediately proceed to clean the respective parcel of land, by the use of municipal employees or by contract, by cutting grass and weeds; filling cisterns;

removing rubbish, abandoned or dilapidated fences, outside toilets, abandoned or dilapidated buildings, slabs, personal property, which removal of personal property shall not be subject to the provisions of Mississippi Code Section 21-39-21, and other debris; and draining cesspools and standing water therefrom.

Following the reading of this Resolution, it was introduced by Alderman Brooks and seconded by Alderman Kelly. The Resolution was then put to a roll call vote and the results were as follows, to-wit:

ALDERMAN	**VOTED**
Alderman William Brooks	YES
Alderman Kristian Kelly	YES
Alderman Ronnie Hale	YES
Alderman George Payne	YES
Alderman Joel Gallagher	YES
Alderman John David Wheeler	YES
Alderman Raymond Flores	YES

The Resolution, having received a majority vote of all Aldermen present, was declared adopted on this, the **5th day of July, 2017.**

CITY OF SOUTHAVEN, MISSISSIPPI

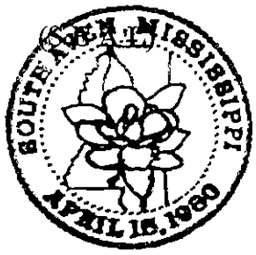
BY: _____

DARREN MUSSELWHITE
MAYOR

ATTEST:

Andrea Mullen

ANDREA MULLEN
CITY CLERK

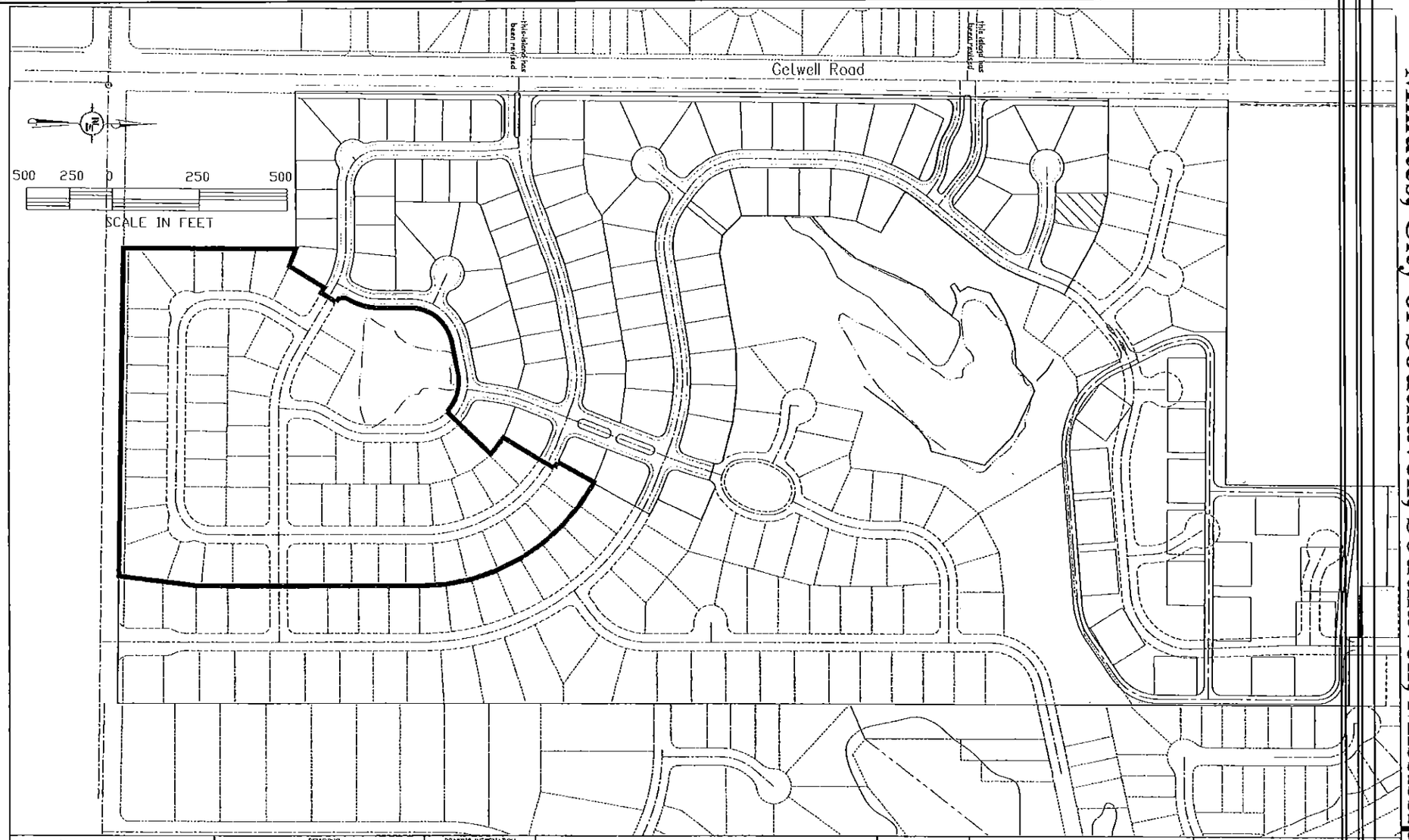


City of Southaven
Office of Planning and Development
Subdivision Staff Report

Date of Hearing:	June 26, 2017
Public Hearing Body:	Planning Commission
Applicant:	Lifestyle Communities LLC 1074 Thousand Oaks Drive Suite 1 Hernando, MS 38632 662-429-2332
Total Acreage:	0.85 acres
Existing Zone:	Brambles (PUD)
Location of Subdivision Application	East side of Getwell Road, between Church Road and College Road.
Comprehensive Plan Designation:	Mixed Use residential

Staff Comments:
The applicant is requesting subdivision approval for Brambles Section "G" on the east side of Getwell Road, between Church Road and College Road. This section encompasses 0.85 acres and three lots at the north end of the subdivision which backs up to the common open space and lake in the center of the site. These lots were approved in the PUD as 12,000 sq. ft. minimums and 2,000 sq. ft. heated homes. The roadway is existing with a final lift and was bonded with another portion of the subdivision; therefore, no bonding will be necessary with this plat.

Staff Recommendations:
The design, minimum lot size and minimum heated square footage are all compliant with the approved PUD text documents. That being said, staff recommends approval.



NOTICE TO DRAWING HOLDER

NEEL-SCHAFFER, INC., HEREINAFTER REFERRED TO AS THE ENGINEER, HAS PREPARED AND FURNISHED THIS DRAWING TO THE OWNER FOR USE ON THIS PROJECT ONLY. THIS DRAWING SHOULD NOT BE USED ON EXTENSIONS OF THIS PROJECT OR ON ANY OTHER PROJECT. ANY REUSE OF THIS DRAWING, WITHOUT WRITTEN VERIFICATION OR ADAPTATION BY THE ENGINEER, SHALL BE AT THE REUSER'S SOLE RISK AND THE REUSER SHALL INDEMNIFY AND HOLD HARMLESS THE ENGINEER FROM ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING ATTORNEY'S FEES, ARISING OUT OF OR RESULTING THEREFROM.

REVISIONS			
NO.	DATE	BY	DESCRIPTION

DRAWING INFORMATION		
N-S PROJECT NO.:		
FILENAME:		
SCALE: 1:200		
SURVEYED BY: N/A		
DSGN: JTR	DATE: 12-05-08	
DRWN: JTR	DATE:	
CHKD: DG	DATE:	
QA/QC:	DATE:	

BRAMBLES SUBDIVISION
SUBDIVISIOIN LAYOUT

LIFESTYLE HOMES, LLC
HERNANDO, MS

SEAL

NEEL-SCHAFFER
Solutions you can build upon

PROJECT LAYOUT

PROJECT NUMBER: 00.06255.001

DRAWING NUMBER:

OWNER'S CERTIFICATE

I,_____,OWNER OR AUTHORIZED REPRESENTATIVE OF THE OWNER FOR LIFESTYLE COMMUNITIES LLC, OWNER OF THE PROPERTY, HEREBY ADOPT THIS AS MY PLAN OF SUBDIVISION AND DEDICATE THE RIGHTS OF WAYS FOR THE ROADS AS SHOWN ON THE PLAT OF THE SUBDIVISION TO THE PUBLIC USE FOREVER AND RESERVE FOR THE PUBLIC UTILITIES THE UTILITY EASEMENTS AS SHOWN ON THE PLAT. I CERTIFY THAT I AM THE OWNER IN FEE SIMPLE OF THE PROPERTY AND THAT NO TAXES HAVE BECOME DUE AND PAYABLE. THIS THE _____ DAY OF _____, 20____.

_____
OWNER OR AUTHORIZED REPRESENTATIVE
LIFESTYLE COMMUNITIES LLC

NOTARY'S CERTIFICATE
STATE OF MISSISSIPPI COUNTY OF DESOTO

PERSONALLY APPEARED BEFORE ME, THE UNDERSIGNED AUTHORITY IN AND FOR THE SAID COUNTY AND STATE, ON THE _____ DAY OF _____, 20____, WITHIN MY JURISDICTION, THE WITHIN NAMED_____, WHO ACKNOWLEDGED THAT HE/SHE IS _____ OF _____, A LIMITED LIABILITY CORPORATION AND THAT FOR AND ON BEHALF OF THE SAID LLC, AND AS ITS ACT AND DEED HE/SHE EXECUTED THE ABOVE AND FOREGOING INSTRUMENT, AUTHORIZED BY SAID LLC SO TO DO.

_____ _____
NOTARY PUBLIC MY COMMISSION EXPIRES

MORTGAGEE'S CERTIFICATE

_____, MORTGAGEE OF THE PROPERTY HEREON, HEREBY ADOPT THIS AS OUR PLAN OF SUBDIVISION AND DEDICATE THE RIGHTS OF WAYS FOR THE ROADS AS SHOWN ON THE PLAT OF THE SUBDIVISION TO THE PUBLIC USE FOREVER AND RESERVE FOR THE PUBLIC UTILITIES THE UTILITY EASEMENTS AS SHOWN ON THE PLAT. I CERTIFY THAT I AM THE MORTGAGEE IN FEE SIMPLE OF THE PROPERTY AND THAT NO TAXES HAVE BECOME DUE AND PAYABLE. THIS THE _____ DAY OF _____, 20____.

_____ _____
TITLE SIGNATURE OF MORTGAGEE

NOTARY'S CERTIFICATE

STATE OF MISSISSIPPI, COUNTY OF DESOTO

PERSONALLY APPEARED BEFORE ME THE UNDERSIGNED AUTHORITY IN AND FOR THE SAID COUNTY AND STATE ON THIS THE _____DAY OF _____, 20____, WITHIN MY JURISDICTION, THE WITHIN NAMED _____, WHO ACKNOWLEDGED THAT (HE) (SHE) IS _____ OF _____, AND THAT FOR AN ON BEHALF OF THE SAID BANK, AND AS ITS ACT AND DEED HE/SHE EXECUTED THE ABOVE AND FOREGOING INSTRUMENT, AFTER FIRST HAVING BEEN DULY AUTHORIZED BY SAID BANK SO TO DO.

_____ _____
NOTARY PUBLIC MY COMMISSION EXPIRES

CITY OF SOUTHAVEN PLANNING COMMISION

APPROVED BY THE CITY OF SOUTHAVEN PLANNING COMMISSION ON THIS THE____DAY OF_____20____.

_____ _____
CHAIRMAN ATTEST:SECRETARY

CITY OF SOUTHAVEN

MAYOR AND BOARD OF ALDERMAN

APPROVED BY THE MAYOR AND BOARD OF ALDERMAN OF THE CITY OF SOUTHAVEN ON THIS THE____DAY OF_____20____.

_____ _____
MAYOR CITY CLERK

STATE OF MISSISSIPPI
COUNTY OF DESOTO

I, HEREBY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON WAS FILED FOR RECORD IN MY OFFICE AT _____O'CLOCK____M., ON THE _____ DAY OF _____, 20____ AND WAS IMMEDIATELY ENTERED UPON THE PROPER INDEXES AND DULY RECORDED IN PLAT BOOK _____, PAGE _____.

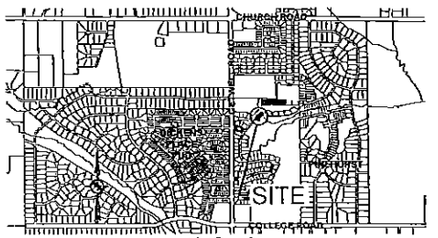
_____
CHANCERY COURT CLERK

SURVEYOR'S CERTIFICATE

THIS IS TO CERTIFY THAT THIS PLAT WAS DRAWN FROM A GROUND SURVEY MADE BY ME OR UNDER MY DIRECT SUPERVISION OF THE PHYSICAL FEATURES FOUND AND IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____
EVERETTE O. WEST, IV, P.L.S. #3234

THE PLATTED PROPERTY IS SUBJECT TO THOSE COVENANTS, RESTRICTIONS AND EASEMENTS AS SET FORTH IN DOCUMENT FILED FOR RECORD IN BOOK _____ PAGE _____, AND AS MAY OTHERWISE BE AMENDED FROM TIME TO TIME, IN THE OFFICE OF THE CHANCERY CLERK OF DESOTO COUNTY, MISSISSIPPI, TO WHICH DOCUMENT REFERENCE IS HEREBY MADE. ANY PROPERTY OWNER SHALL BE BOUND BY THE TERMS OF SAID DOCUMENT.



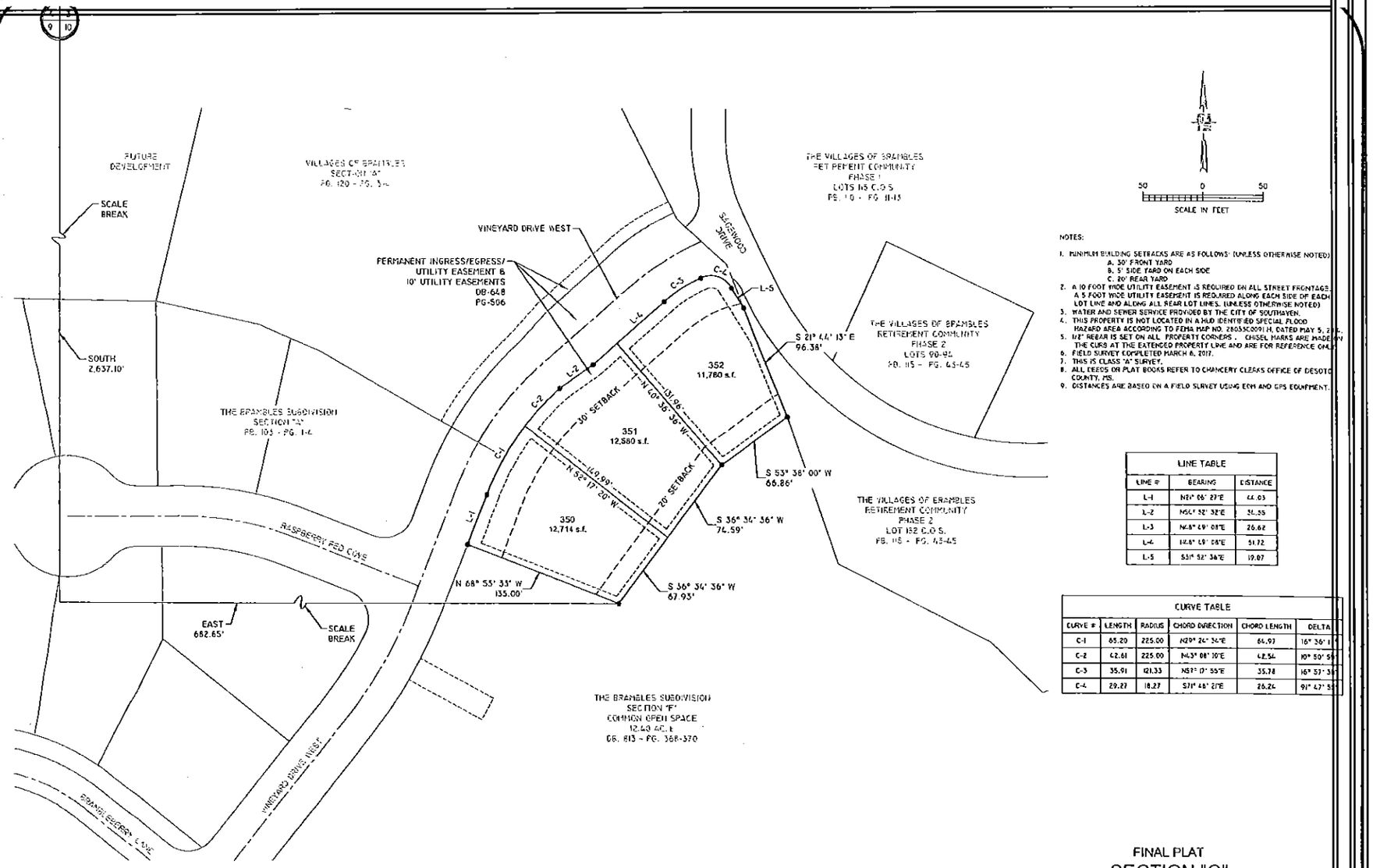
VICINITY MAP
1" = 2000'

FINAL PLAT
SECTION "G"
THE BRAMBLES SUBDIVISION
0.85 AC.± 3 LOTS
DEVELOPER: LIFESTYLE COMMUNITIES, LLC
LOCATED IN SECTION 10, TOWNSHIP 2 SOUTH, RANGE 7 WEST
CITY OF SOUTHAVEN
DeSOTO COUNTY, MISSISSIPPI
SHEET 1 OF 2

NEEL-SCHAFFER
Solutions you can build upon

ENGINEER:
NEEL-SCHAFFER INC.
5740 GETWELL ROAD, BLDG.#2
SOUTHAVEN, MS 38672

Minutes, City of Southaven, Southaven, Mississippi



NOTES:

1. MINIMUM BUILDING SETBACKS ARE AS FOLLOWS: (UNLESS OTHERWISE NOTED)
   A. 30' FRONT YARD
   B. 5' SIDE YARD ON EACH SIDE
   C. 20' REAR YARD
2. A 10 FOOT WIDE UTILITY EASEMENT IS REQUIRED ON ALL STREET FRONTAGES. A 5 FOOT WIDE UTILITY EASEMENT IS REQUIRED ALONG EACH SIDE OF EACH LOT LINE AND ALONG ALL REAR LOT LINES. (UNLESS OTHERWISE NOTED)
3. WATER AND SEWER SERVICE PROVIDED BY THE CITY OF SOUTHAVEN.
4. THIS PROPERTY IS NOT LOCATED IN A HUD IDENTIFIED SPECIAL FLOOD HAZARD AREA ACCORDING TO FEMA MAP NO. 28033C0091H, DATED MAY 5, 2010.
5. 1/2" REBAR IS SET ON ALL PROPERTY CORNERS - CHISEL MARKS ARE MADE IN THE CURB AT THE EXTENDED PROPERTY LINE AND ARE FOR REFERENCE ONLY.
6. FIELD SURVEY COMPLETED MARCH 6, 2017.
7. THIS IS CLASS "A" SURVEY.
8. ALL DEEDS OR PLAT BOOKS REFER TO CHANCERY CLERKS OFFICE OF DESOTO COUNTY, MS.
9. DISTANCES ARE BASED ON A FIELD SURVEY USING EDM AND GPS EQUIPMENT.

LINE TABLE		
LINE #	BEARING	DISTANCE
L-1	N11° 06' 27"E	44.03
L-2	N54° 52' 32"E	36.39
L-3	N48° 49' 08"E	26.62
L-4	N48° 49' 08"E	51.72
L-5	S51° 52' 36"E	19.07

CURVE TABLE					
CURVE #	LENGTH	RADIUS	CHORD DIRECTION	CHORD LENGTH	DELTA
C-1	65.20	225.00	N29° 24' 34"E	64.97	16° 36' 1
C-2	42.61	225.00	N43° 08' 10"E	42.54	10° 50' 59
C-3	35.91	121.33	N57° 17' 55"E	35.78	16° 57' 30
C-4	29.27	18.27	S71° 46' 21"E	26.26	91° 47' 50

FINAL PLAT
SECTION "G"
THE BRAMBLES SUBDIVISION
0.85 AC.± 3 LOTS
DEVELOPER: LIFESTYLE COMMUNITIES, LLC
LOCATED IN SECTION 10, TOWNSHIP 2 SOUTH, RANGE 7 WEST
CITY OF SOUTHAVEN
DeSOTO COUNTY, MISSISSIPPI
SHEET 2 OF 2

NEEL-SCHAFFER
Solutions you can build upon

ENGINEER:
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SOUTHAVEN, MS 38672

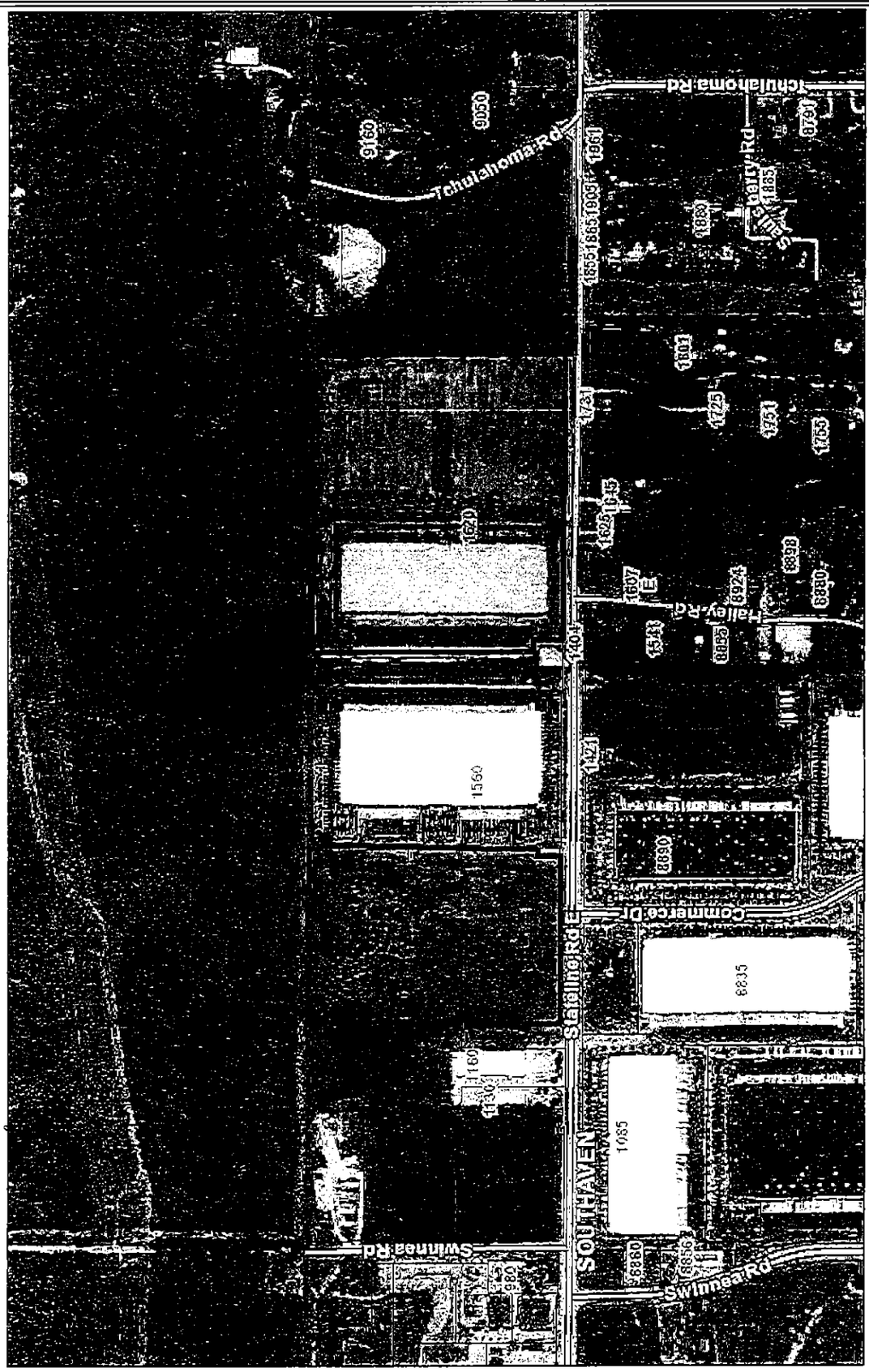
Minutes, City of Southaven, Southaven, Mississippi

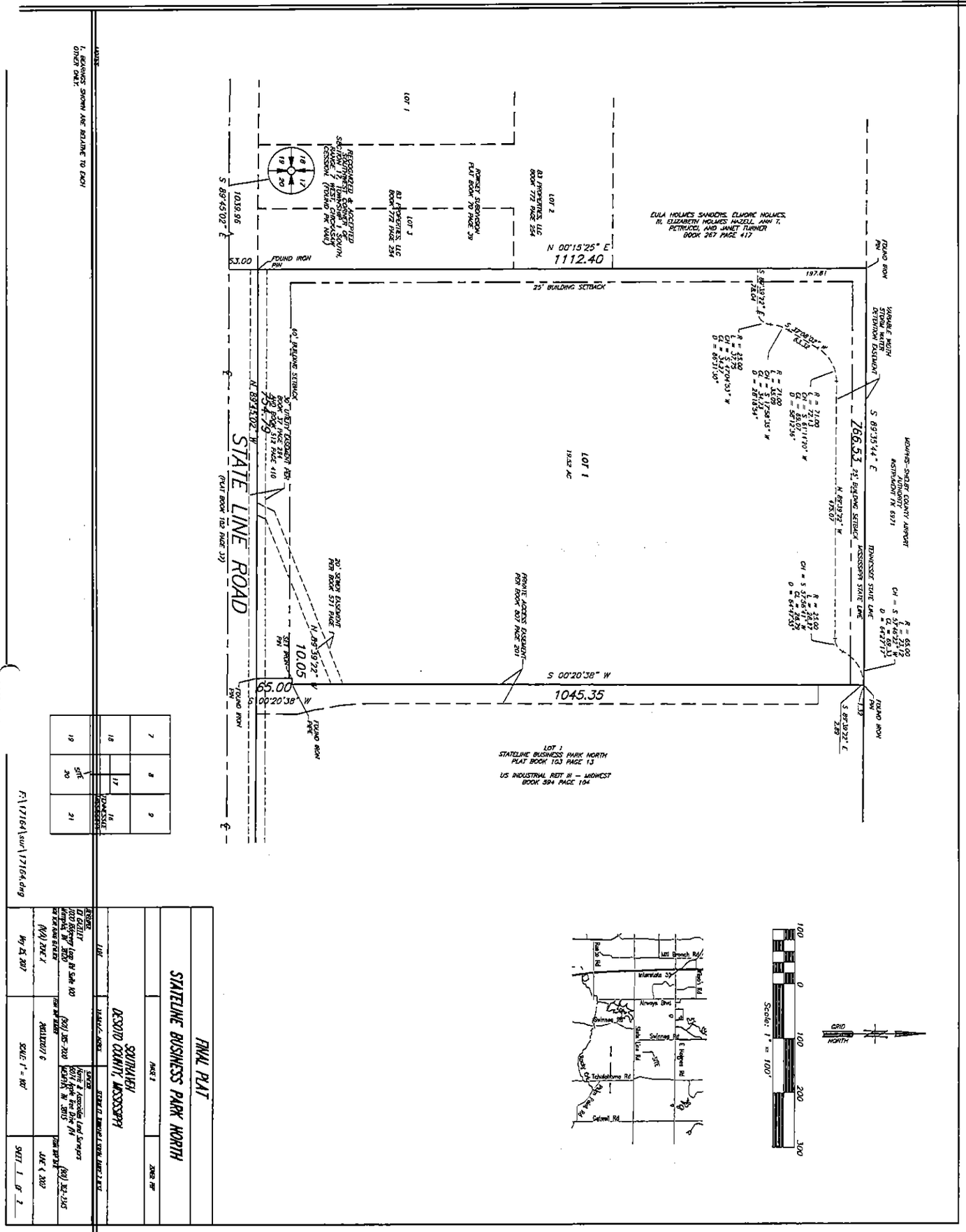
City of Southaven
Office of Planning and Development
Subdivision Staff Report

Date of Hearing:	June 26, 2017
Public Hearing Body:	Planning Commission
Applicant:	Industrial Development International, LLC 1000 Ridgeway Loop Suite 100 Memphis, TN 38120 901-680-7103
Total Acreage:	19.52 acres
Existing Zone:	Stateline Business Park (PBP)
Location of Subdivision Application	North side of Stateline Road, east of Airways Blvd.
Comprehensive Plan Designation:	Planned business park

Staff Comments:
The applicant is requesting subdivision approval for Stateline Business Park North Phase 2, lot 1 on the north side of Stateline Road, east of Airways Blvd. This lot encompasses 19.52 acres and is directly adjacent to the Rowsey Subdivision on the west side of the lot. The standard building setback lines are shown and there is also an identified thirty (30) foot utility easement along the road frontage and also a variable stormwater detention easement along the rear of the lot up against the actual state line. All road improvements for Stateline Road have been completed prior to this submittal.

Staff Recommendations:
The proposed lot is in compliance with the approved planned business park documents on file. Since the road improvements and dedication has already been completed there are no bonds necessary for this site. Staff has no comments and recommends approval.


Tchulahoma Rd
Tchulahoma Rd
Hally Rd
Hally Rd
Commerce Dr
Stateline Rd
SOUTHAVEN
Swinnea Rd
Swinnea Rd
9160
9050
1731
1725
1751
1765
1801
1804
1543
1607
1625
1645
1620
1560
1160
1085
6835
8880
8898
8924
8885
8730
1885
1861
1855
1883
1905
1889
1:9,028
0 0.075 0.15 0.3 mi
0 0.1 0.2 0.4 km
June 20, 2017



1. BEARINGS SHOWN ARE RELATIVE TO EACH OTHER ONLY.

19	site	7
20		8
21		9

18 17 16 TOWNSHIP CROSSING

F:\1716\sur\1716A.dwg

DATE: May 23, 2017	SCALE: 1" = 100'	SHEET 1 OF 2

SURVEYOR: D. GAULEY, MS PLS #19, 1100 Highway 51 North, Hernando, MS 38632, (662) 429-9000

ENGINEER: Vann & Associates Land Surveyors, 1100 Highway 51 North, Hernando, MS 38632, (662) 429-9000

OWNER: (N/A) DAC V, 8638 Horn Lake Rd, Suite 2-B #311, Southaven, MS 38671

DESIGNED: (N/A)
DRAWN: (N/A)
CHECKED: (N/A)
APPROVED: (N/A)

Minutes, City of Southaven, Southaven, Mississippi

OWNERS CERTIFICATE

I, _____ for _____, authorized representative of the owner of the property, hereby adopt this as my plan of subdivision and dedicate the right-of-way for the roads and utility easements as shown on the plat of the subdivision to the City of Southaven, Mississippi. I certify that we are the owner in fee simple of the property and that no taxes have become due and payable.
This the _____Day of _____20____.

_____ _____
ENTITY NAME/SIGNATURE Title

NOTARY'S CERTIFICATE

STATE OF _____
COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, THE UNDERSIGNED AUTHORITY IN AND FOR THE SAID COUNTY AND STATE, THE WITHIN NAMED _____, WHO ACKNOWLEDGED THAT HE/SHE IS _____ OF _____, AND THAT FOR AND ON BEHALF OF SAID CORPORATION, AND AS ITS ACT AND DEED HE/SHE EXECUTED THE FOREGOING INSTRUMENT, AFTER FIRST HAVING BEEN DULY AUTHORIZED BY SAID CORPORATION SO TO DO. GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE SEAL OF OFFICE THIS THE _____ DAY OF _____, 20____.

MY COMMISSION EXPIRES:_____

_____
NOTARY PUBLIC

MORTGAGEE'S CERTIFICATE

WE _____, THE UNDERSIGNED MORTGAGEE OF THE PROPERTY SHOWN HEREON, HEREBY CONSENT AND AGREE TO THE PLAN OF DEVELOPMENT AS SUBMITTED BY OWNER(S) OF THE PROPERTY.

_____
INSTITUTION/TITLE

NOTARY'S CERTIFICATE

STATE OF _____
COUNTY OF _____

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR THE SAID STATE AND COUNTY AFORESAID, DULY COMMISSIONED AND QUALIFIED, PERSONALLY APPEARED
_____, WITH WHOM I AM PERSONALLY ACQUAINTED AND WHO, UPON OATH, ACKNOWLEDGE HIMSELF (HERSELF) TO BE _____ OF THE _____, THE WITHIN NAMED BARGAINER, AND THAT HE (SHE) EXECUTED THE FOREGOING INSTRUMENT FOR THE PURPOSE THEREIN CONTAINED. IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY NOTARIAL SEAL AT MY OFFICE IN MEMPHIS, THIS _____ DAY OF_____, 20____ .

NOTARY PUBLIC_____

MY COMMISSION EXPIRES:_____

J. S. WISEMAN
REGISTERED PROFESSIONAL
LAND SURVEYOR
2L3 -02818
STATE OF MISSISSIPPI

CERTIFICATE OF SURVEY

THIS IS TO CERTIFY THAT I HAVE DRAWN THE PLAT FROM A SURVEY BY AND FROM DEEDS OF RECORD AND THAT THE PLAT REPRESENTS THE INFORMATION AND THAT IT IS TRUE AND CORRECT.

BY: _____
MISSISSIPPI CERTIFICATE NO. 02818

JASON S. WEAVER
REGISTERED PROFESSIONAL
ENGINEER
26143
STATE OF MISSISSIPPI

CERTIFICATE OF ENGINEER

THIS IS TO CERTIFY THAT I HAVE DRAWN THIS SUBDIVISION SHOWN HEREON AND THE PLAT OF SAME IS ACCURATELY DRAWN FROM INFORMATION FROM A GROUND SURVEY BY ME OR UNDER MY DIRECT SUPERVISION.

BY: _____
MISSISSIPPI CERTIFICATE NO. 26143

APPROVED BY THE SOUTHAVEN PLANNING COMMISSION ON THIS THE _____ DAY OF _____, 20_____.

ATTEST: _____

CHAIRMAN:_____

APPROVED BY THE MAYOR AND BOARD OF ALDERMAN OF THE CITY OF SOUTHAVEN ON THIS THE _____ DAY OF _____, 20_____.

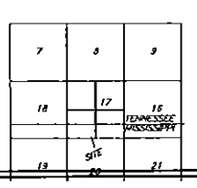
MAYOR OF SOUTHAVEN:_____

CITY CLERK:_____

STATE OF MISSISSIPPI, COUNTY OF DESOTO

I HEREBY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON WAS FILED FOR RECORD IN MY OFFICE AT _____ O'CLOCK _____.M., ON THE _____ DAY OF _____, 20____ AND WAS IMMEDIATELY ENTERED UPON THE PROPER INDEX AND DULY RECORDED IN PLAT BOOK NUMBER _____, PAGE _____.

CHANCERY COURT CLERK:_____



FINAL PLAT

STATELINE BUSINESS PARK NORTH

PHASE I | ZONED: PBP

SOUTHAVEN
DESOTO COUNTY, MISSISSIPPI

1 LOT | 18.53+/- ACRES | SECTION 17, TOWNSHIP 1 SOUTH, RANGE 7 WEST

OWNER
D CAPITAL
1900 Kirby Pkwy Ste 300

SURVEYOR
Wise & Associates Land Surveyors
6874 Stage Rd Suite #4

City of Southaven
Office of Planning and Development
Conditional Permit Use Staff Report

City of Southaven City Hall
Executive Board Room
8710 Northwest Drive

Date of Hearing:	June 26, 2017
Public Hearing Body:	Planning Commission
Applicant	American Intermodal Container Manufacturing Company, LLC 4940 Merrick Road #138 Massapequa Park, NY 11762 c/o John Taylor 479-466-6096
Location	1660 Stateline Road, Stateline Business Park PBP
Total Acreage	19.77 acres
Existing Zoning:	Planned Business Park
Location of Conditional Use application:	Same
Requirements for CUP:	
A conditional use permit shall be granted if the proposed use is in character with the surrounding properties. The permit can be granted with or without stipulations.	
Comprehensive Plan Designation:	NA

Staff Comments:
The applicant is requesting a conditional use permit to allow an automated assembly facility at 1660 Stateline Road in the Stateline Business Park on the north side of Stateline Road, west of Tchulahoma Road. This is an existing 347,000 sq. ft. building that is vacant; the applicant is proposing to utilize the building in its entirety. Per the submittal documentation, this facility will assemble intermodal shipment containers for water and rail travel. There will be minor welding on site which will not emit

particulates above the allowable limits. There will also not be any visible smoke from the welding on site. There is a proposed water based paint booth on site which will follow all EPA guidelines for emissions and ventilation. AICM is proposing that the welding, assembly and painting be done via automated robotic technology. AICM's business strategy for this site will be a build to suit design therefore; there will be minimal if any surplus materials on site. The average daily production is estimated at 60 containers with two shifts; however, the applicant will start out with one shift and an estimated 30 containers daily. The time period between completion and order pick up should be a short span but if for any reason the time lapses or an order is cancelled, all storage will be situated on the outside of the building in the rear which will be the furthest on site location from the main road- Stateline Road. The storage is proposed to be no higher than two containers which would put a maximum height on the stacking of less than twenty (20) feet. Traffic for this establishment will not exceed the normal flow with a planned business park. Staff has confirmed that all truck traffic for this site will be directed west on Stateline Road to either Airways Blvd. or I-55.
Staff Recommendation: This business is the first of it's kind in the entire US as all other similar companies are based out of China. It is estimated to bring 235 jobs to the local economy with an average pay of $48,000. AICM uses a high tech robotic system to assemble the products and all incoming and outgoing products will be made 100% in the USA. Staff had a hard time trying to determine what classification of zoning this type of development should be due to the details of the use. It is staff's recommendation that the use be allowed via this conditional use permit which stipulates that noise, smoke and smell emissions be minimal to none and that all outdoor storage be placed behind a site proof fence line and in the rear of the building to minimize visibility. This outdoor storage should not exceed the height of two containers.

Planning Commission Recommendation:	**Motion made by:** **Seconded by:**

RESOLUTION OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF SOUTHAVEN, MISSISSIPPI GRANTING A CONDITIONAL USE PERMIT TO AMERICAN INTERMODAL CONTAINDER MANUFACTURING COMPANY, LLC FOR AN AUTOMATED ASSEMBLY FACILITY AT 1660 STATELINE ROAD, STATELINE BUSINESS PARK, SOUTHAVEN, MISSISSIPPI

WHEREAS, the City of Southaven's ("City") Planning Commission previously held a hearing on June 26, 2017 for the conditional use permit ("permit") application of American Intermodal Container Manufacturing Company, LLC ("American") and

WHEREAS, "Conditional Use" is defined in the City Code of Ordinances at Title XIII, Chapter 1, Section 13-1(b) as "a use that would not be appropriate generally or without restrictions throughout the zoning district but which, if controlled as to number, area, location or relation to the neighborhood, would promote the public health, safety, morals, order, comfort, convenience, appearance, prosperity or general welfare;" and

WHEREAS, the Laws of the State of Mississippi, Section 17-1-1 to 17-1-27, inclusive, of the Mississippi Code of 1972, annotated, as amended, empower the City to enact a Zoning Ordinance and to provide for its administration, enforcement and amendment; and

WHEREAS, pursuant to Mississippi Code Ann. Sections 21-17-5, the City has the authority to adopt ordinances with respect to City property including the adoption of all lawful orders, resolutions or ordinances with respect to municipal affairs, property, and finances, and to alter, modify, and repeal such orders, resolutions or ordinances; and

WHEREAS, based on the City Planning Department findings as further set forth in Exhibit A to this Resolution, with such Exhibit and findings being incorporated as part of this Resolution, and the City Planning Commission recommendation, the City Board hereby desires to grant to American a one (1) year conditional use permit with a four (4) year extension to be renewed annually at the discretion of the City Board of Aldermen, as set forth in the City Code of Ordinances at Title XIII, Chapter 9, Section 13-9(a) with such permit subject to the City Board's revocation; and

WHEREAS, the City further finds that the conditional use will promote the general welfare by providing an estimated 235 jobs in the area; and

NOW, THEREFORE, BE IT ORDERED by the Mayor and Board of Aldermen of the City of Southaven, Mississippi as follows, to wit:

1. Subject to the Board's revocation for violation of any City ordinance or violation of the actual conditional use permit for excessive noise, smoke, and smell emissions as determined by the City, along with all outdoor storage being placed behind a site proof fence and in the rear of the property, the City Board hereby grants American a conditional use permit for one (1) year for an automated assembly facility at 1660 Stateline Road with a four (4) year extension to be renewed annually at the discretion of the City Board of Aldermen.

2. The Mayor and City Planning Director or their designee are authorized to take any and all action to effectuate the intent of this Resolution.

Following the reading of this Resolution, it was introduced by Alderman Brooks and seconded by Alderman Wheeler. The Resolution was then put to a roll call vote and the results were as follows, to-wit:

Alderman William Brooks	YES
Alderman Kristian Kelly	YES
Alderman Ronnie Hale	YES
Alderman George Payne	YES
Alderman Joel Gallagher	YES
Alderman John Wheeler	YES
Alderman Raymond Flores	YES

RESOLVED AND DONE this 5th day of July, 2017.

CITY OF SOUTHAVEN, MISSISSIPPI

BY:_____
DARREN MUSSELWHITE, MAYOR

ATTEST:

Andrea Mullen
CITY CLERK

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

The Work

Over 3,000 credentialed MS Baptist volunteers contribute manpower to help those affected by disasters.

Mississippi Baptist Disaster Relief equipment can provide up to 25,000 meals per day in disaster areas.

80+ Chainsaw teams are available to respond to storms.

Trained chaplains bring emotional and spiritual care to disaster victims.

Children's Disaster Services provide ministry to those most vulnerable in disasters.

Other Ministries Include:

Shower Trailers
Mud Out Teams
Ham Radio/Communications
Water Purification
Medical Teams
Incident Management Teams
Tarping Teams

Memorable Responses of Mississippi Baptist Disaster Relief

1978
First Disaster Relief Feeding Response
Utica, MS Tornado

1985
First International Response - Mexico

1989
Hurricane Hugo - South Carolina

1992
Hurricane Andrew - Louisiana & Florida

2001
9/11 - D.C. (Pentagon) New York City (Ground Zero) Operation Dust Out, Staten Island)

2004
Four Florida Hurricanes:
Charlie, Francis, Ivan, Jeanne.

2005
East Asia Tsunami - Indonesia/Thailand

Hurricane Katrina - 28 feeding sites, rebuild of 3,000 homes & 130 churches

2016
247 Days of Response - North MS Tornados/Flooding across southeast

Hurricane Matthew

2017
Hattiesburg/Petal Tornado



SOUTHERN BAPTIST CONVENTION

DISASTER RELIEF
MISSISSIPPI

Serving Christ in Crisis

Mississippi Baptist Disaster Relief partners with 42 other state Baptist Conventions, and is grouped in the SBDR Region 3 with Louisiana, Texas, Oklahoma, Arkansas, and Missouri. MS DR also partners with the North American Mission Board in large scale events. International response is coordinated with the Baptist Global Response/IMB.

MISSISSIPPI BAPTISTS
515 Mississippi St. Jackson, MS 39201

Barri Shirley - Associate Executive Director
Don Gann - Men's Ministry Director

Minutes City of Southaven Mississippi

"A cup of cold water in Jesus' name"

Disasters bring the opportunity for immediate ministry. No area of mission action requires more rapid response than disaster relief. Mississippi Baptist Disaster Relief is Christian love in action, meeting urgent needs in crisis situations.



The arch represents the world-wide [illegible] of Mississippi and Southern Baptist Disaster Relief. The fish and the wheat stalk symbolize the inseparable mission to meet [illegible] physical needs of

How to Get Involved

Mississippi Baptist Disaster Relief is the mechanism for Mississippi Baptists to respond to disasters in our state and around the world.

Get Prepared

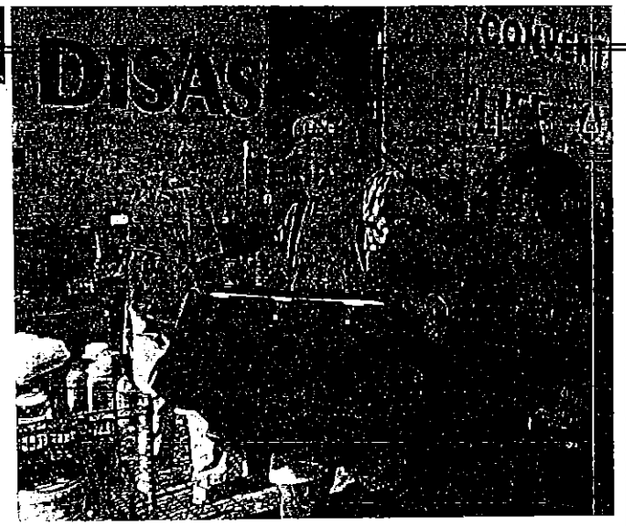
Come to a training or host one in your area.

Get Connected

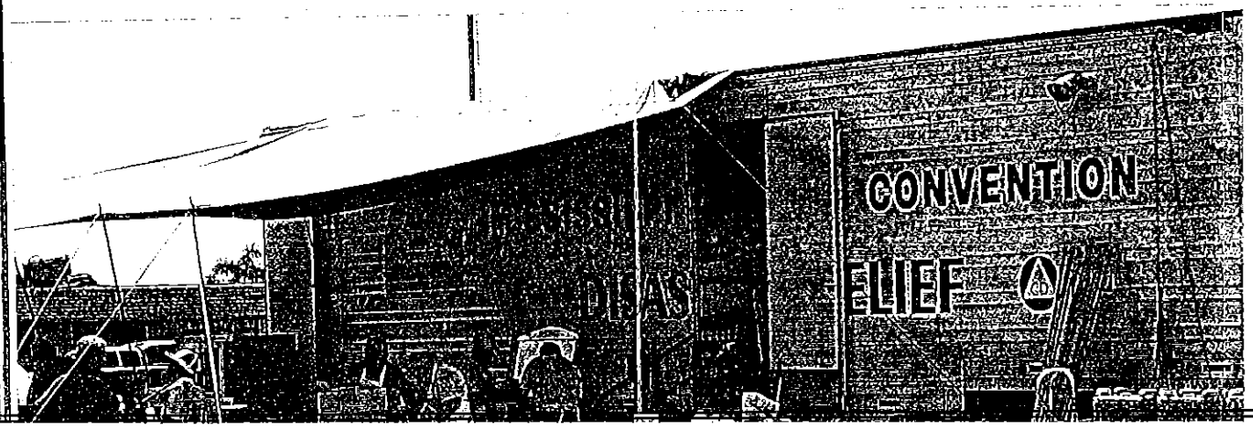
Contact the Men's Ministry Dept. at 601-968-3800 ext. 335

Get Active

When a disaster occurs check www.mbcb.org/disaster-relief for updated response info.



Mississippi Baptist Disaster Relief is a ministry supported by the Cooperative Program, the Margaret Lackey State Missions Offering, and designated gifts for particular disaster responses.



COVER SHEET TO

AGREEMENT FOR EMPLOYEE ASSISTANCE PROGRAM SERVICES

Employer's Name City of Southaven, MS ("Employer")

Employer's Address 8710 Northwest Drive, Southaven, MS 38671

Employer's Contact Person Chris Wilson, City Administrator/CAO

Cigna Behavioral Health, Inc.'s Name Cigna Behavioral Health, Inc. ("Cigna Behavioral")

Cigna Behavioral Health, Inc.'s Address 11095 Viking Drive, Suite 350, Eden Prairie, MN 55344

Cigna Behavioral Health, Inc.'s Contact Person Karen Cierzan, President

Agreement Effective Date January 1, 2017

Effective Date of Amendment Effective by Cover Sheet N/A

Fee for Service Included in the fees paid to Cigna Health and Life Insurance Company

Number of Employer Account Service Hours 10 per 1000 employees

Number of Visits Available Per Assessed Problem For Clinical Services Three (3)

Other

The rest of this page intentionally left blank.

IN WITNESS WHEREOF the parties hereto have caused this Cover Sheet to be executed as of the Effective Date shown on this Cover Sheet.

Y OF SOUTHAVEN, MS

e: Chris Wilson

: CAO

: 7/5/17

CIGNA BEHAVIORAL HEALTH, INC.

By: _____

Name: Karen Cierzan

Title: President & CEO

Date: _____

H RESPECT TO THE PRIVACY DENDUM (EXHIBIT 4) ONLY:
OUP HEALTH PLAN (EMPLOYER'S PLAN)

e: Chris Wilson

CAO

7/5/17

* **Group Health Plan** is a defined term under HIPAA (see 45 C.F.R. 160.103). It generally refers to an employee welfare benefit plan maintained by an employer for its employees. Typically, an Employer (Plan Sponsor) will designate an individual or a committee to carry out the Group Health Plan. An individual so authorized to act on behalf of the Group Health Plan should sign here.

AGREEMENT FOR EMPLOYEE ASSISTANCE PROGRAM SERVICES

Agreement made as of the date set forth as the Effective Date on the Cover Sheet to this Agreement between Cigna Behavioral and the Employer identified on the Cover Sheet to this Agreement as Employer.

WITNESSETH:

WHEREAS, Employer wishes Cigna Behavioral to provide Employee Assistance Program ("EAP") services to Employer's employees, their dependents, and members of their households ("Participants"); and

WHEREAS, Cigna Behavioral wishes to provide its EAP services for Participants

NOW, THEREFORE, in consideration of the mutual promises set forth herein, Employer and Cigna Behavioral agree as follows:

I. Responsibilities of Cigna Behavioral

EAP-Services

1.1. Clinical Service: For mental health, alcoholism or drug abuse service ("Clinical Service"), Cigna Behavioral shall provide assessment, referral and/or short-term problem resolution sessions, up to the maximum number of visits per assessed problem as set forth on the then effective Cover Sheet, per contract year.

1.2. Work/Life Support Services: For family care, legal/financial information, Healthy Rewards (telephonic), and Promotional Communications which includes but is not limited to, Frequently Asked Questions, Article Library, initial registration, online eligibility check, self-assessment tool and Provider Directory and Search vehicle, Cigna Behavioral shall provide assessment and referral services as requested by Participant or Employer. Legal assessment and referral services are not available to Participants if the issue is related to a potential cause of action against Employer. Online behavioral health services ("Online Services"), shall be provided pursuant to the terms of Exhibit 1 of this Agreement. Any additional services ("Menu Options") purchased by Employer are attached hereto as Exhibit 3 of this Agreement.

1.3. Services shall be provided by Cigna Behavioral through its employees and/or independent contractors. Cigna Behavioral employees and/or contractors shall look solely to Cigna Behavioral for payment for assessment, referral and/or short-term problem resolution services provided pursuant to this Agreement. Participants may access services from Cigna Behavioral through a toll-free telephone number maintained by Cigna Behavioral twenty-four (24) hours a day, seven (7) days a week.

1.4. Participant calls to the Cigna Behavioral toll-free number shall be handled by a personal advocate who shall refer the Participant to an appropriate resource.

A. For Clinical Services, Cigna Behavioral shall offer an appointment within two (2) business days with a local counselor. In a Clinical Services' emergency, trained clinicians shall be available at Cigna Behavioral to telephonically address the situation and to make a referral to a local counselor or crisis intervention center for assessment, referral and/or short-term problem resolution.

B. For Work/Life Support Services, Cigna Behavioral may refer Participant to contracted specialty firms or to local resources for assessment and referral. Participants shall be responsible for costs of services provided pursuant to a referral. Contracted specialty firms

may offer Participant a discount rate. Work/Life Support legal services and/or financial services shall include, at no charge to Participants, an initial thirty (30) minute consultation.

1.5. For Clinical Services, Cigna Behavioral shall maintain a nationwide network of local mental health and substance abuse counselors who shall assess the problem, provide short-term problem resolution and/or guide the Participant to appropriate local treatment resources.

1.6. Fees for Clinical Services other than assessment, referral and short-term problem resolution services within the maximum number of visits per assessed problem as shown on the Cover Sheet shall be the Participant's responsibility. Cigna Behavioral shall not represent to the Participant that Cigna Behavioral's identification of or referral to treatment resources constitutes coverage under the provisions of Participant's medical coverage plan.

1.7. Cigna Behavioral shall provide Account Services as set forth in Exhibit 2.

1.8. Communication materials related to EAP services shall be available electronically.

1.9. Cigna Behavioral shall provide reports concerning utilization of EAP services by Participants on a quarterly basis to Employer. Individually identifiable Participant information shall be the property of Cigna Behavioral. Without the appropriate written consent of the Participant, Cigna Behavioral shall provide no information to Employer or any third party that includes any Participant specific identifiable information.

1.10. Cigna Behavioral and Employer agree not to use for any purposes other than the performance of this Agreement, and further agree not to disclose to others, any confidential or proprietary technical or business information of the other party obtained in connection with the performance of any services rendered, without the prior written consent of the other party. Each party shall treat and shall require its employees to treat as strictly confidential all such technical and business information it has learned in the course of this Agreement, and in discussions and proposals leading up to this Agreement. The provisions of this section shall survive the termination of this Agreement. Cigna Behavioral shall maintain as confidential all patient identifiable information received in the course of performing services under this Agreement, and shall not use or disclose such information except as may be permitted or required under applicable state and federal law.

1.11. Cigna Behavioral shall provide management consultations to supervisors who request assistance for work related problems of employees. Cigna Behavioral shall provide assistance with mandatory referrals for employees who are required, under continuation of employment, drug free workplace or other workplace policies, to receive an assessment under the EAP. However, Cigna Behavioral shall not nor shall any of its network of providers provide advice and/or make a determination regarding an employee's (a) ability to safely perform the functions of his/her job, (b) ability to return to work after a medical disability, involuntary suspension from duties or administrative leave of absence, and/or (c) potential for workplace violence. No individually identifiable employee information concerning the employee's treatment shall be provided without the employee's written consent on a form approved by Cigna Behavioral.

II. Responsibilities of Employer

2.1. Employer shall distribute to employees the communication materials described in paragraph 1.8 above, at Employer's expense and shall cooperate with Cigna Behavioral in other reasonable efforts to otherwise communicate with Participants concerning the services available to them pursuant to this Agreement.

2.2. Employer shall inform Cigna Behavioral of Employer's management policies and procedures that guide supervisors in handling employees with performance concerns in order for Cigna Behavioral to provide the training set forth in Exhibit 2. Cigna Behavioral assumes no responsibility for the legal appropriateness of such policies and procedures.

2.3. Cigna Behavioral shall be compensated for services provided under this Agreement in the amount shown on the then effective Cover Sheet. Cigna Behavioral shall be paid on the first day of each covered month. The amount due shall be included in the fees charged to Employer by Cigna Health and Life Insurance Company. Retroactive adjustments to the amount of the per employee per month fees paid to Cigna Behavioral shall be limited to twelve (12) months prior to the date the Employer notifies Cigna Behavioral of such a retroactive adjustment.

2.4. The amount set forth on then effective Cover Sheet shall not include any state premium, sales, use tax, or similar tax (including penalties or interest thereon) assessed on the basis of the services provided by Cigna Behavioral pursuant to this Agreement.

2.5. Cigna Behavioral shall have the right to revise Cigna Behavioral's fees and/or the number of hours available to Employer as Employer Account Services (i) twenty-four (24) months from the effective date of this Agreement, (ii) at any time thereafter, but no more frequently than once every twelve (12) months after the initial twenty-four (24) month term, by giving Employer not less than thirty (30) days' prior written notice, and (iii) when the number of employees varies by more than 10% from the number included on the first Cigna Behavioral billing for the initial twenty-four (24) month term and each subsequent twelve (12) month period of the Agreement.

2.6 Employer agrees that, annually, at least ninety (90) days prior to the anniversary date of the effective date of this Agreement, Employer shall furnish to Cigna Behavioral the number of employees who are Participants by state of residence.

III. Miscellaneous Provisions

3.1. All notices required or permitted to be given under this Agreement shall be in writing and addressed to the address and contact person set forth on the then effective Cover Sheet to this Agreement and mailed through the United States mail or nationally recognized courier service. Notices shall be effective upon receipt by the party to which they are addressed.

3.2. No amendment of any of the provisions of this Agreement shall be binding on either party unless in writing and signed by the duly authorized representatives of both parties. Amendments to items contained on the then effective Cover Sheet shall be effected by the execution of a revised Cover Sheet showing the effective date of the revised Cover Sheet and signed by both parties.

3.3. This Agreement is nonassignable without the written consent of the other party, except that Cigna Behavioral may assign the Agreement to a Cigna affiliate. Any attempted assignment without such consent shall be void.

3.4. No failure by either party at any time or for any period of time to insist upon full performance by the other party shall be deemed a waiver of any duty owed by the other party to the non-objecting party.

3.5. Employer hereby delegates to Cigna Behavioral the authority, responsibility, and discretion to determine all questions of eligibility and status under the EAP, to interpret and construe the provisions of the EAP as necessary to reach factually supported conclusions and to make a full and fair review of each claim for EAP benefits which have been denied by Cigna Behavioral pursuant to the requirements of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Cigna Behavioral assumes no responsibility for Employer's ERISA plan except as set forth in this section.

3.6. This Agreement contains the entire agreement between Employer and Cigna Behavioral with respect to the services provided hereunder, and supersedes any and all prior discussions or agreements, written or oral, with respect thereto.

3.7 Any dispute between the parties arising from or relating to the performance or interpretation of this Agreement ("Controversy") shall be resolved pursuant to the following procedures. Neither party may bring legal action against the other without first complying with the provisions of this Section 3.7.

A. Any Controversy shall first be referred to an executive level employee of each party who shall meet and confer with his/her counterpart to attempt to resolve the dispute ("Executive Review") as follows: The disputing party shall give the other party written notice of the Controversy and request Executive Review. Within twenty (20) days of such written request, the receiving party shall respond to the other in writing. The notice and the response shall each include a summary of and support for the party's position within thirty (30) days of the request for Executive Review, an employee of each party, with full authority to resolve the dispute, shall meet and attempt to resolve the dispute.

B. If the Controversy has not been resolved within thirty-five (35) calendar days of the request of Executive Review under Section 3.7 A., above, the parties agree to non-binding mediation. ("Mediation"). Each party shall assume its own costs and attorney fees. The mediator's compensation and expenses and any administrative fees or costs associated with the Mediation proceeding shall be borne equally by the parties.

3.8. This Agreement shall remain in effect from the Effective Date until terminated by Cigna Behavioral upon Employer's failure to pay Cigna Behavioral as provided in Section 2.3, or by either party with sixty (60) days' prior written notice to the other party.

3.9. This Agreement shall be governed by, and shall be construed in accordance with all applicable federal laws, including ERISA, and the laws of the state of Mississippi.

3.10. The terms of Exhibit 4, Privacy Addendum, shall be incorporated herein.

3.11 If any term of this Agreement is found to be void or invalid, the remaining terms of this Agreement shall continue in full force and effect.

EXHIBIT 1

ONLINE SERVICES

General Terms Applicable To All Users

Cigna Behavioral provides online services ("Online Services") as a supplement to other health and wellness services furnished under this Agreement.

This Online Services attachment ("Attachment") states the terms and conditions that govern the use of the Online Services. The information contained in the Online Services is for informational purposes only and is not to be used for medical diagnosis or treatment.

Agreement; Online Services

By Employer using the Online Services or notifying Participants of the availability of the Online Services, Employer agrees to the terms and conditions of this Attachment. If at any time Employer becomes dissatisfied with the Online Services, Employer will discontinue its use and notify Participants that the Online Services are no longer available to them.

The Online Services are provided through Cigna Behavioral and/or third-party websites ("Site" or "Sites"). Cigna Behavioral grants to Employer and Participants, for personal, noncommercial purposes only, a nonexclusive, limited and revocable right to access and use the Online Services. Employer and Participants may not use the Online Services for any other purpose, including external commercial purposes, such as co-branding, framing or linking. Employer and Participants may not copy, reproduce or distribute any material from the Online Services. By way of example and not limitation, Employer shall not copy materials from the Online Services and use them as handouts during employee and/or manager training programs unless the materials are specifically marked as available for such use.

Employer and Participants will not take any action inconsistent with the copyright and trademark ownership rights of the Online Services content owners and any other providers of the Online Services.

Computer Equipment

Employer and Participants are responsible for obtaining, installing, maintaining and operating all equipment and software necessary to access the Online Services, in accordance with such requirements as may be provided by the equipment and software manufacturers. Cigna Behavioral is not responsible for any errors or problems that arise from the malfunction or failure of such equipment or software.

Browser Access and Internet Services

Employer and Participants are responsible for obtaining Internet services via an Internet service provider in order to access the Online Services. Likewise, Employer and Participants are responsible for any and all fees imposed by such Internet service provider and any associated communications service provider charges.

Passwords

Cigna Behavioral may at its option change the parameters for the password used to access the Online Services ("Password") without prior notice to Employer or Participants. This may result in Employer or Participants being required to change their password the next time the Online Services are accessed. Employer agrees to, and shall require Participants to, protect and keep confidential its User ID, Password, or other means of accessing its account for the Online Services.

New Features

The content of the Online Services may, from time to time and at Cigna Behavioral's sole discretion, include new features or modify or delete existing features to the Online Services.

Limitation of Liability; No Warranties

EXCEPT AS SPECIFICALLY SET FORTH HEREIN OR WHERE THE LAW REQUIRES A DIFFERENT STANDARD, CIGNA BEHAVIORAL SHALL NOT BE RESPONSIBLE FOR ANY LOSS, DAMAGE OR INJURY OR FOR ANY I) DIRECT, II) INDIRECT, OR III) PUNITIVE DAMAGES ARISING FROM OR RELATED TO THE FAILURE OF ELECTRONIC OR MECHANICAL EQUIPMENT OR COMMUNICATION LINES; FAILURE OR UNAVAILABILITY OF INTERNET SERVICE; CONFIGURATION PROBLEMS OR INCOMPATIBILITY OF COMPUTER HARDWARE OR SOFTWARE; THIRD PARTY CONTENT, INFORMATION OR PRODUCTS; OR ANY OTHER PROBLEMS DUE TO CAUSES BEYOND CIGNA BEHAVIORAL'S CONTROL. EMPLOYER ACKNOWLEDGES THAT CIGNA BEHAVIORAL MAKES NO WARRANTY THAT THE ONLINE SERVICES WILL BE UNINTERRUPTED, TIMELY, SECURE OR ERROR-FREE UNLESS OTHERWISE STATED ON THE SITE OR IN ANY APPLICABLE AGREEMENT. CIGNA BEHAVIORAL DOES NOT WARRANT OR MAKE ANY REPRESENTATIONS REGARDING THE USEFULNESS OF OR THE EXPECTED RESULTS OF THE MATERIAL CONTAINED ON THE SITE. TO THE FULLEST EXTENT PERMITTED BY LAW, CIGNA BEHAVIORAL DISCLAIMS ALL REPRESENTATIONS, WARRANTIES AND CONDITIONS OF ANY KIND (EXPRESS, IMPLIED, STATUTORY OR OTHERWISE), INCLUDING BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, TITLE AND NON-INFRINGEMENT OF PROPRIETARY RIGHTS, AS TO THE ONLINE SERVICES AND ALL INFORMATION, PRODUCTS AND OTHER CONTENT (INCLUDING THIRD PARTY INFORMATION, PRODUCTS AND CONTENT) INCLUDED IN OR ACCESSIBLE FROM THE SITES. NO LICENSE TO YOU IS IMPLIED IN THESE DISCLAIMERS.

Termination

Cigna Behavioral may terminate, suspend or limit Employer and/or Participants' access privileges to the Online Services, in whole or part, at any time for any reason without prior notice, unless otherwise stated in an agreement with respect to the Online Services.

Site links

The Sites may contain links to other third party web sites. Cigna Behavioral is not responsible for, nor does it control, the content, products, or services provided by linked sites. Employer's and Participants' access, use and reliance upon such content, products or services at such third party websites is at their own risk.

Digital Millennium Copyright Act

Cigna Behavioral reserves the right, but not the obligation, to terminate Employer's and/or Participants' access to the Online Services if it determines in its sole discretion that such individuals are involved in infringing activity, including alleged acts of first-time or repeat infringement, regardless of whether the material or activity is ultimately determined to be infringing. Cigna Behavioral and its service providers accommodate and do not interfere with standard technical measures used by copyright owners to protect materials. Cigna Behavioral has implemented procedures for receiving written notification of claimed infringements and for processing such claims in accordance with the Digital Millennium Copyright Act. Cigna Behavioral's designated agent to receive notification of claimed infringement is:

Jonathan Witte
1601 Chestnut Street – Two Liberty
Philadelphia, PA 19192
215.761.1964

Any notice from Employer or a Participant regarding any infringement of copyright or of other proprietary rights must include the following information:

A. A signature of a person authorized to act on behalf of (i) the owner of an exclusive right that is allegedly infringed or (ii) the person defamed.
B. Identification of the copyrighted work claimed to have been infringed, or, if multiple copyrighted works at a single online site are covered by a single notification, a representative list of such works at that site.
C. Identification of the material that is claimed to be infringing, or to be the subject of infringing activity, including information reasonably sufficient to permit us to locate the material.
D. Information reasonably sufficient to permit us to contact you, such as your address, telephone number, and/or electronic mail address.
E. A statement that Employer or the Participant (as applicable) has a good faith belief that use of the material in the manner complained of is not authorized by the copyright or other proprietary right owner, its agent, or the law.

If Employer or Participants choose to access the Online Services from outside the United States, they do so on their own initiative and are responsible for compliance with U.S. and local laws, if and to the extent that local laws are applicable. Software is subject to United States export controls. No software may be downloaded or otherwise exported or re-exported (i) into (or to a national resident of) Cuba, Iraq, Libya, North Korea, Iran, Syria, or any other country to which the U.S. has embargoed goods, or (ii) to anyone on the U.S. Treasury Department list of Specially Designated Nationals or the U.S. Commerce Department's Table of Deny Orders. Employer represents and warrants that it is not located in, under the control of, or a national resident of any such country or on any such list. Employer agrees to comply with U.S. export control laws and that it will not transfer any software or other content from the Online Services to a foreign national or foreign country in violation of those laws.

Minors and the Children's Online Privacy Protection Act

Except as expressly stated upon initial access to a Site or section of such Site, the Site does not direct content to Minors and does not intend to collect personal information from Minors and therefore is not subject to the Child Online Privacy Protection Act.

If a Participant allows a minor child, or a child for whom a Participant is a legal guardian (a "Minor"), to access and use the Site, such Participant will be solely responsible for: (i) the online conduct of such Minor; (ii) monitoring such Minor's access to and use of the Site; and (iii) the consequences of any use.

Viruses, Worms, Use of Files

Cigna Behavioral cannot and does not guarantee or warrant that files available for downloading from the Site are free of viruses, worms, Trojan horses or other code that has contaminating or destructive properties. Cigna Behavioral does not make any express or implied warranties, representations or endorsements whatsoever (including without limitation warranties of title, non-infringement or fitness for a particular purpose) with respect to the files available for downloading from the Site. To the extent permitted by law, in no event will Cigna Behavioral be liable to Employer, Participants, or anyone else for any decision made or action taken in reliance on results obtained from use of files downloaded from the Site. These files may be downloaded and/or reprinted for personal use only. Permission to reprint or electronically reproduce any document or graphic in whole or in part for any reason except for personal use is expressly prohibited, unless prior written consent is obtained from the appropriate Cigna Behavioral copyright holder.

Message Boards and Chat Rooms

It is a condition of Participants' use of Message Boards or Chat Rooms that Participants do not: (i) post or transmit any unlawful, threatening, abusive, libelous, defamatory, racial, obscene, vulgar, pornographic, profane or indecent information of any kind, including without limitation any transmissions constituting or encouraging conduct that would constitute a criminal offense, give rise to civil liability or otherwise violate any local, state, national or international law; (ii) post or transmit comments containing harassing or offensive language, using sexual references, sexual nicknames, racial slurs or rude or deliberately offensive comments or engage in disruptive activity online, including excessive use of scripts, sound waves, scrolling (repeating the same message over and over), or use viruses, worms or Trojan horses; (iii) post or transmit any information, software or other material which violates or infringes the rights of others, including material which is an invasion of privacy or publicity rights or which is protected by copyright, trademark or other proprietary right, or derivative works without first obtaining permission from the owner; (iv) post or transmit any information, software or other material which contains a virus, worm, Trojan horse or other code that has contaminating or destructive properties; (v) post any information, software, or other material for commercial purposes; (vi) solicit other users to join or contribute money to any online service or other organization, advocate or attempt to get users to join in legal or illegal schemes; (vii) impersonate any person or entity or falsely represent their professional or other affiliation with any person or entity; or (viii) use the Site to collect personally identifiable information in violation of the Privacy Statement accompanying the Site. Cigna Behavioral, at its sole and absolute discretion, shall determine whether any information transmitted or received violates this provision. Cigna Behavioral reserves the right to prohibit Participants from use of Message Boards or Chat Rooms if they violate this provision.

Employer understands that Cigna Behavioral has no obligation to monitor Message Boards or Chat Rooms. Cigna Behavioral reserves the right at all times to disclose any information regarding the Message Boards or Chat Rooms, or to remove any information or materials, in whole or in part, that in Cigna Behavioral's sole and absolute discretion, are objectionable. Employer acknowledges that Cigna Behavioral reserves the right to monitor any and all information transmitted or received through the Sites, which may be examined, recorded, copied, and used in accordance with the Privacy Statement accompanying the Site. Use of the Sites constitutes consent to such activity by Cigna Behavioral.

When using the Sites Participants should not compromise their personal safety. Participants should not provide their name, phone number, social security number or any other personally identifying information to people they do not know. Participants should not continue any conversation online that makes them feel uncomfortable.

Calculations and Investment Decisions

Financial calculators and calculations are provided for illustrative purposes only. Participants are responsible for verifying the accuracy and suitability of all assumptions and calculations. Participants should seek the advice of licensed and/or competent individuals before making any investment or financial planning decisions. Participants should not rely solely on financial calculators\calculations or financial or retirement information found on the Sites.

EXHIBIT 2

EMPLOYER ACCOUNT SERVICES

Employer is entitled to utilize, for the delivery of the Employer Account Services listed below, the number of hours set forth on the then effective Cover Sheet to this Agreement in each twelve month period from the Effective Date of this Agreement. Pro-rata adjustments in this number of hours may be computed pursuant to Section 2.5 of this Agreement.

* Employee Orientation Sessions
* Management/Supervisory Training Sessions
* Educational/Wellness Seminars
* Critical Incident Response Services
* Other Employer Account Services - Employer Account Services requested by Employer for which Cigna Behavioral notifies Employer that those services shall be counted against Employer Account Services' hours, including but not limited to, executive briefings, reduction in workforce counseling, and Employer's on-site EAP promotional activities conducted by Cigna Behavioral EAP managers or Cigna Behavioral contracted EAP affiliates.

Delivery of these Employer Account Services shall be as agreed upon by the parties. In the event Employer does not utilize or only partially utilizes these Employer Account Services' hours during the twelve (12) month period to which they relate, Employer shall not be entitled to any refund or account credit, or to carry those hours forward. If Employer cancels its request for these services or reduces the number of hours initially requested after an independent provider has been secured by Cigna Behavioral, Cigna Behavioral shall deduct that number of hours the provider had been secured from Employer Account Services' hours.

Additional Employer Account Services' hours may be purchased by Employer from Cigna Behavioral at Cigna Behavioral's fee-for-service rates in effect at the time of the request for such Employer Account Services. Delivery of these additional Employer Account Services' hours shall be as agreed upon by the parties.

EXHIBIT 3

MENU OPTIONS****

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**** *Only those additional Menu Options purchased by Employer will be listed on this page.*

EXHIBIT 4

PRIVACY ADDENDUM

I. GENERAL PROVISIONS

Section 1. **Effect**. Effective as of the Effective Date, the terms and provisions of this Addendum are incorporated in and shall supersede any conflicting or inconsistent terms and provisions of the Agreement for Employee Assistance Program Services to which this Addendum is attached, including all exhibits or other attachments thereto and all documents incorporated therein by reference (the "Agreement"), except for any provisions of the Agreement which are more stringent regarding the use or disclosure of PHI by Cigna Behavioral than this Addendum. Any such more stringent provisions in the Agreement shall prevail over this Addendum. This Addendum sets out terms and provisions relating to the use and disclosure of protected health information without written authorization from the individual.

Section 2. **Amendment to Comply with Law**. Cigna Behavioral, Employer (also referred to as "Plan Sponsor") and the Group Health Plan that is the subject of the Agreement (also referred to as "the Plan") agree to amend this Addendum to the extent necessary to allow either the Plan or Cigna Behavioral to comply with the HIPAA Privacy Rule, the HIPAA Standards for Electronic Transactions (45 CFR Parts 160 and 162), the HIPAA Security Standards (45 CFR Parts 160 and 164, Subpart C), the Health Information Technology for Economic and Clinical Health ("HITECH") Act, which was included in the American Recovery and Reinvestment Act ("ARRA") (P.L. 111-5) and their implementing regulations promulgated or to be promulgated by the Secretary, and other applicable regulations or statutes.

Section 3. **Relationship of Parties.** The parties intend that Cigna Behavioral is an independent contractor and not an agent of the Plan.

II. OBLIGATIONS OF CIGNA BEHAVIORAL

Section 1. **Use and Disclosure of Protected Health Information.** Except as otherwise provided in this Addendum, Cigna Behavioral may use or disclose Protected Health Information ("PHI") to perform functions, activities or services for, or on behalf of, the Plan as specified in the Agreement, provided that such use or disclosure would not violate the HIPAA Privacy & Security Rules if done by the Plan. To the extent Cigna Behavioral is to carry out one or more of the Plan's obligations under Subpart E of 45 CFR Part 164, Cigna Behavioral agrees to comply with the requirements of Subpart E that apply to the Plan in the performance of such obligations. Cigna Behavioral may use and disclose Protected Health Information:

(i) for the proper management and administration of Cigna Behavioral, or to carry out the legal responsibilities of Cigna Behavioral;

(ii) for the proper management and administration of Cigna Behavioral, provided that disclosures are: (a) required by law or (b) Cigna Behavioral obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it is disclosed to the person, and the person notifies Cigna Behavioral of any instances of which it is aware in which the confidentiality of the information has been breached; or

(iii) to provide Data Aggregation services relating to the health care operations of the Plan or to de-identify PHI. Once information is de-identified, this Addendum shall not apply.

(iv) as required by law.

Section 2. **Disclosure of Protected Health Information to Group Health Plan Sponsor.**

(a) The Group Health Plan acknowledges and agrees that the Privacy Rules allow the Group Health Plan to permit Cigna Behavioral to disclose or provide access to PHI, other than Summary Health Information, to the Plan Sponsor only after the Plan Sponsor has amended its plan documents to provide for the permitted and required uses and disclosures of PHI and to require the Plan Sponsor to provide a

certification to the Plan that certain required provisions have been incorporated into the Plan documents before the Plan may disclose, either directly or through a business associate, such as Cigna Behavioral, any PHI to the Plan Sponsor. The Group Health Plan hereby warrants and represents that no PHI will be provided to the Plan Sponsor nor to any of its employees, agents or other persons under its control. Therefore no such Plan document amendments have been made nor any such certification received from the Plan Sponsor.

Section 3. Other Information to Plan Sponsor or Plan. Upon the written request of Plan or Plan Sponsor, Cigna Behavioral will provide certain other information including, but not limited to, information about Cigna Behavioral's arrangements with health care providers ("Other Information") to Plan Sponsor's designated employee. Plan Sponsor acknowledges that in receiving Other Information under these provisions, it acts in its capacity as Plan Administrator, as that term is defined by the Employee Retirement Income Security Act of 1974, as amended. Other Information will be kept confidential and will be used by Plan Sponsor solely for the purpose of satisfying its fiduciary responsibilities with respect to administration of the Plan, and will be handled and maintained in accordance with all fiduciary obligations owed to participants in the Plan.

Section 4. Security Standards. Cigna Behavioral shall use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to Electronic PHI to prevent use or disclosure of PHI other than as provided for by the Agreement.

Section 5. Reporting of Violations. Cigna Behavioral shall report to the Group Health Plan any use or disclosure of the Protected Health Information not provided for by this Addendum of which it becomes aware.

Section 6. Disclosures to and Agreements by Third Parties.

(a) In accordance with 45 CFR §164.502(e)(1)(ii) and 164.308(b)(2), Cigna Behavioral agrees to ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of Cigna Behavioral agree to substantially similar restrictions, conditions, and requirements that apply to Cigna Behavioral with respect to such information.

(b) Upon Group Health Plan's or Employer's written request, Cigna Behavioral will provide Protected Health Information and/or Other Information to certain designated third-parties who assist in administering the Plan and are authorized by the Group Health Plan to receive such information ("Designated Third Parties") solely for the purpose of assisting in the carrying out of Plan administration functions. Such parties may include, but are not limited to, third-party administrators, consultants, brokers, auditors, successor administrators or insurers, and stop-loss carriers. Group Health Plan shall enter into and maintain an agreement with each agent and subcontractor or other third party to which it directs Cigna Behavioral to disclose PHI under which such agent, subcontractor or other third party is legally bound by substantially similar restrictions with respect to Protected Health Information that apply to Cigna Behavioral pursuant to this Addendum.

(c) It is acknowledged and agreed that the Privacy Rules require the Group Health Plan to maintain policies and procedures to ensure that any PHI that it uses, requests or discloses be no more than the minimum necessary to accomplish the intended purpose. The Group Health Plan hereby warrants and represents that any requests that it makes for PHI to be disclosed to it or to any third parties will be for no more than the minimum amount necessary for the intended purpose.
(d) Any other provision of this Addendum notwithstanding, Cigna Behavioral may decline to disclose to any third party any information which the Agreement provides may not be disclosed to the Employer.

Section 7. Access to Information.

(a) **Request made to the Plan.** When an individual requests access to PHI contained in a designated record set and such request is made directly to the Plan or Employer, the Plan shall so notify Cigna

Behavioral within two (2) business days of receipt of such request. Cigna Behavioral shall make such PHI available directly to the Participant within the time required in 45 C.F.R. Section 164.524.

(b) **Request made to Cigna Behavioral.** If a Participant directs a request for access to PHI contained in such designated record set to Cigna Behavioral, Cigna Behavioral will provide the PHI to the individual within the time required in 45 C.F.R. Section 164.524.

(c) **Responsibility for denials and responding to requests.** In the case of either subsection (a) or (b) above, the Plan delegates to Cigna Behavioral the duty to determine, on behalf of the Plan, whether to deny access to PHI requested and the duty to provide any required notices and review.

(d) It is understood and agreed that in all activities performed pursuant to this section, Cigna Behavioral acts as a delegate of, and on behalf of, the Plan and/or Employer. When responding to an individual's request for access, it may inform such individual of that fact and that there may be other PHI about that individual created or maintained by the Plan and/or its other business associates and not included in Cigna Behavioral's response. Cigna Behavioral shall not be responsible for performing any of the duties described herein with respect to any such other PHI.

Section 8. Availability of Protected Health Information for Amendment.

(a) **Handling of Requests by Cigna Behavioral.** When an individual requests amendment of PHI contained in a designated record set and created or received by Cigna Behavioral or its subcontractors, and such request is made directly to the Plan or Employer, within two (2) working days of its request, the Plan shall forward such request to Cigna Behavioral for handling except that the Plan shall retain and handle all requests to the extent that they pertain to individually identifiable health information (i.e. enrollment information) originated by the Plan, Plan Sponsor, or its other business associates. Cigna Behavioral shall respond to such forwarded requests as well as to any such requests that it receives directly as required by Section 164.526 except that Cigna Behavioral shall forward to the Plan for handling any requests for amendment of PHI originated by the Plan, Plan Sponsor or its other business associates.

(b) **Responsibility for denial of request.** With respect to those requests handled by Cigna Behavioral under subparagraph (a) above, the Plan delegates to Cigna Behavioral the duty to determine, on behalf of the Plan, whether to deny a request for amendment of any PHI and the duty to provide any required notices and review as well as, in the case of its determination to grant such a request, the duty to make any amendments in accordance with the terms of the Privacy Rules. In all other instances, the Plan retains all responsibility for handling such requests, including any denials, in accordance with the Privacy Rules.

(c) **Amendments by the Plan.** Whenever Cigna Behavioral is notified by the Plan that the Plan has agreed to make an amendment pursuant to such a request which it handles hereunder, Cigna Behavioral shall incorporate any such amendments in accordance with Section 164.526.

(d) It is understood and agreed that in all activities performed pursuant to this section, Cigna Behavioral acts as a delegate of, and on behalf of, the Plan and/or Employer. When responding to requests for amendment of PHI, Cigna Behavioral may inform such individual of that fact and that there may be other PHI about that individual created or maintained by the Plan and/or its other business associates and not included in Cigna Behavioral's response. Cigna Behavioral shall not be responsible for performing any of the duties described herein with respect to any such other PHI.

(e) **Modifications to Individual Rights and Accounting of Disclosures.** Effective on and after February 17, 2010, or the date specifically provided in the HITECH Act provisions or regulations issued by the Secretary pursuant to such provisions, Cigna Behavioral shall comply with, and shall assist the Plan in complying with, the modifications to the individual rights under the HIPAA Privacy Rule; specifically modifications to: requested restrictions on certain disclosures of health information, under 45 CFR § 164.522(a)(1)(i)(A); access to certain information in electronic format if the Plan or Cigna Behavioral uses or maintains an electronic health record with respect to an Individual's Protected Health Information, under 45 CFR § 164.524; and accounting of certain Protected Health Information disclosures if the Plan or Cigna

Behavioral uses or maintains an electronic health record with respect to Protected Health Information, under 45 CFR § 164.528. Cigna Behavioral shall provide an accounting of disclosures of PHI to an Individual who requests such accounting in the manner and time required in 45 CFR 164.528.

Section 9. Accounting of Disclosures

(a) **Request made to the Plan.** When an individual requests an accounting of disclosures pursuant to Section 164.528, and such request is made directly to the Plan or Employer, the Plan shall so notify Cigna Behavioral within two (2) business days of receipt of such request.

(b) **Request made to Cigna Behavioral.** If a Participant directs a request for accounting to Cigna Behavioral, Cigna Behavioral will provide the accounting to the participant within the time required in 45 CFR Section 164.528.

(c) It is understood and agreed that in all activities performed pursuant to this section, Cigna Behavioral acts as a delegate of, and on behalf of, the Plan and/or Employer. When responding to requests for an accounting of disclosures, Cigna Behavioral may inform such individual of that fact and that there may be other disclosures of PHI about that individual made by the Plan and/or its other business associates and not included in Cigna Behavioral's response. Cigna Behavioral shall not be responsible for performing any of the duties described herein with respect to any such other PHI or disclosures.

Section 10. Other Requests. Cigna Behavioral shall handle Participant requests made to it for privacy protection for PHI pursuant to the requirements of the Privacy Rules at Section 164.522.

Section 11. Processes and Procedures. In carrying out its duties set forth in Sections II, 7, 8, 9 and 10 above, Cigna Behavioral may establish procedures and processes for requests from individuals as permitted by the Privacy Rules, including the requirement that requests be made in writing and the creation of a form for use by individuals in making such requests. As appropriate, Cigna Behavioral shall utilize the same or similar procedures regarding requests from individuals for access to PHI that it applies to its own health care plan administration business.

Section 12. Availability of Books and Records. Cigna Behavioral hereby agrees to make its internal practices, books and records relating to the use and disclosure of Protected Health Information available to the Secretary for purposes of determining the Group Health Plan's compliance with the Privacy Rules.

Section 13. Protection of Electronic PHI. With respect to Electronic Protected Health Information, no later than the compliance date for the Security Standards and at all times thereafter Cigna Behavioral shall:

(a) Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic Protected Health Information that Cigna Behavioral creates, receives, maintains, or transmits on behalf of the Plan as required by the Security Standards;

(b) Ensure that any agent, including a subcontractor, to whom Cigna Behavioral provides Electronic PHI agrees to implement reasonable and appropriate safeguards to protect such information; and

(c) Report to the Plan any Security Incident of which it becomes aware.

Section 14. Receiving Remuneration in Exchange for Protected Health Information Prohibited. Cigna Behavioral shall not directly or indirectly receive remuneration in exchange for any Protected Health Information of an Individual, unless an authorization is obtained from the Individual, in accordance with 45 CFR § 164.508, that specifies whether Protected Health Information can be exchanged for remuneration by the entity receiving Protected Health Information of that Individual, unless otherwise permitted under the HIPAA Privacy Rule.

Section 15. Limited Data Set or Minimum Necessary Standard and Determination. Cigna Behavioral shall limit the use, disclosure, or request of Individuals' Protected Health Information, to the extent practicable, to the minimum necessary amount of Individuals' Protected Health Information to accomplish the intended purpose of such use, disclosure, or request and to perform its obligations under the underlying Agreement and this Addendum. Cigna Behavioral shall determine what constitutes the minimum necessary to accomplish the intended purpose of such disclosure. Cigna Behavioral's obligations under this provision shall be subject to modification to comply with guidance issued by the Secretary.

Section 16. Security Breach Notification. Cigna Behavioral will notify the Plan of a Breach (including privacy related incidents that might, upon further investigation, be deemed to be a Breach) without unreasonable delay and, in any event, within ten business days after Cigna Behavioral's discovery of same. This notification will include, to the extent known:

(a) the names of the individuals whose PHI was involved in the Breach;

(b) the circumstances surrounding the Breach;

(c) the date of the Breach and the date of its discovery;

(d) the information Breached;

(e) any steps the impacted individuals should take to protect themselves;

(f) the steps Cigna Behavioral is taking to investigate the Breach, mitigate losses, and protect against future Breaches; and,

(g) a contact person who can provide additional information about the Breach.

For purposes of discovery and reporting of Breaches, Cigna Behavioral is not the agent of the Plan or the Employer (as "agent" is defined under common law). Cigna Behavioral will investigate Breaches, assess their impact under applicable state and federal law, including HITECH, and will make a recommendation to the Plan regarding whether notification is required pursuant to 45 CFR §164.404-408 and/or applicable state breach notification laws. With the Plan's prior approval, Cigna Behavioral will issue notices to such individuals, state and federal agencies – including the Department of Health and Human Services, and/or the media as the Plan is required to notify pursuant to, and in accordance with the requirements of, applicable law (including 45 CFR §164.404-408). Cigna Behavioral will pay the costs of issuing notices required by law and other remediation and mitigation which, in Cigna Behavioral's discretion, are appropriate and necessary to address the Breach. Cigna Behavioral will not be required to issue notifications that are not mandated by applicable law. Cigna Behavioral shall provide the Plan with information necessary for the Plan to fulfill its obligation to report Breaches affecting fewer than 500 Individuals to the Secretary as required by 45 CFR §164.408(c).

III. TERMINATION OF AGREEMENT WITH CIGNA BEHAVIORAL

Section 1. Termination Upon Breach of Provisions Applicable to Protected Health Information. Any other provision of this Agreement notwithstanding, this Agreement may be terminated by the Group Health Plan upon prior written notice to Cigna Behavioral in the event that Cigna Behavioral materially breaches any obligation of this Addendum and fails to cure the breach within such reasonable time as the Plan may provide for in such notice; provided that in the event that termination of this Agreement is not feasible, in the Group Health Plan's sole discretion, Cigna Behavioral hereby acknowledges that the Group Health Plan shall have the right to report the breach to the Secretary.

If Cigna Behavioral knows of a pattern of activity or practice of the Plan that constitutes a material breach or violation of the Plan's duties and obligations under this Addendum, Cigna Behavioral shall provide a reasonable period of time, as agreed upon by the parties, for the Plan to cure the material breach or violation. Provided, however, that, if the Plan does not cure the material breach or violation within such

agreed upon time period, Cigna Behavioral shall terminate the Agreement, if feasible, at the end of such period. However, if neither termination of the Agreement nor cure are feasible, Cigna Behavioral shall report the violation to the Secretary.

Section 2. Use of Protected Health Information upon Termination. The parties hereto agree that it is not feasible for Cigna Behavioral to return or destroy PHI at termination of this Agreement, therefore, the provisions of this Addendum shall survive termination of this Agreement and Cigna Behavioral shall limit any further uses and disclosures of such PHI to the purpose or purposes which make the return or destruction of such PHI infeasible.

IV. DEFINITIONS FOR USE IN THIS ADDENDUM

Definitions. Certain capitalized terms used in this Addendum are defined in Article IV. Terms used in this Addendum shall have the meanings ascribed to them by the Health Insurance Portability and Accountability Act ("HIPAA") and the Health Information Technology for Economic and Clinical Health ("HITECH") Act and their respective implementing regulations and guidance. If the meaning of any term defined herein is changed by regulatory or legislative amendment, then this Agreement will be modified automatically to correspond to the amended definition. All capitalized terms used herein that are not otherwise defined have the meanings described in the HIPAA Privacy and Security Rules and the HITECH Act. A reference in this Addendum to a section in the HIPAA Privacy Rule, HIPAA Security Rule, or the HITECH Act means the section as in effect or as amended or a successor section thereto, and for which compliance is required.

"Breach" shall mean the unauthorized acquisition, access, use, or disclosure of Unsecured Protected Health Information ("PHI") which compromises the security or privacy of such information, except where an authorized person to whom such information is disclosed would not reasonably have been able to retain such information. A Breach does not include any unintentional acquisition, access, or use of PHI by an employee or individual acting under the authority of Cigna Behavioral if such acquisition, access, or use was made in good faith and within the course and scope of the employment or other professional relationship of such employee or individual with Cigna Behavioral; and such information is not further acquired, accessed, used, or disclosed by any person.

"Business Associate" means Cigna Behavioral Health, Inc.

"Covered Entity" means Plan.

"Data Aggregation" shall mean the combining of Protected Health Information by Cigna Behavioral with the Individually Identifiable Health Information created or received by Cigna Behavioral in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the Group Health Plan and the other covered entity.

"Designated Record Set" shall mean the, payment, claims adjudication, and case or medical management record systems maintained by or for the Group Health Plan, or used, in whole or in part, by or for the Group Health Plan to make decisions about individuals. As used herein the term "Record" means any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for the Group Health Plan.

"Electronic Protected Health Information" shall mean PHI that is transmitted by or maintained in electronic media as that term is defined in 45 CFR 160.103

"Plan" or "Group Health Plan" shall mean the Group Health Plan (as defined in the Employee Retirement Income Security Act of 1974, as amended, (ERISA) at 29 U.S.C. §1191b(a)) maintained by the Plan Sponsor that is identified in this Agreement as the health Plan for or on behalf of which Cigna Behavioral is obligated to perform any function or activity involving the use or disclosure of Protected Health Information pursuant to this Agreement.

"Individually Identifiable Health Information" shall mean information that is a subset of health information, including demographic information collected from an individual, and:

(i) is created or received by a health care provider, health plan, health care clearinghouse (as those terms are defined in the Privacy Standards), or employer; and

(ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (a) identifies the individual, or (b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

"Limited Data Set" shall have the same meaning as the term "limited data set" as set forth in as defined in 45 CFR 164.514(e)(2).

"Privacy Standards" shall mean the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Part 160 and Part 164, subparts A and E.

"Protected Health Information" or "PHI" shall mean Individually Identifiable Health Information transmitted or maintained in any form or medium that Cigna Behavioral creates or receives from or on behalf of the Group Health Plan in the course of fulfilling its obligations under this Agreement. "Protected Health Information" shall not include (i) education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. §1232g, and (ii) records described in 20 U.S.C. §1232g(a)(4)(B)(iv).

"Secretary" shall mean the Secretary of the United States Department of Health and Human Services.

"Security Incident" shall have the same meaning as the term "security incident" as set forth in 45 CFR 164.304.

"Summary Health Information" shall mean information, that may be Individually Identifiable Information, and (i) that summarizes the claims history, claims expenses, or type of claims experienced by individuals covered by the Group Health Plan; and (ii) from which the information described at 45 C.F.R. §164.514(b)(2)(i) has been deleted, except that the geographic information described in 45 C.F.R. §164.514(b)(2)(i)(B) need only be aggregated to the level of a five-digit zip code.

"Unsecured Protected Health Information" shall mean PHI that is not secured through the use of a technology or methodology specified by the Secretary in accordance with the requirements of Section 13401(h)(1) of the HITECH Act.

RESOLUTION APPOINTING
MISSISSIPPI MUNICIPAL LEAGUE
2017 VOTING DELEGATES
FOR THE CITY/TOWN OF SOUTHAVEN

WHEREAS, the Mississippi Municipal League amended the bylaws of the association to provide for a ballot election, to be conducted by the officers of the Mississippi Municipal Clerks and Collectors Association, to be held each year at the summer convention, to elect a second vice president and to vote on any proposed bylaw changes; and

WHEREAS, the amended bylaws require the City of Southaven ("City") Board to designate in its minutes the voting delegate and two alternates to cast the vote for each member municipality.

NOW, THEREFORE, BE IT RESOLVED BY THE OF THE CITY OF SOUTHAVEN:

In accordance with the bylaws of the Mississippi Municipal League, the voting delegate(s) for the 2017 Mississippi Municipal League election to be held at the annual convention on July 24-27, 2017 are as follows:

Voting Delegate: William Brooks
First Alternate: Joel Gallagher
Second Alternate: Raymond Flores

That public interest and necessity requiring same, this Resolution shall become effective upon passage.
The above and foregoing Resolution, after having been first reduced to writing, was introduced by Alderman Flores seconded by Alderman Hale, and was adopted by the following vote, to-wit:

Alderman William Brooks	voted: YES
Alderman Kristian Kelly	voted: YES
Alderman George Payne	voted: YES
Alderman Joel Gallagher	voted: YES
Alderman John David Wheeler	voted: YES
Alderman Raymond Flores	voted: YES
Alderman Ronnie Hale	voted: YES

RESOLVED AND DONE, this 5th day of July, 2017.

Darren Musselwhite, MAYOR

ATTEST:
City Clerk

SOUTHAVEN, MISSISSIPPI
APRIL 15, 1980

The City of Southaven Docket Recap

June 20, 2017

General Fund		**559,160.65**
Balance Sheet	834.00	
Mayor Admin	43.52	
Board of Aldermen	540.12	
Arts And Cultural Affairs	7,736.78	
Court	2,280.50	
Finance & Administration	1,692.26	
Information Technology	24,214.33	
City Clerk	1,125.27	
Operations Department	-	
Planning & Engineering	5,014.22	
Police	53,300.74	
Fire	14,895.15	
Fire Prevention	991.48	
EMS	6,671.11	
Public Works	36,761.33	
Streets	59,448.84	
Parks	62,308.55	
Park Tournaments	84,152.36	
Code Enforcement	2,682.15	
City Fuel	22,402.64	
Expense Accounts	160,278.79	
Administrative Expenses	847.17	
Litigation	1,356.00	
Liability Insurance	-	
Professional Dues	9,583.34	
Bond Funded CAP Proj		1,001,103.96
Tourist & Convention		-
Debt Service		525,846.25
Utility Fund		391,172.59
Sanitation Fund		347,763.14
Payroll Fund		12,930.75
DOCKET TOTAL		**2,837,977.34**

YEAR/PERIOD: 2017/1 TO 2017/10

ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S	WARRANT	CHECK	DESCRIPTION
0010 GENERAL FUND									
0010-000-000-00-212705- PARKS CUSTOMER DEPOSITS									
025134 FUSION BASEBALL	6202017	283735		2017 9	INV	A	109.00	C-070517	MIN.GAMES NOT PLAYE
INVOICE: 6202017		FULL DESC: MIN.GAMES NOT PLAYED/RAINOUT/TANGER OUTLIT CLASSIC							
025153 BATTERS BOX BASEBALL	6202017	283733		2017 9	INV	A	109.00	C-070517	MIN.GAMES NOT PLAYE
INVOICE: 6202017		FULL DESC: MIN.GAMES NOT PLAYED/RAINOUT/TANGER OUTLIT CLASSIC							
025988 BLAYLOCK GARY	6202017	283730		2017 9	INV	A	60.00	C-070517	MIN.GAMES NOT PLAYE
INVOICE: 6202017		FULL DESC: MIN.GAMES NOT PLAYED/RAINOUT/TANGER OUTLIT CLASSIC							
026605 DYER COUNTY TOMA HAW	6202017	283734		2017 9	INV	A	109.00	C-070517	MIN.GAMES NOT PLAYE
INVOICE: 6202017		FULL DESC: MIN.GAMES NOT PLAYED/RAINOUT/TANGER OUTLIT CLASSIC							
026754 KNIGHTS BASEBALL	6202017	283736		2017 9	INV	A	109.00	C-070517	MIN.GAMES NOT PLAYE
INVOICE: 6202017		FULL DESC: MIN.GAMES NOT PLAYED/RAINOUT/TANGER OUTLIT CLASSIC							
026776 VANCE JASON	6202017	283729		2017 9	INV	A	60.00	C-070517	MIN.GAMES NOT PLAYE
INVOICE: 6202017		FULL DESC: MIN.GAMES NOT PLAYED/RAINOUT/TANGER OUTLIT CLASSIC							
026777 GMERTO JERRY	6202017	283731		2017 9	INV	A	60.00	C-070517	MIN.GAMES NOT PLAYE
INVOICE: 6202017		FULL DESC: MIN.GAMES NOT PLAYED/RAINOUT/TANGER OUTLIT CLASSIC							
026778 HOUSE LESLY	6202017	283732		2017 9	INV	A	109.00	C-070517	MIN.GAMES NOT PLAYE
INVOICE: 6202017		FULL DESC: MIN.GAMES NOT PLAYED/RAINOUT/TANGER OUTLIT CLASSIC							
026779 RED BIRDS BASEBALL	6202017	283737		2017 9	INV	A	109.00	C-070517	MIN.GAMES NOT PLAYE
INVOICE: 6202017		FULL DESC: MIN.GAMES NOT PLAYED/RAINOUT/TANGER OUTLET CLASSIC							
ACCOUNT TOTAL							834.00		
ORG 0010 TOTAL							834.00		
111 MAYOR ADMIN DEPARTMENT									
0010-100-111-00-610400- OFFICE SUPPLIES									
007600 OFFICE DEPOT	933516621001	283784		2017 9	INV	A	18.52	C-070517	OFFICE SUPPLIES
INVOICE: 933516621001		FULL DESC: OFFICE SUPPLIES							
ACCOUNT TOTAL							18.52		
0010-100-111-00-626900- TRAVEL & TRAINING									
007507 DESOTO COUNTY ECONOM	3474	283785		2017 9	INV	A	25.00	C-070517	MAYOR - 2ND QTR/ LU
INVOICE: 3474		FULL DESC: MAYOR - 2ND QTR/ LUNCHEON							
ACCOUNT TOTAL							25.00		
ORG 111 TOTAL							43.52		
120 ARTS AND CULTURAL AFFAIRS									
0010-400-120-00-610400- OFFICE SUPPLIES									
001361 SAM'S CLUB DIRECT	6202017	283822		2017 9	INV	A	207.88	C-070517	SAM'S CLUB DIRECT
INVOICE: 6202017		FULL DESC: SAM'S CLUB DIRECT							

YEAR/PERIOD: 2017/1 TO 2017/10 ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR TYP S	WARRANT	CHECK	DESCRIPTION
				ACCOUNT TOTAL	207.88		
0010-400-120-00-622100-				PROFESSIONAL FEES			
004489 JOHNSON CINDY	226-17	283766		2017 9 INV A	450.00	C-070517	AEROBICS INSTRUCTOR
INVOICE:		FULL DESC:	AEROBICS INSTRUCTOR				
004545 FIRST CHOICE CATERIN	48	283543		2017 9 INV A	5,008.96	C-070517	LUAU LUNCHEON
INVOICE: 48		FULL DESC:	LUAU LUNCHEON				
010525 GORDON LUCIA	91-17	283547		2017 9 INV A	360.00	C-070517	YOGA INSTRUCTOR
INVOICE:		FULL DESC:	YOGA INSTRUCTOR				
010525 GORDON LUCIA	92-17	283546		2017 9 INV A	330.00	C-070517	YOGA INSTRUCTOR
INVOICE:		FULL DESC:	YOGA INSTRUCTOR				
					690.00		
013370 MARY J. CAIN	24-17	283562		2017 9 INV A	60.00	C-070517	LINE DANCE CLASS
INVOICE:		FULL DESC:	LINE DANCE CLASS				
013370 MARY J. CAIN	25-17	283847		2017 9 INV A	60.00	C-070517	LINE DANCE CLASS
INVOICE:		FULL DESC:	LINE DANCE CLASS				
					120.00		
015915 WISEMAN CYNTHIA	108-17	283741		2017 9 INV A	45.00	C-070517	DANCE FITNESS CLASS
INVOICE:		FULL DESC:	DANCE FITNESS CLASS				
015915 WISEMAN CYNTHIA	8--17	283821		2017 9 INV A	225.00	C-070517	AEROBICS CLASS
INVOICE:		FULL DESC:	AEROBICS CLASS				
					270.00		
016884 MCARTHUR MARGARET	478-17	283552		2017 9 INV A	105.00	C-070517	ART TEACHER
INVOICE:		FULL DESC:	ART TEACHER				
016884 MCARTHUR MARGARET	479-17	283545		2017 9 INV A	105.00	C-070517	ART TEACHER
INVOICE:		FULL DESC:	ART TEACHER				
016884 MCARTHUR MARGARET	480-17	283544		2017 9 INV A	105.00	C-070517	ART TEACHER
INVOICE:		FULL DESC:	ART TEACHER				
016884 MCARTHUR MARGARET	481-17	283725		2017 9 INV A	105.00	C-070517	ART TEACHER
INVOICE:		FULL DESC:	ART TEACHER				
016884 MCARTHUR MARGARET	482-17	283724		2017 9 INV A	105.00	C-070517	ART TEACHER
INVOICE:		FULL DESC:	ART TEACHER				
					525.00		
017200 SMITH JOYCE W	0614-17	283527		2017 9 INV A	25.00	C-070517	YOGA CLASS
INVOICE:		FULL DESC:	YOGA CLASS				
017200 SMITH JOYCE W	0622-17	283848		2017 9 INV A	50.00	C-070517	YOGA CLASS
INVOICE:		FULL DESC:	YOGA CLASS				
					75.00		
017272 PERKINS WENDY	0622-17	283849		2017 9 INV A	210.00	C-070517	AEROBICS CLASS

Minutes, City of Southaven, Southaven, Mississippi

YEAR/PERIOD: 2017/1 TO 2017/10

ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S		WARRANT	CHECK	DESCRIPTION
INVOICE:		FULL DESC: AEROBICS CLASS								
021019 CAIN LINDA A	276-17	283563		2017 9	INV	A	60.00	C-070517		LINE DANCE CLASS
INVOICE:		FULL DESC: LINE DANCE CLASS								
021019 CAIN LINDA A	277-17	283742		2017 9	INV	A	60.00	C-070517		LINE DANCE CLASS
INVOICE:		FULL DESC: LINE DANCE CLASS								
							120.00			
			ACCOUNT TOTAL				7,468.96			
0010-400-120-00-630404-			HOMETOWN MISSISSIPPI LIVING							
001361 SAM'S CLUB DIRECT	6202017	283822		2017 9	INV	A	59.94	C-070517		SAM'S CLUB DIRECT
INVOICE: 6202017		FULL DESC: SAM'S CLUB DIRECT								
			ACCOUNT TOTAL				59.94			
			ORG 120 TOTAL				7,736.78			
125		COURT DEPARTMENT								
0010-100-125-00-621500-			COURT BOND REFUND							
026769 ECHOLS TERRI BRIAUNA	6142017	283525		2017 9	INV	A	117.00	C-070517		CASH BOND REFUND
INVOICE: 6142017		FULL DESC: CASH BOND REFUND								
026770 DILLON SHEKIA RENEA	6142017	283526		2017 9	INV	A	250.00	C-070517		CASH BOND REFUND
INVOICE: 6142017		FULL DESC: CASH BOND REFUND								
			ACCOUNT TOTAL				367.00			
0010-100-125-00-621505-			COURT SUPPLIES							
006685 DEX IMAGING	WR566143	283570		2017 9	INV	A	34.02	C-070517		COURTROOM COPIERS
INVOICE:		FULL DESC: COURTROOM COPIERS								
006685 DEX IMAGING	WR566144	283569		2017 9	INV	A	3.07	C-070517		COURTROOM COPIER
INVOICE:		FULL DESC: COURTROOM COPIER								
006685 DEX IMAGING	WR566145	283568		2017 9	INV	A	192.23	C-070517		COURT OFFICE COPIER
INVOICE:		FULL DESC: COURT OFFICE COPIER								
006685 DEX IMAGING	WR566786	283542		2017 9	INV	A	449.60	C-070517		NON- CONTRACT TONER
INVOICE:		FULL DESC: NON- CONTRACT TONER								
							678.92			
007600 OFFICE DEPOT	934009726001	283571		2017 9	INV	A	108.59	C-070517		STORAGE BOXES/PENS/
INVOICE: 934009726001		FULL DESC: STORAGE BOXES/PENS/HIGHLIGHTERS								
014117 MADISON SIGNS	12127	283791		2017 9	INV	A	385.00	C-070517		CONTINUANCE ORDERS
INVOICE: 12127		FULL DESC: CONTINUANCE ORDERS								
			ACCOUNT TOTAL				1,172.51			
			ORG 125 TOTAL				1,539.51			

YEAR/PERIOD: 2017/1 TO 2017/10

ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR TYP S	WARRANT	CHECK	DESCRIPTION
145 DEPARTMENT OF FINANCE & ADMIN							
0010-100-145-00-610400- OFFICE SUPPLIES							
002227 JACKSON PAPER COMPAN	1007619	283983		2017 9 INV A	198.75	C-070517	COPY PAPER
INVOICE: 1007619		FULL DESC:	COPY PAPER				
ACCOUNT TOTAL					198.75		
0010-100-145-00-625700- TELEPHONE & POSTAGE							
021382 PETTY CASH	6302017	284298		2017 9 INV A	21.34	C-070517	PETTY CASH REIMBURS
INVOICE: 6302017		FULL DESC:	PETTY CASH REIMBURSEMENT				
ACCOUNT TOTAL					21.34		
0010-100-145-00-626900- TRAVEL & TRAINING							
001339 CREDIT CARD CENTER	6182017	283790		2017 9 INV A	1,417.16	C-070517	CREDIT CARD CENTER
INVOICE: 6182017		FULL DESC:	CREDIT CARD CENTER				
ACCOUNT TOTAL					1,417.16		
ORG 145 TOTAL					1,637.25		
150 INFORMATION TECHNOLOGY							
0010-100-150-00-610500- COMPUTERS							
000739 CDW GOVERNMENT INC	JHS1323	284064		2017 9 INV A	968.19	C-070517	SOFTWARE LICENSE/ C
INVOICE:		FULL DESC:	SOFTWARE LICENSE/ C.SHELTON/W.BROWN				
001361 SAM'S CLUB DIRECT	6202017	283822		2017 9 INV A	1,061.20	C-070517	SAM'S CLUB DIRECT
INVOICE: 6202017		FULL DESC:	SAM'S CLUB DIRECT				
007817 PROTECH SYSTEMS	SVC33844	284068		2017 9 INV A	2,736.24	C-070517	SWITCH IT SUPPLIES
INVOICE:		FULL DESC:	SWITCH IT SUPPLIES				
026785 BEST BUY	2781285	284065		2017 9 INV A	12.99	C-070517	CABLE FOR SOUND SYS
INVOICE: 2781285		FULL DESC:	CABLE FOR SOUND SYSTEM				
ACCOUNT TOTAL					4,778.62		
0010-100-150-00-610550- NETWORK CONNECTIVITY							
000952 TYLER TECHNOLOGIES	45-192931	284069		2017 9 INV A	17,691.25	C-070517	QUARTERLY MAINTENAN
INVOICE:		FULL DESC:	QUARTERLY MAINTENANCE				
ACCOUNT TOTAL					17,691.25		
0010-100-150-00-611300- MOTOR VEH REPAIRS/MAINT							
001962 IDEAL TIRE SALES	475725	284062		2017 9 INV A	749.95	C-070517	TIRES FOR ITEC /LIB
INVOICE: 475725		FULL DESC:	TIRES FOR ITEC /LIBERTY				
ACCOUNT TOTAL					749.95		
0010-100-150-00-612500- UNIFORMS							
000424 A TO Z ADVERTISING	44747	284071		2017 9 INV A	364.78	C-070517	ITEC UNIFORMS

YEAR/PERIOD: 2017/1 TO 2017/10

ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S		WARRANT	CHECK	DESCRIPTION
INVOICE: 44747		FULL DESC: ITEC UNIFORMS								
			ACCOUNT TOTAL				364.78			
0010-100-150-00-614000-			GASOLINE/OIL							
006919 FUELMAN	NP50651003	284066		2017	9	INV	A	62.68	C-070517	ITEC
INVOICE:		FULL DESC: ITEC								
006919 FUELMAN	NP50694242	284067		2017	9	INV	A	93.48	C-070517	ITEC FUEL
INVOICE:		FULL DESC: ITEC FUEL								
								156.16		
			ACCOUNT TOTAL				156.16			
0010-100-150-00-626900-			TRAVEL & TRAINING							
001339 CREDIT CARD CENTER	6182017	283790		2017	9	INV	A	280.00	C-070517	CREDIT CARD CENTER
INVOICE: 6182017		FULL DESC: CREDIT CARD CENTER								
			ACCOUNT TOTAL				280.00			
			ORG 150 TOTAL				24,020.76			
155		CITY CLERK								
0010-100-155-00-610400-			OFFICE SUPPLIES							
000403 LAWRENCE PRINTING CO	18497	283788		2017	9	INV	A	358.78	C-070517	49,50,51 MINUTE BOO
INVOICE: 18497		FULL DESC: 49,50,51 MINUTE BOOKS								
007600 OFFICE DEPOT	933516905001	283783		2017	9	INV	A	7.99	C-070517	OFFICE SUPPLIES
INVOICE: 933516905001		FULL DESC: OFFICE SUPPLIES								
007600 OFFICE DEPOT	934621876001	283789		2017	9	INV	A	7.99	C-070517	OFFICE SUPPLIES
INVOICE: 934621876001		FULL DESC: OFFICE SUPPLIES								
								15.98		
			ACCOUNT TOTAL				374.76			
0010-100-155-00-610401-			OFFICE SUPPLY-INVENTORY							
001361 SAM'S CLUB DIRECT	6202017	283822		2017	9	INV	A	157.52	C-070517	SAM'S CLUB DIRECT
INVOICE: 6202017		FULL DESC: SAM'S CLUB DIRECT								
007600 OFFICE DEPOT	933516621001	283784		2017	9	INV	A	32.83	C-070517	OFFICE SUPPLIES
INVOICE: 933516621001		FULL DESC: OFFICE SUPPLIES								
007600 OFFICE DEPOT	934622237001	283780		2017	9	INV	A	23.40	C-070517	OFFICE SUPPLIES
INVOICE: 934622237001		FULL DESC: OFFICE SUPPLIES								
								56.23		
			ACCOUNT TOTAL				213.75			
0010-100-155-00-622100-			PROFESSIONAL SERVICES							
006885 STEGALL NOTARY SERVI	6292017	284301		2017	9	INV	A	150.00	C-070517	SONYA PRIDE- NOTARY
INVOICE: 6292017		FULL DESC: SONYA PRIDE- NOTARY KIT								

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				ACCOUNT TOTAL	150.00			
0010-100-155-00-625700-				TELEPHONE & POSTAGE				
018342 GREAT AMERICA FINANC	20817585	283786		2017 9 INV A	169.00	C-070517		JULY 2017/ POSTAGE
INVOICE: 20817585		FULL DESC:		JULY 2017/ POSTAGE METER				
				ACCOUNT TOTAL	169.00			
0010-100-155-00-626100-				ADVERTISING				
001185 DESOTO TIMES-TRIBUNE	300108935	283773		2017 9 INV A	45.02	C-070517		PROOF OF PUBLICATIO
INVOICE: 300108935		FULL DESC:		PROOF OF PUBLICATION				
001185 DESOTO TIMES-TRIBUNE	7387	283843		2017 9 INV A	172.74	C-070517		PUBLICATION MAINTEN
INVOICE: 7387		FULL DESC:		PUBLICATION MAINTENANCE CODE				
					217.76			
				ACCOUNT TOTAL	217.76			
				ORG 155 TOTAL	1,125.27			
180				PLANNING / ENGINEERING DEPT				
0010-100-180-00-610400-				OFFICE SUPPLIES				
006685 DEX IMAGING	WR561419	283845		2017 9 INV A	63.63	C-070517		CODE ENF. COPIER
INVOICE:		FULL DESC:		CODE ENF. COPIER				
006685 DEX IMAGING	WR566137	283844		2017 9 INV A	2.39	C-070517		CODE ENF. COPIER
INVOICE:		FULL DESC:		CODE ENF. COPIER				
					66.02			
007600 OFFICE DEPOT	934929633001	283841		2017 9 INV A	950.96	C-070517		FURNITURE /OFFICE
INVOICE: 934929633001		FULL DESC:		FURNITURE /OFFICE				
007600 OFFICE DEPOT	934997637001	283839		2017 9 INV A	1,419.95	C-070517		5 DESKS/CODE
INVOICE: 934997637001		FULL DESC:		5 DESKS/CODE				
					2,370.91			
				ACCOUNT TOTAL	2,436.93			
0010-100-180-00-614000-				GASOLINE/OIL				
021382 PETTY CASH	6302017	284298		2017 9 INV A	37.00	C-070517		PETTY CASH REIMBURS
INVOICE: 6302017		FULL DESC:		PETTY CASH REIMBURSEMENT				
				ACCOUNT TOTAL	37.00			
0010-100-180-00-620800-				URBAN FORESTRY				
021382 PETTY CASH	6302017	284298		2017 9 INV A	4.55	C-070517		PETTY CASH REIMBURS
INVOICE: 6302017		FULL DESC:		PETTY CASH REIMBURSEMENT				
				ACCOUNT TOTAL	4.55			
0010-100-180-00-622100-				PROFESSIONAL FEES				

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001160 NEEL-SCHAFFER INC	1045210.2	283760		2017 9	INV	A	1,356.42	C-070517	PROF. SVCS - MAY 1,
INVOICE: 1045210		FULL DESC:	PROF. SVCS - MAY 1, 2017- MAY 31,2017						
026783 LBJ PROPERTIES	6262017	284095		2017 9	INV	A	135.00	C-070517	OVERAGE FOR PERMIT
INVOICE: 6262017		FULL DESC:	OVERAGE FOR PERMIT FEE						
			ACCOUNT TOTAL				1,491.42		
0010-100-180-00-626900-			TRAVEL & TRAINING						
000796 MIDA MAPS	694061	283567		2017 9	INV	A	71.00	C-070517	BLDG. DEPT MAPBOOKS
INVOICE: 694061		FULL DESC:	BLDG. DEPT MAPBOOKS						
001339 CREDIT CARD CENTER	6182017	283790		2017 9	INV	A	698.40	C-070517	CREDIT CARD CENTER
INVOICE: 6182017		FULL DESC:	CREDIT CARD CENTER						
021382 PETTY CASH	6302017	284298		2017 9	INV	A	38.73	C-070517	PETTY CASH REIMBURS
INVOICE: 6302017		FULL DESC:	PETTY CASH REIMBURSEMENT						
			ACCOUNT TOTAL				808.13		
			ORG 180 TOTAL				4,778.03		
211			POLICE DEPARTMENT						
0010-200-211-00-610100-			CLEANING SUPPLIES						
001361 SAM'S CLUB DIRECT	6202017	283822		2017 9	INV	A	362.52	C-070517	SAM'S CLUB DIRECT
INVOICE: 6202017		FULL DESC:	SAM'S CLUB DIRECT						
			ACCOUNT TOTAL				362.52		
0010-200-211-00-610400-			OFFICE SUPPLIES						
007600 OFFICE DEPOT	934367472001	284033		2017 9	INV	A	374.40	C-070517	COPY PAPER
INVOICE: 934367472001		FULL DESC:	COPY PAPER						
020229 DOVE DATA PRODUCTS	SI-1602334	283999		2017 9	INV	A	1,060.25	C-070517	TONERS/ MULTIPLE DI
INVOICE:		FULL DESC:	TONERS/ MULTIPLE DIVISIONS						
			ACCOUNT TOTAL				1,434.65		
0010-200-211-00-611000-			MATERIALS						
000949 INTEGRATED COMMUNICA	12721	283987		2017 9	INV	A	490.00	C-070517	EARPIECES/MIC
INVOICE: 12721		FULL DESC:	EARPIECES/MIC						
005044 LOWE'S HOME CENTERS,	6252017	284300		2017 9	INV	A	232.45	C-070517	LOWE'S CREDIT
INVOICE: 6252017		FULL DESC:	LOWE'S CREDIT						
023353 SOUTHERN CONNECTION	8431	284036	17000302	2017 9	INV	A	1,843.00	C-070517	GLOCK G43's/FRONT &
INVOICE: 8431		FULL DESC:	GLOCK G43's/FRONT & REAR NIGHT						
026634 IDEAL SUPPLY INC	87206	283985	17000291	2017 9	INV	A	1,338.29	C-070517	EXPLOSIVES STORAGE
INVOICE: 87206		FULL DESC:	EXPLOSIVES STORAGE						
			ACCOUNT TOTAL				3,903.74		

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S		WARRANT	CHECK	DESCRIPTION
0010-200-211-00-611300- MAINTENANCE VEHICLES										
000650 G & W DIESEL SERVICE	333621	284004		2017	9	INV	A	75.00	C-070517	3109- REPAIR MIC CO
INVOICE: 333621		FULL DESC: 3109- REPAIR MIC CONNECTOR								
000650 G & W DIESEL SERVICE	333623	284005		2017	9	INV	A	112.50	C-070517	3132- REPLACED FUSE
INVOICE: 333623		FULL DESC: 3132- REPLACED FUSE HOLDER								
								187.50		
000836 COUNTRY FORD INC	6033280	284037		2017	9	INV	A	46.45	C-070517	2776- O/C
INVOICE: 6033280		FULL DESC: 2776- O/C								
000836 COUNTRY FORD INC	6034522	284046		2017	9	INV	A	41.97	C-070517	3156- O/C
INVOICE: 6034522		FULL DESC: 3156- O/C								
								88.42		
000887 JIMMY GRAY CHEVROLET	325046	284045		2017	9	INV	A	49.95	C-070517	3088- O/C
INVOICE: 325046		FULL DESC: 3088- O/C								
000979 SOUTHAVEN CAR CARE	24640	284010		2017	9	INV	A	109.95	C-070517	3117- FREON
INVOICE: 24640		FULL DESC: 3117- FREON								
000979 SOUTHAVEN CAR CARE	24642	284022		2017	9	INV	A	803.95	C-070517	3081- INTAKE MANIFO
INVOICE: 24642		FULL DESC: 3081- INTAKE MANIFOLD /ANTIFREEZE								
000979 SOUTHAVEN CAR CARE	24671	284024		2017	9	INV	A	787.68	C-070517	3106- COOLING FAN A
INVOICE: 24671		FULL DESC: 3106- COOLING FAN AND RADIATOR								
000979 SOUTHAVEN CAR CARE	24672	284023		2017	9	INV	A	380.00	C-070517	3118- DIAGNOSTICS B
INVOICE: 24672		FULL DESC: 3118- DIAGNOSTICS BATTERY & FUSE								
000979 SOUTHAVEN CAR CARE	24700	284032		2017	9	INV	A	95.00	C-070517	2778- BATTERY AND T
INVOICE: 24700		FULL DESC: 2778- BATTERY AND TERMINAL ENDS								
000979 SOUTHAVEN CAR CARE	24704	284007		2017	9	INV	A	190.00	C-070517	3054- HVAC CLEANED
INVOICE: 24704		FULL DESC: 3054- HVAC CLEANED								
000979 SOUTHAVEN CAR CARE	24737	284038		2017	9	INV	A	262.40	C-070517	3084- THERMOSTAT AN
INVOICE: 24737		FULL DESC: 3084- THERMOSTAT AND GASKET/ FILTER								
								2,628.98		
001101 SNAPPY WINDSHIELD	SHP213	283969		2017	9	INV	A	60.00	C-070517	3094 - W/S REPAIR
INVOICE:		FULL DESC: 3094 - W/S REPAIR								
001114 UNION AUTO PARTS	949119	284021		2017	9	INV	A	83.60	C-070517	3144- ARM / FRONT S
INVOICE: 949119		FULL DESC: 3144- ARM / FRONT SUSPENSION								
001114 UNION AUTO PARTS	949137	284020		2017	9	INV	A	149.39	C-070517	3144- ARM CONTROL
INVOICE: 949137		FULL DESC: 3144- ARM CONTROL								
001114 UNION AUTO PARTS	951078	284019		2017	9	INV	A	74.60	C-070517	STOCK/ WIPER BLADES
INVOICE: 951078		FULL DESC: STOCK/ WIPER BLADES								
001114 UNION AUTO PARTS	952121	284031		2017	9	INV	A	118.96	C-070517	2778- BATTERY
INVOICE: 952121		FULL DESC: 2778- BATTERY								
001114 UNION AUTO PARTS	952377	284030		2017	9	CRM	A	-15.00	C-070517	2778- CORE RETURN
INVOICE: 952377		FULL DESC: 2778- CORE RETURN								
001114 UNION AUTO PARTS	953472	284006		2017	9	INV	A	7.02	C-070517	3135- AIR FILTER
INVOICE: 953472		FULL DESC: 3135- AIR FILTER								
001114 UNION AUTO PARTS	954145	284003		2017	9	INV	A	117.12	C-070517	3120 - BATTERY

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INVOICE: 954145		FULL DESC: 3120 - BATTERY							
							535.69		
001962 IDEAL TIRE SALES	476405	283976		2017	9	INV A	20.00	C-070517	3029- FRONT END CHE
INVOICE: 476405		FULL DESC: 3029- FRONT END CHECK							
001962 IDEAL TIRE SALES	476406	283979		2017	9	INV A	10.00	C-070517	3141- BRAKE INSPECT
INVOICE: 476406		FULL DESC: 3141- BRAKE INSPECTION							
001962 IDEAL TIRE SALES	476435	283978		2017	9	INV A	367.95	C-070517	3144- LOWER CONTROL
INVOICE: 476435		FULL DESC: 3144- LOWER CONTROL ARM/ ALIGNMENT/STEEL WHEEL CHA							
001962 IDEAL TIRE SALES	476567	283977		2017	9	INV A	20.00	C-070517	3132 - BRAKE INSPEC
INVOICE: 476567		FULL DESC: 3132 - BRAKE INSPECTION							
001962 IDEAL TIRE SALES	476587	283980		2017	9	INV A	40.00	C-070517	3133- (2) MT/BAL
INVOICE: 476587		FULL DESC: 3133- (2) MT/BAL							
001962 IDEAL TIRE SALES	476613	283975		2017	9	INV A	19.00	C-070517	3082- MT/BAL
INVOICE: 476613		FULL DESC: 3082- MT/BAL							
001962 IDEAL TIRE SALES	476618	283970		2017	9	INV A	96.00	C-070517	3120 - MT/BAL/ ALIG
INVOICE: 476618		FULL DESC: 3120 - MT/BAL/ ALIGNMENT CK							
001962 IDEAL TIRE SALES	476650	283981		2017	9	INV A	80.00	C-070517	3098 - MT/BAL ALIGN
INVOICE: 476650		FULL DESC: 3098 - MT/BAL ALIGNMENT CK							
001962 IDEAL TIRE SALES	476721	283974		2017	9	INV A	120.00	C-070517	3110 - MT/BAL/ BRAK
INVOICE: 476721		FULL DESC: 3110 - MT/BAL/ BRAKE JOB /ROTATE							
001962 IDEAL TIRE SALES	476732	283972		2017	9	INV A	18.00	C-070517	3093- FLAT REPAIR
INVOICE: 476732		FULL DESC: 3093- FLAT REPAIR							
001962 IDEAL TIRE SALES	476780	283973		2017	9	INV A	20.00	C-070517	3125 - MT/BAL LEFT
INVOICE: 476780		FULL DESC: 3125 - MT/BAL LEFT FRONT							
001962 IDEAL TIRE SALES	476871	283971		2017	9	INV A	19.00	C-070517	3053- MT/BAL SPANE
INVOICE: 476871		FULL DESC: 3053- MT/BAL SPANE							
							829.95		
002352 DEPARTMENT OF REVENU	6222017	283850		2017	9	INV A	12.00	C-070517	TAG/MAIL FEE/ HFB53
INVOICE: 6222017		FULL DESC: TAG/MAIL FEE/ HFB53634							
005938 T & B TRUCK REPAIR	12700	283998		2017	9	INV A	153.97	C-070517	3025- RADIATOR CAP
INVOICE: 12700		FULL DESC: 3025- RADIATOR CAP & INSPECT							
007304 O'REILLYS AUTO PARTS	1257-314613	284026		2017	9	INV A	27.98	C-070517	3084- WIPER BLADES
INVOICE:		FULL DESC: 3084- WIPER BLADES							
007304 O'REILLYS AUTO PARTS	1257-316017	284018		2017	9	INV A	17.99	C-070517	3129- BULB
INVOICE:		FULL DESC: 3129- BULB							
007304 O'REILLYS AUTO PARTS	1791-412940	284027		2017	9	INV A	45.54	C-070517	3027- WIPER BLADES
INVOICE:		FULL DESC: 3027- WIPER BLADES							
							91.51		
019700 CHOICE TOWING	35279	284009		2017	9	INV A	50.00	C-070517	3081- TOW
INVOICE: 35279		FULL DESC: 3081- TOW							
019912 GOODYEAR TIRE	44608083	284035		2017	9	INV A	1,776.37	C-070517	TIRES - SC
INVOICE: 44608083		FULL DESC: TIRES - SC							
019912 GOODYEAR TIRE	44608084	284034		2017	9	INV A	1,041.24	C-070517	TIRES - SC

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S	WARRANT	CHECK	DESCRIPTION
INVOICE: 44608084	FULL DESC: TIRES - SC								
							2,817.61		
022896 VALVOLINE LLC	107686050069	284052		2017	9	INV A	75.63	C-070517	3117- O/C
INVOICE: 107686050069	FULL DESC: 3117- O/C								
022896 VALVOLINE LLC	107891050069	284057		2017	9	INV A	39.93	C-070517	3054- O/C
INVOICE: 107891050069	FULL DESC: 3054- O/C								
022896 VALVOLINE LLC	97224050065	284047		2017	9	INV A	44.19	C-070517	3071- O/C
INVOICE: 97224050065	FULL DESC: 3071- O/C								
022896 VALVOLINE LLC	97258050065	284049		2017	9	INV A	61.18	C-070517	3120 - O/C
INVOICE: 97258050065	FULL DESC: 3120 - O/C								
022896 VALVOLINE LLC	97291050065	284041		2017	9	INV A	40.36	C-070517	3109-O/C
INVOICE: 97291050065	FULL DESC: 3109-O/C								
022896 VALVOLINE LLC	97305050065	284040		2017	9	INV A	40.78	C-070517	3052- O/C
INVOICE: 97305050065	FULL DESC: 3052- O/C								
022896 VALVOLINE LLC	97413050065	284048		2017	9	INV A	44.19	C-070517	3154- O/C
INVOICE: 97413050065	FULL DESC: 3154- O/C								
022896 VALVOLINE LLC	97506050065	284042		2017	9	INV A	45.02	C-070517	3135- O/C
INVOICE: 97506050065	FULL DESC: 3135- O/C								
022896 VALVOLINE LLC	97528050065	284044		2017	9	INV A	40.36	C-070517	3092- O/C
INVOICE: 97528050065	FULL DESC: 3092- O/C								
022896 VALVOLINE LLC	97529050065	284043		2017	9	INV A	40.78	C-070517	3068- O/C
INVOICE: 97529050065	FULL DESC: 3068- O/C								
022896 VALVOLINE LLC	97543050065	284053		2017	9	INV A	40.36	C-070517	2618 - O/C
INVOICE: 97543050065	FULL DESC: 2618 - O/C								
022896 VALVOLINE LLC	97575050065	284051		2017	9	INV A	45.02	C-070517	3026- O/C
INVOICE: 97575050065	FULL DESC: 3026- O/C								
022896 VALVOLINE LLC	97587050065	284054		2017	9	INV A	40.78	C-070517	3114- O/C
INVOICE: 97587050065	FULL DESC: 3114- O/C								
022896 VALVOLINE LLC	97589050065	284055		2017	9	INV A	61.18	C-070517	3072- O/C
INVOICE: 97589050065	FULL DESC: 3072- O/C								
022896 VALVOLINE LLC	97678050065	284058		2017	9	INV A	40.78	C-070517	3045- O/C
INVOICE: 97678050065	FULL DESC: 3045- O/C								
022896 VALVOLINE LLC	97702050065	284050		2017	9	INV A	71.18	C-070517	3122 - O/C
INVOICE: 97702050065	FULL DESC: 3122 - O/C								
022896 VALVOLINE LLC	97714050065	284056		2017	9	INV A	40.78	C-070517	3043- O/C
INVOICE: 97714050065	FULL DESC: 3043- O/C								
							812.50		
024433 COLLISION CENTRE SOU	1418	283997		2017	9	INV A	96.00	C-070517	3095- REMOVED STRIP
INVOICE: 1418	FULL DESC: 3095- REMOVED STRIPING								
024433 COLLISION CENTRE SOU	1447	283994		2017	9	INV A	96.60	C-070517	3065- REMOVE STRIPI
INVOICE: 1447	FULL DESC: 3065- REMOVE STRIPING								
024433 COLLISION CENTRE SOU	1753	283982		2017	9	INV A	690.50	C-070517	3029 - REMOVE/REPLA
INVOICE: 1753	FULL DESC: 3029 - REMOVE/REPLACE UPPER/LOWER INSULATORS								
							883.10		
026782 HANCOCK'S	6142017	283968		2017	9	INV A	256.31	C-070517	3485- M/C TAILER RE
INVOICE: 6142017	FULL DESC: 3485- M/C TAILER REPAIRS								

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S	WARRANT	CHECK	DESCRIPTION
				ACCOUNT TOTAL			9,457.49		
0010-200-211-00-612200-				MAINTENANCE EQUIPMENT & BUILD					
000341 GENERATOR POWER SYST	35689	284000		2017	9	INV A	1,000.00	C-070517	5032- SKY COP REPAI
INVOICE: 35689		FULL DESC:	5032- SKY COP REPAIRS						
000949 INTEGRATED COMMUNICA	123725	283988		2017	9	INV A	45.00	C-070517	ANTENNA/BATTERY CK
INVOICE: 123725		FULL DESC:	ANTENNA/BATTERY CK						
001102 SOUTHAVEN SUPPLY	282188	283966		2017	9	INV A	11.85	C-070517	TANK LEVERS & BOLTS
INVOICE: 282188		FULL DESC:	TANK LEVERS & BOLTS						
001102 SOUTHAVEN SUPPLY	282548	283967		2017	9	INV A	16.96	C-070517	FLUSH LEVERS/TANK L
INVOICE: 282548		FULL DESC:	FLUSH LEVERS/TANK LEVERS						
							28.81		
005044 LOWE'S HOME CENTERS,	6252017	284300		2017	9	INV A	79.98	C-070517	LOWE'S CREDIT
INVOICE: 6252017		FULL DESC:	LOWE'S CREDIT						
				ACCOUNT TOTAL			1,153.79		
0010-200-211-00-612500-				UNIFORMS					
012445 ACCURATE LAW ENFOR	8475	284029		2017	9	INV A	165.59	C-070517	PRICE, TYLER CARRIE
INVOICE: 8475		FULL DESC:	PRICE, TYLER CARRIER						
021916 MIDSOUTH SOLUTIONS	106883	284028		2017	9	INV A	316.37	C-070517	SMITH, MATT/ 2017 A
INVOICE: 106883		FULL DESC:	SMITH, MATT/ 2017 ALLOT						
021916 MIDSOUTH SOLUTIONS	107130	284008		2017	9	INV A	400.93	C-070517	SCOJTT, DENNIS 2017
INVOICE: 107130		FULL DESC:	SCOJTT, DENNIS 2017 ALLOT						
							717.30		
				ACCOUNT TOTAL			882.89		
0010-200-211-00-614000-				FUEL & OIL					
006919 FUELMAN	NP50229641	284217		2017	9	INV A	5,331.71	C-070517	FUEL FOR SPD
INVOICE:		FULL DESC:	FUEL FOR SPD						
006919 FUELMAN	NP50616896	284025		2017	9	INV A	4,797.47	C-070517	FUEL FOR SPD
INVOICE:		FULL DESC:	FUEL FOR SPD						
006919 FUELMAN	NP50650580	284039		2017	9	INV A	4,845.10	C-070517	FUEL FOR SPD
INVOICE:		FULL DESC:	FUEL FOR SPD						
							14,974.28		
				ACCOUNT TOTAL			14,974.28		
0010-200-211-00-614900-				FEED FOR ANIMALS					
019336 HOLLYWOOD FEED	6142017	283965		2017	9	INV A	629.80	C-070517	DOG FOOD
INVOICE: 6142017		FULL DESC:	DOG FOOD						
				ACCOUNT TOTAL			629.80		

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0010-200-211-00-622100-				PROFESSIONAL SERVICES			
001213 TRI-STATE TROPHY	64503	283986		2017 9 INV A	225.00	C-070517	PLAQUES/JUNE RETIRE
INVOICE: 64503		FULL DESC:		PLAQUES/JUNE RETIREMENT			
006685 DEX IMAGING	WR561420	284017		2017 9 INV A	418.68	C-070517	MP7572- BOOKING 1 M
INVOICE:		FULL DESC:		MP7572- BOOKING 1 MAIN			
006685 DEX IMAGING	WR566149	284014		2017 9 INV A	244.51	C-070517	MP7393- RECORDS
INVOICE:		FULL DESC:		MP7393- RECORDS			
006685 DEX IMAGING	WR566150	284011		2017 9 INV A	52.31	C-070517	A1282- PUBLIC RELAT
INVOICE:		FULL DESC:		A1282- PUBLIC RELATIONS			
006685 DEX IMAGING	WR566151	284012		2017 9 INV A	240.94	C-070517	MP6427-MP6419/ INV.
INVOICE:		FULL DESC:		MP6427-MP6419/ INV. DISP			
006685 DEX IMAGING	WR566152	284013		2017 9 INV A	11.90	C-070517	A4738- E. PRECINCT
INVOICE:		FULL DESC:		A4738- E. PRECINCT			
006685 DEX IMAGING	WR566376	284015		2017 9 INV A	.61	C-070517	MP7313- BOOKING 2 B
INVOICE:		FULL DESC:		MP7313- BOOKING 2 BACKUP			
006685 DEX IMAGING	WR566827	284016		2017 9 INV A	358.99	C-070517	MP7549- SID
INVOICE:		FULL DESC:		MP7549- SID			
					1,327.94		
018276 CLIFFORD T FREEMAN	2017-06-1501	283990		2017 9 INV A	800.00	C-070517	(4) PRE-EMP POLY'S
INVOICE:		FULL DESC:		(4) PRE-EMP POLY'S			
021625 AMERICAN TESTING LLC	3341	283991		2017 9 INV A	95.00	C-070517	BA DRAE - DOLQUEST,
INVOICE: 3341		FULL DESC:		BA DRAE - DOLQUEST, L.			
				ACCOUNT TOTAL	2,447.94		
0010-200-211-00-625700-				TELEPHONE & POSTAGE			
006142 ACCESS POINT INC	5021468	284060		2017 9 INV A	332.93	C-070517	1855 VETERANY #3176
INVOICE: 5021468		FULL DESC:		1855 VETERANY #317602			
				ACCOUNT TOTAL	332.93		
0010-200-211-00-626900-				TRAVEL & TRAINING			
001136 NWCC-SENATOBIA	5112017	284002		2017 9 INV A	5.00	C-070517	BLS CARD CPR TRAINI
INVOICE: 5112017		FULL DESC:		BLS CARD CPR TRAINING			
001339 CREDIT CARD CENTER	6182017	283790		2017 9 INV A	1,596.00	C-070517	CREDIT CARD CENTER
INVOICE: 6182017		FULL DESC:		CREDIT CARD CENTER			
005829 CHANDLER RICHARD	6152017	284215		2017 9 INV A	205.00	C-070517	MLEOA CONFERENCE/ D
INVOICE: 6152017		FULL DESC:		MLEOA CONFERENCE/ D'LBERVILL,MS			
007569 HITT GEORGIA	6172017	283961		2017 9 INV A	246.00	C-070517	S.L.E.E.A BILOXI, M
INVOICE: 6172017		FULL DESC:		S.L.E.E.A BILOXI, MS			
014492 LOGAZINO BRETT	6162017	284214		2017 9 INV A	246.00	C-070517	MLEOA MOTORCYCLE TR
INVOICE: 6162017		FULL DESC:		MLEOA MOTORCYCLE TRAINING/D'LBERVILL, MS			

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016646 SUTHERLEN BRAD	6162017	284216		2017 9	INV	A	246.00	C-070517	MEAL REIMBURSEMENT/
INVOICE: 6162017		FULL DESC: MEAL REIMBURSEMENT/MLEOA CONF. / D'IBERVILL,MS							
020723 KJELLIN WILLIAM	6172017	283963		2017 9	INV	A	410.00	C-070517	SLEEA, BILOXI, MS
INVOICE: 6172017		FULL DESC: SLEEA, BILOXI, MS							
020767 HOLLIDAY LEE	6142017	283964		2017 9	INV	A	164.00	C-070517	SLEEA/KESSLER AFB/E
INVOICE: 6142017		FULL DESC: SLEEA/KESSLER AFB/EXPLORER ACADEMY/D'IBERVILLE,MS							
023092 FLETCHER JONATHAN	6162017	283962		2017 9	INV	A	246.00	C-070517	K-9 CONFERENCE/TRAI
INVOICE: 6162017		FULL DESC: K-9 CONFERENCE/TRAINING IN D'IBERVILL,MS							
026784 SHELBY COUNTY SHERIF	20170002	283992		2017 9	INV	A	360.00	C-070517	FTO SCHOOL (9) OFFI
INVOICE: 20170002		FULL DESC: FTO SCHOOL (9) OFFICERS							
			ACCOUNT TOTAL				3,724.00		
0010-200-211-00-630400-			MACHINERY & EQUIPMENT						
020462 AMTEC LESS LETHAL SY	35812	283984		2017 9	INV	A	3,244.10	C-070517	LAUNCHERS
INVOICE: 35812		FULL DESC: LAUNCHERS							
			ACCOUNT TOTAL				3,244.10		
0010-200-211-00-661800-			CONFISCATED FUNDS-LOCAL						
005839 GOV DEALS	182-052017	284001		2017 9	INV	A	540.52	C-070517	FORFEITURES SID
INVOICE:		FULL DESC: FORFEITURES SID							
020449 FINAL TOUCH SECURITY	49269	283993		2017 9	INV	A	360.00	C-070517	1855 VETERANS ANNUA
INVOICE: 49269		FULL DESC: 1855 VETERANS ANNUAL SEC. SYSTEMS							
022111 HAYES LAW FIRM PLLC	609	283989		2017 9	INV	A	861.00	C-070517	KANE, ANNA FOR FEIT
INVOICE: 609		FULL DESC: KANE, ANNA FOR FEITURE							
			ACCOUNT TOTAL				1,761.52		
			ORG 211 TOTAL				44,309.65		
290		FIRE DEPARTMENT							
0010-200-290-00-610400-			OFFICE SUPPLIES						
002227 JACKSON PAPER COMPAN	1007619	283983		2017 9	INV	A	119.25	C-070517	COPY PAPER
INVOICE: 1007619		FULL DESC: COPY PAPER							
003174 TIGER STAMP INC	3208	283831		2017 9	INV	A	105.00	C-070517	SIGNATURE STAMP & 2
INVOICE: 3208		FULL DESC: SIGNATURE STAMP & 2 DESK PLATES							
			ACCOUNT TOTAL				224.25		
0010-200-290-00-611000-			MATERIALS						
005044 LOWE'S HOME CENTERS,	6252017	284300		2017 9	INV	A	497.62	C-070517	LOWE'S CREDIT
INVOICE: 6252017		FULL DESC: LOWE'S CREDIT							
			ACCOUNT TOTAL				497.62		

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR TYP S	WARRANT	CHECK	DESCRIPTION
0010-200-290-00-611300- MAINTENANCE VEHICLES							
000691 NORTH MISSISSIPPI TI	60661	283828		2017 9 INV A	995.88	C-070517	2 NEW TIRES STATION
INVOICE: 60661		FULL DESC:		2 NEW TIRES STATION 1			
000883 AMERICAN TIRE REPAIR	130588	283827		2017 9 INV A	120.00	C-070517	DISMOUNT/MOUNT & BA
INVOICE: 130588		FULL DESC:		DISMOUNT/MOUNT & BALANCE 2 NEW TIRES			
007304 O'REILLYS AUTO PARTS	1257-316680	283834		2017 9 INV A	44.97	C-070517	3) GALLONS ANTIFREE
INVOICE:		FULL DESC:		3) GALLONS ANTIFREEZE			
007304 O'REILLYS AUTO PARTS	1791-413172	283534		2017 9 INV A	79.89	C-070517	5 GALLONS ANTI FREE
INVOICE:		FULL DESC:		5 GALLONS ANTI FREESE COOLANT HOSE			
007304 O'REILLYS AUTO PARTS	1791-413721	283532		2017 9 INV A	7.09	C-070517	SPARK PLUG & CABLE
INVOICE:		FULL DESC:		SPARK PLUG & CABLE			
					131.95		
				ACCOUNT TOTAL	1,247.83		
0010-200-290-00-612200- MAINTENANCE EQUIPMENT & BUILD							
000305 MEMPHIS ICE MACHINE	66676	284061		2017 9 INV A	216.46	C-070517	REPAIR TO STATION 3
INVOICE: 66676		FULL DESC:		REPAIR TO STATION 3 ICE MAKER			
005044 LOWE'S HOME CENTERS,	6252017	284300		2017 9 INV A	244.50	C-070517	LOWE'S CREDIT
INVOICE: 6252017		FULL DESC:		LOWE'S CREDIT			
				ACCOUNT TOTAL	460.96		
0010-200-290-00-614000- FUEL & OIL							
006919 FUELMAN	NP50616917	283541		2017 9 INV A	110.63	C-070517	FUEL
INVOICE:		FULL DESC:		FUEL			
006919 FUELMAN	NP50650601	283823		2017 9 INV A	169.79	C-070517	FUEL
INVOICE:		FULL DESC:		FUEL			
					280.42		
021382 PETTY CASH	6302017	284298		2017 9 INV A	10.00	C-070517	PETTY CASH REIMBURS
INVOICE: 6302017		FULL DESC:		PETTY CASH REIMBURSEMENT			
				ACCOUNT TOTAL	290.42		
0010-200-290-00-622100- PROFESSIONAL SERVICES							
016787 HEMKER COLOR LAB	1002	283829		2017 9 INV A	331.00	C-070517	DEPT. PORTRIAT, FRA
INVOICE: 1002		FULL DESC:		DEPT. PORTRIAT, FRAME & MOUNT			
017097 ENERA, INC	21348	283771		2017 9 INV A	762.50	C-070517	RAPID REACH CALL /
INVOICE: 21348		FULL DESC:		RAPID REACH CALL / 7-14 TO 10-13-17			
				ACCOUNT TOTAL	1,093.50		
0010-200-290-00-626500- PRINTING							
006685 DEX IMAGING	WR566138	283538		2017 9 INV A	8.37	C-070517	COPY FEES STATION 3

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S	WARRANT	CHECK	DESCRIPTION
INVOICE:		FULL DESC:	COPY FEES STATION 3						
006685 DEX IMAGING	WR566139	283539		2017 9	INV	A	196.10	C-070517	COPY FEES / FIRE AD
INVOICE:		FULL DESC:	COPY FEES / FIRE ADMIN						
							204.47		
			ACCOUNT TOTAL				204.47		
0010-200-290-00-626900-			TRAVEL & TRAINING						
000958 MS STATE FIRE ACADEM	25369	283540		2017 9	INV	A	800.00	C-070517	VEHI. EXTRICATION/R
INVOICE: 25369		FULL DESC:	VEHI. EXTRICATION/RESCUEBUNKER/HOMER/COTTEN/JESSIE						
000958 MS STATE FIRE ACADEM	25398	283767		2017 9	INV	A	525.00	C-070517	FIRE OFFICER I & II
INVOICE: 25398		FULL DESC:	FIRE OFFICER I & II / FIRE SVC INSTRUCTOR/MCDANIEL						
000958 MS STATE FIRE ACADEM	25400	283775		2017 9	INV	A	760.00	C-070517	FIRE SVC INSTRUCTOR
INVOICE: 25400		FULL DESC:	FIRE SVC INSTRUCTOR BRASHER/VANSTORY						
							2,085.00		
002083 CALARCO CARL	6152017	283774		2017 9	INV	A	145.00	C-070517	FOOD/STATE FIRE ACA
INVOICE: 6152017		FULL DESC:	FOOD/STATE FIRE ACADEMY ROPE RESCUE II						
009658 ITAWAMBA COMMUNITY	6162017	283769		2017 9	INV	A	1,300.00	C-070517	DENIS ERICSON/TUITI
INVOICE: 6162017		FULL DESC:	DENIS ERICSON/TUITION						
013768 FORD DUSTIN	6222017	283833		2017 9	INV	A	290.00	C-070517	TRAINING FIRE OFFIC
INVOICE: 6222017		FULL DESC:	TRAINING FIRE OFFICER 1021-1-11						
014048 ALABAMA FIRE	2780	283836		2017 9	INV	A	425.00	C-070517	FIRE OFFICER III /
INVOICE: 2780		FULL DESC:	FIRE OFFICER III / CAPT. BARNETT						
019132 WILSON COLIN	6082017	283770		2017 9	INV	A	145.00	C-070517	MEALS WHILE ATTENDI
INVOICE: 6082017		FULL DESC:	MEALS WHILE ATTENDING TRAINING AT MSCA						
			ACCOUNT TOTAL				4,390.00		
0010-200-290-00-630400-			MACHINERY & EQUIPMENT						
007304 O'REILLYS AUTO PARTS	1791-413605	283537		2017 9	INV	A	16.99	C-070517	FUSE ASSORTMENT
INVOICE:		FULL DESC:	FUSE ASSORTMENT						
015742 HOBART	33103867	283800		2017 9	INV	A	673.88	C-070517	REPLACED ALL 10 BUR
INVOICE: 33103867		FULL DESC:	REPLACED ALL 10 BURNERS/ STATION 1						
			ACCOUNT TOTAL				690.87		
			ORG 290 TOTAL				9,099.92		
295			FIRE PREVENTION						
0010-200-295-00-611000-			MATERIALS						
001150 NAPA GENUINE PARTS C	3465-704359	283835		2017 9	INV	A	4.72	C-070517	SPARK PLUG FOR TRAI
INVOICE:		FULL DESC:	SPARK PLUG FOR TRAILER/TRAINING CENTER						
007304 O'REILLYS AUTO PARTS	1257-316312	283824		2017 9	INV	A	12.99	C-070517	HITCH BALL

ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR TYP S	WARRANT	CHECK	DESCRIPTION
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INVOICE:		FULL DESC:	HITCH BALL				
007304 O'REILLYS AUTO PARTS	1257-316837	283832		2017 9 INV A	47.93	C-070517	MATERIALS /GENERATO
INVOICE:		FULL DESC:	MATERIALS /GENERATOR FOR TRAILER & TC				
					60.92		
				ACCOUNT TOTAL	65.64		
0010-200-295-00-626102-				PUBLIC RELATIONS			
000424 A TO Z ADVERTISING	44767	283830		2017 9 INV A	426.13	C-070517	T-SHIRTS FOR FIRE A
INVOICE: 44767		FULL DESC:	T-SHIRTS FOR FIRE ACADEMY FOR KIDS				
001121 NEWTON TROPHY	99545	283826		2017 9 INV A	350.00	C-070517	TROPHIES FOR FIRE A
INVOICE: 99545		FULL DESC:	TROPHIES FOR FIRE ACADEMY / KIDS				
021382 PETTY CASH	6302017	284298		2017 9 INV A	23.01	C-070517	PETTY CASH REIMBURS
INVOICE: 6302017		FULL DESC:	PETTY CASH REIMBURSEMENT				
				ACCOUNT TOTAL	799.14		
0010-200-295-00-626900-				TRAVEL & TRAINING			
014493 ALDERMAN MALENA	6152017	283825		2017 9 INV A	116.00	C-070517	MS STATE FIRE ACAAM
INVOICE: 6152017		FULL DESC:	MS STATE FIRE ACAAMBE 1041-III				
				ACCOUNT TOTAL	116.00		
0010-200-295-00-630400-				MACHINERY AND EQUIPMENT			
021382 PETTY CASH	6302017	284298		2017 9 INV A	10.70	C-070517	PETTY CASH REIMBURS
INVOICE: 6302017		FULL DESC:	PETTY CASH REIMBURSEMENT				
				ACCOUNT TOTAL	10.70		
				ORG 295 TOTAL	991.48		
297			EMS				
0010-200-297-00-610701-				MEDICAL SUPPLIES			
000335 MOORE MEDICAL CORP	99511341	283536		2017 9 INV A	547.91	C-070517	MEDICAL SUPPLIES
INVOICE: 99511341		FULL DESC:	MEDICAL SUPPLIES				
000582 BOUND TREE MEDICAL	82524023	283535		2017 9 INV A	867.88	C-070517	MEDICAL SUPPLIES
INVOICE: 82524023		FULL DESC:	MEDICAL SUPPLIES				
016050 HENRY SCHEIN INC	42548449	283779		2017 9 INV A	132.44	C-070517	MEDICAL SUPPLIES
INVOICE: 42548449		FULL DESC:	MEDICAL SUPPLIES				
020843 TESS COMPANY	437717	283533		2017 9 INV A	35.15	C-070517	MEDICAL SUPPLIES OX
INVOICE: 437717		FULL DESC:	MEDICAL SUPPLIES OXYGEN				
020843 TESS COMPANY	438295	284059		2017 9 INV A	47.80	C-070517	MEDICAL SUPPLIES OX
INVOICE: 438295		FULL DESC:	MEDICAL SUPPLIES OXYGEN				
					82.95		

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				ACCOUNT TOTAL			1,631.18		
0010-200-297-00-611300-				MOTOR VEH REPAIRS/MAINT					
000189 HOMER SKELTON FORD	6057519-2	283772		2017 9	INV	A	842.87	C-070517	REPAIRS TO UNIT 7
INVOICE:		FULL DESC:	REPAIRS TO UNIT 7						
000691 NORTH MISSISSIPPI TI	60657	283727		2017 9	INV	A	1,005.92	C-070517	4 NEW TIRES / UNIT
INVOICE: 60657		FULL DESC:	4 NEW TIRES / UNIT 1						
000883 AMERICAN TIRE REPAIR	130412	283728		2017 9	INV	A	279.00	C-070517	BALANCE OF 4 NEW TI
INVOICE: 130412		FULL DESC:	BALANCE OF 4 NEW TIRES FOR UNIT 1						
				ACCOUNT TOTAL			2,127.79		
0010-200-297-00-626900-				TRAVEL & TRAINING					
014007 CUNNINGHAM ALAN	6092017	283778		2017 9	INV	A	62.14	C-070517	EMS DRIVERS LICENSE
INVOICE: 6092017		FULL DESC:	EMS DRIVERS LICENSE/CUNNINGHAM						
026635 EQUIPMENT SALES INTE	6192017-09	283846	17000292	2017 9	INV	A	2,850.00	C-070517	PACKAGE OF 2 ZOLL E
INVOICE:		FULL DESC:	PACKAGE OF 2 ZOLL E-SERIES DEF						
				ACCOUNT TOTAL			2,912.14		
				ORG 297 TOTAL			6,671.11		
311				PUBLIC WORKS DEPARTMENT					
0010-300-311-00-610400-				OFFICE SUPPLIES					
007600 OFFICE DEPOT	934622237002	284109		2017 9	INV	A	18.71	C-070517	OFFICE SUPPLIES
INVOICE: 934622237002		FULL DESC:	OFFICE SUPPLIES						
				ACCOUNT TOTAL			18.71		
0010-300-311-00-611000-				MATERIALS					
000354 METER SERVICE AND SU	8726	284096		2017 9	INV	A	470.00	C-070517	MAT.
INVOICE: 8726		FULL DESC:	MAT.						
000354 METER SERVICE AND SU	8727	284097		2017 9	INV	A	698.25	C-070517	MAT.
INVOICE: 8727		FULL DESC:	MAT.						
000354 METER SERVICE AND SU	8728	284098		2017 9	INV	A	2,587.50	C-070517	MAT.
INVOICE: 8728		FULL DESC:	MAT.						
							3,755.75		
000541 TRI COUNTY FARM SERV	2-55338	284133		2017 9	INV	A	18.75	C-070517	MAT.
INVOICE:		FULL DESC:	MAT.						
000715 THOMPSON MACHINERY	S2906308	284132		2017 9	INV	A	2,776.65	C-070517	RENTAL
INVOICE:		FULL DESC:	RENTAL						
001102 SOUTHAVEN SUPPLY	282542	284129		2017 9	INV	A	272.53	C-070517	MAT.
INVOICE: 282542		FULL DESC:	MAT.						
001130 G & C SUPPLY CO	6661024	284089		2017 9	INV	A	107.70	C-070517	MAT/ SIGNS

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INVOICE: 6661024		FULL DESC: MAT/ SIGNS								
001130 G & C SUPPLY CO	6661093	284088		2017	9	INV	A	972.00	C-070517	MAT. SIGNS
INVOICE: 6661093		FULL DESC: MAT. SIGNS								
								1,079.70		
001320 MARTIN MACHINE WORKS	1059	284094		2017	9	INV	A	98.00	C-070517	MAT.
INVOICE: 1059		FULL DESC: MAT.								
			ACCOUNT TOTAL					8,001.38		
010-300-311-00-611300-			MAINTENANCE VEHICLES							
000691 NORTH MISSISSIPPI TI	60663	284108		2017	9	INV	A	1,286.20	C-070517	MAT. FOR SHOP
INVOICE: 60663		FULL DESC: MAT. FOR SHOP								
000883 AMERICAN TIRE REPAIR	130508	284074		2017	9	INV	A	114.00	C-070517	MAT. FOR SHOP
INVOICE: 130508		FULL DESC: MAT. FOR SHOP								
001114 UNION AUTO PARTS	954934	284159		2017	9	INV	A	118.08	C-070517	MAT. FOR SHOP
INVOICE: 954934		FULL DESC: MAT. FOR SHOP								
003237 CANNON INDUSTRIAL PR	73086	284079		2017	9	INV	A	328.53	C-070517	CLEANING PRODUCTS F
INVOICE: 73086		FULL DESC: CLEANING PRODUCTS FOR SHOP								
007304 O'REILLYS AUTO PARTS	1224-222734	284110		2017	9	INV	A	52.15	C-070517	MAT. FOR SHOP
INVOICE:		FULL DESC: MAT. FOR SHOP								
007304 O'REILLYS AUTO PARTS	1257-316163	284111		2017	9	INV	A	35.33	C-070517	MAT. FOR SHOP
INVOICE:		FULL DESC: MAT. FOR SHOP								
007304 O'REILLYS AUTO PARTS	1257-316522	284112		2017	9	INV	A	157.71	C-070517	MAT. FOR SHOP
INVOICE:		FULL DESC: MAT. FOR SHOP								
007304 O'REILLYS AUTO PARTS	1257-316978	284113		2017	9	INV	A	166.61	C-070517	MAT. FOR SHOP
INVOICE:		FULL DESC: MAT. FOR SHOP								
								411.80		
008561 S & H SMALL ENGINES	34453	284127		2017	9	INV	A	79.90	C-070517	MAT FOR SHOP
INVOICE: 34453		FULL DESC: MAT FOR SHOP								
016582 CONTRACTORS SUPPLY P	11583	284080		2017	9	INV	A	30.00	C-070517	MAT. FOR SHOP
INVOICE: 11583		FULL DESC: MAT. FOR SHOP								
020348 STRANGE ROBERT G	6201743312	284128		2017	9	INV	A	351.99	C-070517	MAT. FOR SHOP
INVOICE: 6201743312		FULL DESC: MAT. FOR SHOP								
021382 PETTY CASH	6302017	284298		2017	9	INV	A	10.00	C-070517	PETTY CASH REIMBURS
INVOICE: 6302017		FULL DESC: PETTY CASH REIMBURSEMENT								
023617 LB SMALL ENGINE REPA	1969	284092		2017	9	INV	A	48.00	C-070517	MAT. FOR SHOP
INVOICE: 1969		FULL DESC: MAT. FOR SHOP								
023617 LB SMALL ENGINE REPA	1974	284093		2017	9	INV	A	59.94	C-070517	MAT. FOR SHOP
INVOICE: 1974		FULL DESC: MAT. FOR SHOP								

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S		WARRANT	CHECK	DESCRIPTION
							107.94			
024880 A ONE JANITORIAL	102151P	284072		2017 9	INV	A	999.90	C-070517		MAT. FOR SHOP
INVOICE:		FULL DESC: MAT. FOR SHOP								
			ACCOUNT TOTAL				3,838.34			
0010-300-311-00-612500-			UNIFORMS							
000983 PARAMOUNT UNIFORMS R	455113	284118		2017 9	INV	A	124.34	C-070517		UNIFORMS
INVOICE: 455113		FULL DESC: UNIFORMS								
000983 PARAMOUNT UNIFORMS R	456499	284116		2017 9	INV	A	124.34	C-070517		UNIFORMS
INVOICE: 456499		FULL DESC: UNIFORMS								
							248.68			
			ACCOUNT TOTAL				248.68			
0010-300-311-00-622100-			PROFESSIONAL SERVICES							
006685 DEX IMAGING	WR563553	284087		2017 9	INV	A	42.95	C-070517		PROF. SERVICES FOR
INVOICE:		FULL DESC: PROF. SERVICES FOR OFFICE								
			ACCOUNT TOTAL				42.95			
0010-300-311-00-630400-			MACHINERY & EQUIPMENT							
026775 TRUCK MARKET	2656	284157	17000304	2017 9	INV	A	24,500.00	C-070517		ASPHALT PATCH TRUCK
INVOICE: 2656		FULL DESC: ASPHALT PATCH TRUCK								
			ACCOUNT TOTAL				24,500.00			
			ORG 311 TOTAL				36,650.06			
315			CITY TRAFFIC AND STREETS LIGHT							
0010-300-315-00-612200-			MAINTENANCE EQUIPMENT & BUILD							
000497 DESOTO COUNTY ELECTR	3889	284086		2017 9	INV	A	142.50	C-070517		SIGNAL REPAIR
INVOICE: 3889		FULL DESC: SIGNAL REPAIR								
			ACCOUNT TOTAL				142.50			
			ORG 315 TOTAL				142.50			
411			PARKS DEPARTMENT							
0010-400-411-00-610400-			OFFICE SUPPLIES							
006685 DEX IMAGING	WR566136	283548		2017 9	INV	A	75.90	C-070517		COPIER CONTACT / PA
INVOICE:		FULL DESC: COPIER CONTACT / PARKS OFFICE								
006685 DEX IMAGING	WR566142	283549		2017 9	INV	A	9.84	C-070517		COPIER CONTRACT/ GO
INVOICE:		FULL DESC: COPIER CONTRACT/ GOLF								
							85.74			
			ACCOUNT TOTAL				85.74			

ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR TYP S		WARRANT	CHECK	DESCRIPTION
0010-400-411-00-611300- MAINTENANCE VEHICLES								
025979 A&B FAST AUTO GLASS	I041596	283738		2017 9 INV A	225.00	C-070517		BACK GLASS
INVOICE:		FULL DESC:	BACK GLASS					
				ACCOUNT TOTAL	225.00			
0010-400-411-00-612200- MAINTENANCE EQUIPMENT & BUILD								
000268 BEST CHANCE JANITOR	175344	283560		2017 9 INV A	177.95	C-070517		DRUM LINERS (TRASH
INVOICE: 175344		FULL DESC:	DRUM LINERS (TRASH BAGS)					
000826 JERRY PATE TURF & IR	I1891580	283759		2017 9 INV A	73.23	C-070517		CONTROL THROTTLE
INVOICE:		FULL DESC:	CONTROL THROTTLE					
000826 JERRY PATE TURF & IR	I4037233	283551		2017 9 INV A	729.94	C-070517		GRIND MOWER REELS/
INVOICE:		FULL DESC:	GRIND MOWER REELS/ FRONT ROLLER PARTS					
					803.17			
000983 PARAMOUNT UNIFORMS R	454423	283561		2017 9 INV A	38.00	C-070517		SLATE MATS
INVOICE: 454423		FULL DESC:	SLATE MATS					
001104 SHERWIN WILLIAMS SOU	2200	283718		2017 9 INV A	8.49	C-070517		PAINTERS TAPE
INVOICE: 2200		FULL DESC:	PAINTERS TAPE					
001150 NAPA GENUINE PARTS C	0695-180892	283528		2017 9 INV A	109.92	C-070517		SAFETY GLASSES
INVOICE:		FULL DESC:	SAFETY GLASSES					
001150 NAPA GENUINE PARTS C	695-181031	283558		2017 9 INV A	71.94	C-070517		ANTI- FREEZE
INVOICE:		FULL DESC:	ANTI- FREEZE					
001150 NAPA GENUINE PARTS C	695-181064	283566		2017 9 INV A	31.24	C-070517		OIL FILTER
INVOICE:		FULL DESC:	OIL FILTER					
					213.10			
001361 SAM'S CLUB DIRECT	6202017	283822		2017 9 INV A	194.94	C-070517		SAM'S CLUB DIRECT
INVOICE: 6202017		FULL DESC:	SAM'S CLUB DIRECT					
002768 KEELING IRRIGATION	S3221999.001	283753		2017 9 INV A	280.75	C-070517		ROTORS/ IRRIGATION
INVOICE:		FULL DESC:	ROTORS/ IRRIGATION					
002768 KEELING IRRIGATION	S3227534.001	283852		2017 9 INV A	265.00	C-070517		IRRIGATION ROTOR WI
INVOICE:		FULL DESC:	IRRIGATION ROTOR WITH VALVE					
002768 KEELING IRRIGATION	S3227796.001	283712		2017 9 INV A	320.68	C-070517		ROTOR/ IRRIGATION
INVOICE:		FULL DESC:	ROTOR/ IRRIGATION					
					866.43			
005044 LOWE'S HOME CENTERS,	6252017	284300		2017 9 INV A	750.44	C-070517		LOWE'S CREDIT
INVOICE: 6252017		FULL DESC:	LOWE'S CREDIT					
005668 STATE SYSTEMS INC	147762518	283557		2017 9 INV A	319.70	C-070517		SERVICE CALL / FIRE
INVOICE: 147762518		FULL DESC:	SERVICE CALL / FIRE ALARM					
005668 STATE SYSTEMS INC	147762884	283756		2017 9 INV A	2,975.00	C-070517		FIRE INSPECTION
INVOICE: 147762884		FULL DESC:	FIRE INSPECTION					
005668 STATE SYSTEMS INC	147763418	283851		2017 9 INV A	79.44	C-070517		INSPECTION

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S	WARRANT	CHECK	DESCRIPTION
INVOICE: 147763418		FULL DESC: INSPECTION							
							3,374.14		
008566 HERNANDO GLASS CO	61917	283713		2017	9	INV A	236.72	C-070517	REPAIR TO CONCESSIO
INVOICE: 61917		FULL DESC: REPAIR TO CONCESSION WINDOW/ COMPLEX D							
010865 RELIABLE EQUIPMENT	130253	283743		2017	9	INV A	223.37	C-070517	CHAIN SAW CHAINS
INVOICE: 130253		FULL DESC: CHAIN SAW CHAINS							
010865 RELIABLE EQUIPMENT	130303	283744		2017	9	INV A	131.68	C-070517	BLADE SHAFT PULLEY
INVOICE: 130303		FULL DESC: BLADE SHAFT PULLEY							
010865 RELIABLE EQUIPMENT	130397	283959		2017	9	INV A	59.78	C-070517	WATER PUMP/BELT
INVOICE: 130397		FULL DESC: WATER PUMP/BELT							
							414.83		
024542 BRIGGS EQUIPMENT	INV0895642	283854		2017	9	INV A	159.27	C-070517	TOOTH BUCKET/ CUTTE
INVOICE:		FULL DESC: TOOTH BUCKET/ CUTTERS							
025314 GREENVILLE TURF	Z18496	283740		2017	9	INV A	372.35	C-070517	BLADES/ MOWERS
INVOICE:		FULL DESC: BLADES/ MOWERS							
025979 A&B FAST AUTO GLASS	I041557	283739		2017	9	INV A	74.30	C-070517	PLEXI-GLASS
INVOICE:		FULL DESC: PLEXI-GLASS							
		ACCOUNT TOTAL					7,684.13		
0010-400-411-00-612201-		PARK MAINTENANCE							
000268 BEST CHANCE JANITOR	175430	283719		2017	9	INV A	857.72	C-070517	JANITORIAL SUPPLIES
INVOICE: 175430		FULL DESC: JANITORIAL SUPPLIES							
000294 SAFETY-QUIP	A-375807	283716		2017	9	INV A	103.00	C-070517	PORTA POTTY - GOLF
INVOICE:		FULL DESC: PORTA POTTY - GOLF COURSE							
000294 SAFETY-QUIP	A-375808	283717		2017	9	INV A	75.00	C-070517	PORTA POTTY - TENNI
INVOICE:		FULL DESC: PORTA POTTY - TENNIS CENTER							
000294 SAFETY-QUIP	A-375831	283722		2017	9	INV A	285.00	C-070517	PORTA POTTY/ CENTRA
INVOICE:		FULL DESC: PORTA POTTY/ CENTRAL PARK							
							463.00		
001056 BWI MEMPHIS	14250193	283556		2017	9	INV A	325.92	C-070517	ATHLETIC FIELD MARK
INVOICE: 14250193		FULL DESC: ATHLETIC FIELD MARKER							
002933 SOUTHERN ATHLETIC FI	48929	283553		2017	9	INV A	400.00	C-070517	MULE MIX
INVOICE: 48929		FULL DESC: MULE MIX							
005044 LOWE'S HOME CENTERS,	6252017	284300		2017	9	INV A	108.27	C-070517	LOWE'S CREDIT
INVOICE: 6252017		FULL DESC: LOWE'S CREDIT							
007174 DENNIS WRIGHT & SON	32951	283715		2017	9	INV A	968.00	C-070517	URINAL REPAIR
INVOICE: 32951		FULL DESC: URINAL REPAIR							

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR TYP S		WARRANT	CHECK	DESCRIPTION
011134 WHITFIELD	53086	283723		2017 9 INV A	701.40	C-070517		BALLFIELD LIGHT POL
INVOICE: 53086		FULL DESC:	BALLFIELD LIGHT POLE REPAIR/ SNOWDEN					
019230 WASTE PRO-MEMPHIS	95740	283858		2017 9 INV A	165.00	C-070517		TRASH/ ARENA
INVOICE: 95740		FULL DESC:	TRASH/ ARENA					
019230 WASTE PRO-MEMPHIS	95741	283861		2017 9 INV A	165.00	C-070517		TRASH / CHERRY VALL
INVOICE: 95741		FULL DESC:	TRASH / CHERRY VALLEY					
019230 WASTE PRO-MEMPHIS	95742	283860		2017 9 INV A	90.00	C-070517		TRASH/ SOCCER
INVOICE: 95742		FULL DESC:	TRASH/ SOCCER					
019230 WASTE PRO-MEMPHIS	95743	283862		2017 9 INV A	332.00	C-070517		TRASH / GREENBROOK
INVOICE: 95743		FULL DESC:	TRASH / GREENBROOK					
019230 WASTE PRO-MEMPHIS	95744	283856		2017 9 INV A	85.00	C-070517		TRASH / GOLF
INVOICE: 95744		FULL DESC:	TRASH / GOLF					
019230 WASTE PRO-MEMPHIS	95745	283857		2017 9 INV A	165.00	C-070517		TRASH/ PARKS OFFICE
INVOICE: 95745		FULL DESC:	TRASH/ PARKS OFFICE					
019230 WASTE PRO-MEMPHIS	95746	283859		2017 9 INV A	1,183.76	C-070517		TRASH/ SNOWDEN
INVOICE: 95746		FULL DESC:	TRASH/ SNOWDEN					
019230 WASTE PRO-MEMPHIS	95869	283711		2017 9 INV A	929.00	C-070517		TRASH PICK UP / SNO
INVOICE: 95869		FULL DESC:	TRASH PICK UP / SNOWDEN					
019230 WASTE PRO-MEMPHIS	95914	283855		2017 9 INV A	82.50	C-070517		TRASH/ TENNIS CENTE
INVOICE: 95914		FULL DESC:	TRASH/ TENNIS CENTER					
					3,197.26			
				ACCOUNT TOTAL	7,021.57			
0010-400-411-00-612300-				MUNICIPAL GOLF COURSE EXPENSE				
001056 BWI MEMPHIS	14251343	283945	17000295	2017 9 INV A	7,838.40	C-070517		480 BAGS OF FERTILI
INVOICE: 14251343		FULL DESC:	480 BAGS OF FERTILIZER					
004854 WEST MEMPHIS FENCE &	81015	283752		2017 9 INV A	1,334.60	C-070517		FENCE REPAIR
INVOICE: 81015		FULL DESC:	FENCE REPAIR					
006738 CALLAWAY GOLF	927958336	283746		2017 9 INV A	2,475.00	C-070517		RANGE BALLS
INVOICE: 927958336		FULL DESC:	RANGE BALLS					
				ACCOUNT TOTAL	11,648.00			
0010-400-411-00-612500-				UNIFORMS				
000983 PARAMOUNT UNIFORMS R	454422	283564		2017 9 INV A	542.31	C-070517		UNIFORMS
INVOICE: 454422		FULL DESC:	UNIFORMS					
000983 PARAMOUNT UNIFORMS R	455491	283755		2017 9 INV A	55.02	C-070517		GOLF UNIFORMS
INVOICE: 455491		FULL DESC:	GOLF UNIFORMS					
000983 PARAMOUNT UNIFORMS R	455806	283777		2017 9 INV A	507.28	C-070517		PARKS UNIFORMS
INVOICE: 455806		FULL DESC:	PARKS UNIFORMS					
000983 PARAMOUNT UNIFORMS R	456892	283960		2017 9 INV A	55.02	C-070517		GOLF UNIFORMS
INVOICE: 456892		FULL DESC:	GOLF UNIFORMS					
					1,159.63			
				ACCOUNT TOTAL	1,159.63			

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S	WARRANT	CHECK	DESCRIPTION
0010-400-411-00-613400- COMMUNITY EVENTS									
021382 PETTY CASH	6272017	283946		2017 9	INV	A	165.61	C-070517	PARKS
INVOICE: 6272017		FULL DESC: PARKS							
ACCOUNT TOTAL							165.61		
0010-400-411-00-621900- ASSOCIATIONAL DUES									
001213 TRI-STATE TROPHY	64438	283751		2017 9	INV	A	2,252.25	C-070517	REC. BASEBALL/SOFTB
INVOICE: 64438		FULL DESC: REC. BASEBALL/SOFTBALL AWARDS							
ACCOUNT TOTAL							2,252.25		
0010-400-411-00-627901- UMPIRES									
002857 TURNER DALE	6272017	283863		2017 9	INV	A	150.00	C-070517	REC SOFTBALL 2017
INVOICE: 6272017		FULL DESC: REC SOFTBALL 2017							
ACCOUNT TOTAL							150.00		
ORG 411 TOTAL							30,391.93		
412 PARK TOURNAMENTS									
0010-400-412-00-610400- OFFICE SUPPLIES									
001361 SAM'S CLUB DIRECT	6202017	283822		2017 9	INV	A	384.47	C-070517	SAM'S CLUB DIRECT
INVOICE: 6202017		FULL DESC: SAM'S CLUB DIRECT							
006685 DEX IMAGING	WR566147	283550		2017 9	INV	A	414.85	C-070517	COPIER CONTRACT/ SE
INVOICE:		FULL DESC: COPIER CONTRACT/ SENIOR SERVICES							
ACCOUNT TOTAL							799.32		
0010-400-412-00-612400- RESELL / CONCESSION EXPENSE									
001361 SAM'S CLUB DIRECT	6202017	283822		2017 9	INV	A	2,670.04	C-070517	SAM'S CLUB DIRECT
INVOICE: 6202017		FULL DESC: SAM'S CLUB DIRECT							
003011 M & M PROMOTIONS	86056	283555		2017 9	INV	A	1,675.00	C-070517	SCHOOL'S OUT SHIRTS
INVOICE: 86056		FULL DESC: SCHOOL'S OUT SHIRTS							
003011 M & M PROMOTIONS	86069	283554		2017 9	INV	A	1,942.50	C-070517	RACERBACK TANKS/ RE
INVOICE: 86069		FULL DESC: RACERBACK TANKS/ RESALE							
003011 M & M PROMOTIONS	86122	283950		2017 9	INV	A	294.00	C-070517	LANYARD
INVOICE: 86122		FULL DESC: LANYARD							
003011 M & M PROMOTIONS	86123	283949		2017 9	INV	A	600.00	C-070517	TOTE BAGS
INVOICE: 86123		FULL DESC: TOTE BAGS							
003011 M & M PROMOTIONS	86133	283952		2017 9	INV	A	525.00	C-070517	TEE'S
INVOICE: 86133		FULL DESC: TEE'S							
003011 M & M PROMOTIONS	86134	283951		2017 9	INV	A	1,426.75	C-070517	TANGER OUTLET CLASS
INVOICE: 86134		FULL DESC: TANGER OUTLET CLASSIC SHIRTS							
003011 M & M PROMOTIONS	86138	283953		2017 9	INV	A	497.50	C-070517	DIZZY DEAN PINS
INVOICE: 86138		FULL DESC: DIZZY DEAN PINS							
003011 M & M PROMOTIONS	86140	283954		2017 9	INV	A	118.77	C-070517	LIP BALM
INVOICE: 86140		FULL DESC: LIP BALM							
003011 M & M PROMOTIONS	86141	283948		2017 9	INV	A	234.90	C-070517	WATER BOTTLES
INVOICE: 86141		FULL DESC: WATER BOTTLES							

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003011 M & M PROMOTIONS	86143	283955		2017 9	INV	A	478.52	C-070517		RETURN BALL
INVOICE: 86143		FULL DESC:	RETURN BALL							
003011 M & M PROMOTIONS	86144	283956		2017 9	INV	A	1,410.75	C-070517		SUMMER HEAT T-SHIRT
INVOICE: 86144		FULL DESC:	SUMMER HEAT T-SHIRTS							
003011 M & M PROMOTIONS	86146	283947		2017 9	INV	A	1,592.00	C-070517		DIZZY DEAN PINS
INVOICE: 86146		FULL DESC:	DIZZY DEAN PINS							
003011 M & M PROMOTIONS	86163	283944		2017 9	INV	A	199.74	C-070517		KEYCHAINS
INVOICE: 86163		FULL DESC:	KEYCHAINS							
							10,995.43			
003538 HARDIN'S SYSCO	114261360	283565		2017 9	INV	A	4,519.71	C-070517		FOOD- RESALE
INVOICE: 114261360		FULL DESC:	FOOD- RESALE							
003538 HARDIN'S SYSCO	114269923	283720		2017 9	INV	A	5,525.34	C-070517		FOOD-RESALE
INVOICE: 114269923		FULL DESC:	FOOD-RESALE							
							10,045.05			
010700 STANDARD COFFEE SERV	119555300609	283747		2017 9	INV	A	87.42	C-070517		COFFEE / GOLF COURS
INVOICE: 11955530060917		FULL DESC:	COFFEE / GOLF COURSE							
018557 CUBE ICE INC.	36-7167822	283749		2017 9	INV	A	423.70	C-070517		ICE / SNOWDEN
INVOICE:		FULL DESC:	ICE / SNOWDEN							
020206 LEWIS BROTHERS BAKER	31894574	283853		2017 9	INV	A	443.65	C-070517		BUNS/RESALE
INVOICE: 31894574		FULL DESC:	BUNS/RESALE							
020206 LEWIS BROTHERS BAKER	32287578	283748		2017 9	INV	A	160.55	C-070517		BUNS - RESALE
INVOICE: 32287578		FULL DESC:	BUNS - RESALE							
							604.20			
022806 PEPSI BEVERAGES COMP	98058505	283721		2017 9	INV	A	2,260.30	C-070517		PEPSI - RESALE
INVOICE: 98058505		FULL DESC:	PEPSI - RESALE							
024982 SMITTY'S SLICES LLC	6182017	283761		2017 9	INV	A	400.00	C-070517		PIZZA - RESALE
INVOICE: 6182017		FULL DESC:	PIZZA - RESALE							
024982 SMITTY'S SLICES LLC	6252017	283957		2017 9	INV	A	528.00	C-070517		PIZZA - RESALE
INVOICE: 6252017		FULL DESC:	PIZZA - RESALE							
							928.00			
025026 SOUTHERN REFRESHMENT	17532	283750		2017 9	INV	A	343.00	C-070517		MIX
INVOICE: 17532		FULL DESC:	MIX							
			ACCOUNT TOTAL				28,357.14			
0010-400-412-00-622100-			PROFESSIONAL FEES							
007622 MIDSOUTH SPORTS PROD	189	283763		2017 9	INV	A	10,416.67	C-070517		BASEBALL CONTRACT/
INVOICE: 189		FULL DESC:	BASEBALL CONTRACT/ JULY 2017							
024247 KALISAK ROSEMARY	JULY2017	283762		2017 9	INV	A	3,333.33	C-070517		SOFTBALL CONTRACT/
INVOICE:		FULL DESC:	SOFTBALL CONTRACT/ JULY 2017							

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							ACCOUNT TOTAL	13,750.00		
0010-400-412-00-626102-							PROMOTIONS			
001121 NEWTON TROPHY	99572	283754		2017	9	INV	A	2,815.90	C-070517	TROPHIS - TANGER OU
INVOICE: 99572		FULL DESC:		TROPHIS - TANGER OUTLET CLASSIC JUNE 16-18						
010178 MISSISSIPPI USSSA	384	283757		2017	9	INV	A	2,155.00	C-070517	SANCTIONIG FEE
INVOICE: 384		FULL DESC:		SANCTIONIG FEE						
021397 FULLILOVE CHRISTOPHE	1019	283958		2017	9	INV	A	1,537.00	C-070517	SUMMER HEAT SOFTBAL
INVOICE: 1019		FULL DESC:		SUMMER HEAT SOFTBALL UIC & USSSA FEES						
026772 WILSON SPORTING GOOD	4522687722	283745		2017	9	INV	A	1,080.00	C-070517	TENNIS BALLS
INVOICE: 4522687722		FULL DESC:		TENNIS BALLS						
							ACCOUNT TOTAL	7,587.90		
0010-400-412-00-627901-							TOURNAMENT UMPIRE FEES			
000975 SMITH BILLY K	6252017	284283		2017	9	INV	A	667.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:		BASEBALL TOURNAMENT/TANGER/USSSA STATE						
001043 BOSLEY, JEFF	6252017	284225		2017	9	INV	A	336.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:		BASEBALL TOURNAMENT/TANGER/USSSA STATE						
001051 MALONE TERRY	6252017	284264		2017	9	INV	A	1,942.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:		BASEBALL TOURNAMENT/TANGER/USSSA STATE						
001058 TRUITT CHARLES	6252017	284291		2017	9	INV	A	149.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:		BASEBALL TOURNAMENT/TANGER/USSSA STATE						
001064 FERGUSON BRIAN	6252017	284243		2017	9	INV	A	210.00	C-070517	BASEBALL TOURNAMENT
INVOICE:		FULL DESC:		BASEBALL TOURNAMENT/TANGER/USSSA STATE						
001068 GUNN, DEWAYNE	6252017	284250		2017	9	INV	A	194.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:		BASEBALL TOURNAMENT/TANGER/USSSA STATE						
001073 COOPER JAMES	6252017	284236		2017	9	INV	A	308.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:		BASEBALL TOURNAMENT/TANGER/USSSA STATE						
002742 JEFFERSON WILLIE	6252017	284255		2017	9	INV	A	305.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:		BASEBALL TOURNAMENT/TANGER/USSSA STATE						
002743 WRICE WILLIE	6252017	284296		2017	9	INV	A	290.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:		BASEBALL TOURNAMENT/TANGER/USSSA STATE						
002746 PAYLOR GREGORY C	6252017	284272		2017	9	INV	A	505.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:		BASEBALL TOURNAMENT/TANGER/USSSA STATE						
003025 SWINDLE JAMES T	6252017	284286		2017	9	INV	A	950.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:		BASEBALL TOURNAMENT/TANGER/USSSA STATE						

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004615 GABBERT JAMIE	6252017	284245		2017 9	INV	A	399.00	C-070517		BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE							
006671 HONORABLE ROZELLE	6252017	284253		2017 9	INV	A	511.00	C-070517		BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE							
006672 PETTIT TANYA	6252017	284275		2017 9	INV	A	192.50	C-070517		BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE							
008240 GRONKE CHRIS	6252017	284249		2017 9	INV	A	296.00	C-070517		BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE							
008250 NYE ERIC	6252017	284271		2017 9	INV	A	251.00	C-070517		BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE							
008251 SHAW JEFF	6252017	284281		2017 9	INV	A	165.00	C-070517		BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE							
008272 STOCKTON RANDY	6252017	284285		2017 9	INV	A	511.00	C-070517		BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE							
008281 BRICE BRANDI	6252017	284227		2017 9	INV	A	192.50	C-070517		BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE							
008318 RAY MARY ALEXIS	6252017	283931		2017 9	INV	A	460.00	C-070517		SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC:	SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
008692 WELCH HENRY	6252017	284294		2017 9	INV	A	197.00	C-070517		BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE							
008745 GRAY BRADLEY	6252017	284248		2017 9	INV	A	245.00	C-070517		BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE							
008915 RUCKER JOSEPH M	6242017	283875		2017 9	INV	A	315.00	C-070517		SOFTBALL TOURNAMENT
INVOICE: 6242017		FULL DESC:	SOFTBALL TOURNAMENT/ SUMMER HEAT							
009480 BAXTER ED	6252017	284221		2017 9	INV	A	250.00	C-070517		BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE							
010184 ACKERMAN JOHNNY	6252017	284218		2017 9	INV	A	210.00	C-070517		BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE							
010186 TICE CHRIS	6252017	284290		2017 9	INV	A	120.00	C-070517		BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE							
010287 CLYNES DENNIS	6252017	284233		2017 9	INV	A	394.00	C-070517		BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE							
010450 RAY JOHN WESLEY	6252017	283930		2017 9	INV	A	110.00	C-070517		SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC:	SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
010766 BLAYLOCK CHRISTIAN G	6252017	284223		2017 9	INV	A	154.00	C-070517		BASEBALL TOURNAMENT

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INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
011656 JORDAN BRANDON	6242017	283873		2017 9	INV	A	385.00	C-070517	SOFTBALL TOURNAMENT
INVOICE: 6242017		FULL DESC: SOFTBALL TOURNAMENT/ SUMMER HEAT							
012331 DUBOISE DALE	6242017	283865		2017 9	INV	A	315.00	C-070517	SOFTBALL TOURNAMENT
INVOICE: 6242017		FULL DESC: SOFTBALL TOURNAMENT/ SUMMER HEAT							
012494 MILTON QUINTIN	6252017	284267		2017 9	INV	A	234.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
013175 JAKE JACOBSON	6252017	284254		2017 9	INV	A	137.50	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
013176 JOHN KATROSH	6252017	284259		2017 9	INV	A	255.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
013391 DAVIS PERRY	6252017	284238		2017 9	INV	A	164.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
013427 ENNIS, DENIS	6242017	283867		2017 9	INV	A	315.00	C-070517	SOFTBALL TOURNAMENT
INVOICE: 6242017		FULL DESC: SOFTBALL TOURNAMENT/ SUMMER HEAT							
013454 FORREST JAMES	6252017	284244		2017 9	INV	A	85.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
014597 DUNCAN CATHY C	6252017	284241		2017 9	INV	A	243.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
016045 BARTLEY COURTNEY	6252017	283905		2017 9	INV	A	108.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
016127 GAGLIANO PAUL	6252017	284246		2017 9	INV	A	274.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
016241 DUBRAVEC DEREK	6242017	283866		2017 9	INV	A	385.00	C-070517	SOFTBALL TOURNAMENT
INVOICE: 6242017		FULL DESC: SOFTBALL TOURNAMENT/ SUMMER HEAT							
016242 SHAFFER RICHARD NEAL	6242017	283877		2017 9	INV	A	350.00	C-070517	SOFTBALL TOURNAMENT
INVOICE: 6242017		FULL DESC: SOFTBALL TOURNAMENT/ SUMMER HEAT							
016245 HANSEN WILLIAM	6242017	283869		2017 9	INV	A	315.00	C-070517	SOFTBALL TOURNAMENT
INVOICE: 6242017		FULL DESC: SOFTBALL TOURNAMENT/ SUMMER HEAT							
016579 HAYES ROBERT	6242017	283872		2017 9	INV	A	315.00	C-070517	SOFTBALL TOURNAMENT
INVOICE: 6242017		FULL DESC: SOFTBALL TOURNAMENT/ SUMMER HEAT							
016579 HAYES ROBERT	6252017	284252		2017 9	INV	A	380.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
							695.00		
016707 DAVIS LONNIE	6252017	284239		2017 9	INV	A	300.00	C-070517	BASEBALL TOURNAMENT

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INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
016709 DAVIS DANIEL	6252017	284237		2017 9	INV	A	415.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
016899 SIMS DALTON	6252017	284282		2017 9	INV	A	334.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
017542 SWARTZ CHARLES DAVID	6242017	283878		2017 9	INV	A	315.00	C-070517	SOFTBALL TOURNAMENT
INVOICE: 6242017		FULL DESC: SOFTBALL TOURNAMENT/ SUMMER HEAT							
017824 SWINDLE JACOB	6252017	283940		2017 9	INV	A	130.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
018757 CLAYTON DONNIE	6252017	284232		2017 9	INV	A	244.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
018760 LICCI JOE	6252017	284261		2017 9	INV	A	321.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
018763 REED DON	6252017	284276		2017 9	INV	A	406.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
018938 BOLER JOEY	6252017	284224		2017 9	INV	A	500.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
018940 WARREN JASON	6252017	284292		2017 9	INV	A	585.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
018963 SKILLERN KERRY	6252017	283937		2017 9	INV	A	120.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
019033 TERRY CEDRIC	6252017	284289		2017 9	INV	A	202.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
019034 TELLIS SAMMIE	6252017	284288		2017 9	INV	A	491.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
019187 BEAL NIKKI	6252017	283906		2017 9	INV	A	40.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
019820 PAYNE ZACHARY	6252017	284273		2017 9	INV	A	110.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
019955 HARFORD SCOTT	6252017	284251		2017 9	INV	A	110.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
020369 SCOGGINS MICHAEL	6242017	283876		2017 9	INV	A	420.00	C-070517	SOFTBALL TOURNAMENT
INVOICE: 6242017		FULL DESC: SOFTBALL TOURNAMENT/ SUMMER HEAT							
021343 CARDELLI KELLY	6252017	283909		2017 9	INV	A	120.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							

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021362 MUNNS JEREMY	6252017	284270		2017 9	INV	A	211.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE						
021366 DEAN JESSE CALVIN	6252017	284240		2017 9	INV	A	192.50	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE						
021399 WILLIAMS JORDAN K	6242017	283880		2017 9	INV	A	385.00	C-070517	SOFTBALL TOURNAMENT
INVOICE: 6242017		FULL DESC:	SOFTBALL TOURNAMENT/ SUMMER HEAT						
021400 TAYLOR JASON L	6242017	283879		2017 9	INV	A	350.00	C-070517	SOFTBALL TOURNAMENT
INVOICE: 6242017		FULL DESC:	SOFTBALL TOURNAMENT/ SUMMER HEAT						
022100 YEAGER ANDREW	6252017	284297		2017 9	INV	A	179.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE						
022935 FISHER JAYLA D	6252017	283916		2017 9	INV	A	150.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC:	SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT						
022936 RUGGIERO IV GEORGE	6252017	283932		2017 9	INV	A	156.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC:	SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT						
023067 CHAFFIN CLAYTON	6252017	283913		2017 9	INV	A	30.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC:	SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT						
023070 SWINDLE HAILEY	6252017	283939		2017 9	INV	A	30.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC:	SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT						
023073 HARFORD BREANNA	6252017	283922		2017 9	INV	A	70.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC:	SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT						
023086 BATES ROBERT MARK	6252017	284219		2017 9	INV	A	186.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE						
023087 WATSON LAWRENCE	6252017	284293		2017 9	INV	A	300.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE						
023182 CASHION JOHN H	6252017	284229		2017 9	INV	A	80.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE						
023184 LODEN MICHAEL	6252017	284263		2017 9	INV	A	114.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE						
023354 SEAGO DANIEL PETE	6252017	284280		2017 9	INV	A	274.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE						
023411 REYNOLDS ALAN	6252017	284277		2017 9	INV	A	359.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE						
023440 CANADY DONNIE	6252017	284228		2017 9	INV	A	81.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC:	BASEBALL TOURNAMENT/TANGER/USSSA STATE						

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023445 FULLILOVE LANDON INVOICE: 6242017	6242017	283868 FULL DESC:		2017 9	INV	A	245.00	C-070517	SOFTBALL TOURNAMENT SOFTBALL TOURNAMENT/ SUMMER HEAT
023452 GILBERT LORI INVOICE: 6252017	6252017	283919 FULL DESC:		2017 9	INV	A	802.00	C-070517	SCOREKEEPER/SNOWDEN SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT
023502 CARLIN MICHAEL INVOICE: 6252017	6252017	283910 FULL DESC:		2017 9	INV	A	22.00	C-070517	SCOREKEEPER/SNOWDEN SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT
023507 CRAIN JONNY INVOICE: 6242017	6242017	283864 FULL DESC:		2017 9	INV	A	490.00	C-070517	SOFTBALL TOURNAMENT SOFTBALL TOURNAMENT/ SUMMER HEAT
023604 CASEY CAITYLNN INVOICE: 23604	23604	283912 FULL DESC:		2017 9	INV	A	124.00	C-070517	SCOREKEEPER/SNOWDEN SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT
023838 JAMES LOWREY P INVOICE: 6252017	6252017	283924 FULL DESC:		2017 9	INV	A	70.00	C-070517	SCOREKEEPER/SNOWDEN SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT
024003 PENNE JOHN INVOICE: 6252017	6252017	284274 FULL DESC:		2017 9	INV	A	295.00	C-070517	BASEBALL TOURNAMENT BASEBALL TOURNAMENT/TANGER/USSSA STATE
024013 MOORE MARVIO INVOICE: 6252017	6252017	284268 FULL DESC:		2017 9	INV	A	276.00	C-070517	BASEBALL TOURNAMENT BASEBALL TOURNAMENT/TANGER/USSSA STATE
024037 LAUGHTER RAY INVOICE: 6242017	6242017	283874 FULL DESC:		2017 9	INV	A	210.00	C-070517	SOFTBALL TOURNAMENT SOFTBALL TOURNAMENT/ SUMMER HEAT
024047 HUNTER GABRIELLE INVOICE: 6252017	6252017	283923 FULL DESC:		2017 9	INV	A	200.00	C-070517	SCOREKEEPER/SNOWDEN SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT
024513 JOHNSON REGINALD INVOICE: 6252017	6252017	284257 FULL DESC:		2017 9	INV	A	202.00	C-070517	BASEBALL TOURNAMENT BASEBALL TOURNAMENT/TANGER/USSSA STATE
024526 LACEY PATRICK INVOICE: 6252017	6252017	284260 FULL DESC:		2017 9	INV	A	280.00	C-070517	BASEBALL TOURNAMENT BASEBALL TOURNAMENT/TANGER/USSSA STATE
024756 CLARK D'JAKARTRA INVOICE: 6252017	6252017	284230 FULL DESC:		2017 9	INV	A	287.00	C-070517	BASEBALL TOURNAMENT BASEBALL TOURNAMENT/TANGER/USSSA STATE
024825 ARTON BRET INVOICE: 6252017	6252017	283903 FULL DESC:		2017 9	INV	A	70.00	C-070517	SCOREKEEPER/SNOWDEN SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT
024832 SATCHFIELD KATHERINE INVOICE: 6252017	6252017	283933 FULL DESC:		2017 9	INV	A	130.00	C-070517	SCOREKEEPER/SNOWDEN SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT
024838 DIAZ DENISSE INVOICE: 6252017	6252017	283915 FULL DESC:		2017 9	INV	A	130.00	C-070517	SCOREKEEPER/SNOWDEN SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT
024839 CARTER HALEY INVOICE: 6252017	6252017	283911 FULL DESC:		2017 9	INV	A	48.00	C-070517	SCOREKEEPER/SNOWDEN SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT
024843 MANASCO BRIANNA	6252017	283926		2017 9	INV	A	48.00	C-070517	SCOREKEEPER/SNOWDEN

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INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
024848 SMITH MOLLY	6252017	283938		2017 9	INV	A	40.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
024860 JOHNSON CLAUDE	6252017	284256		2017 9	INV	A	329.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
024985 MUIZERS II JOHN	6252017	284269		2017 9	INV	A	335.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
024996 MCGEE AUDRY	6252017	284266		2017 9	INV	A	287.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
025016 HARBOUR CODY	6242017	283871		2017 9	INV	A	385.00	C-070517	SOFTBALL TOURNAMENT
INVOICE: 6242017		FULL DESC: SOFTBALL TOURNAMENT/ SUMMER HEAT							
025315 GOODING BLAKE	6252017	284247		2017 9	INV	A	248.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
025539 NEAL MAGGIE	6252017	283928		2017 9	INV	A	70.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
025676 PEEPLES KERRI	6252017	283929		2017 9	INV	A	140.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026115 FISHER JHERNI	6252017	283917		2017 9	INV	A	150.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026116 FOX FAITH	6252017	283918		2017 9	INV	A	30.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026119 WOLF KAYLA	6252017	283943		2017 9	INV	A	60.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026216 SHEARON JOSHUA	6252017	283934		2017 9	INV	A	40.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026220 GILL KATIE	6252017	283920		2017 9	INV	A	20.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026223 BLANN PRESLEY	6252017	283907		2017 9	INV	A	60.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026225 BAKER BRIANNA	6252017	283904		2017 9	INV	A	40.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026226 TYSON JOSH	6252017	283941		2017 9	INV	A	176.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026227 BURNETT MADISON	6252017	283908		2017 9	INV	A	50.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							

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026230 MCDANIEL ZACHARY	6252017	284265		2017 9	INV	A	417.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
026232 TATKO MARK	6252017	284287		2017 9	INV	A	119.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
026234 CLARK NICHOLAS	6252017	284231		2017 9	INV	A	359.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
026235 REYNOLDS BRYCE	6252017	284278		2017 9	INV	A	324.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
026236 COLE JEREMY	6252017	284234		2017 9	INV	A	220.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
026240 SMITH MICHAEL TODD	6252017	284284		2017 9	INV	A	76.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
026241 COMPTON JR BILLY	6252017	284235		2017 9	INV	A	80.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
026245 BATES TIMOTHY	6252017	284220		2017 9	INV	A	124.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
026331 SIDES NICHOLAS HEATH	6252017	283936		2017 9	INV	A	40.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026339 RICHARDSON JERRY	6252017	284279		2017 9	INV	A	205.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
026428 GREENE RAGON COLETTE	6252017	283921		2017 9	INV	A	88.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026433 KOLWYCK HAILEE	6252017	283925		2017 9	INV	A	152.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026450 WILLIS MARIO	6252017	284295		2017 9	INV	A	40.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
026498 BEAVERS JAMES B	6252017	284222		2017 9	INV	A	243.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
026502 SHELTON SHELBY MADIS	6252017	283935		2017 9	INV	A	118.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026606 FARMER TAJMAHAL	6252017	284242		2017 9	INV	A	285.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
026609 BROWN DENNIS	6252017	284226		2017 9	INV	A	130.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							

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026610 LINDSEY CONOR	6252017	284262		2017 9	INV	A	114.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
026611 JOHNSON WILLIE	6252017	284258		2017 9	INV	A	130.00	C-070517	BASEBALL TOURNAMENT
INVOICE: 6252017		FULL DESC: BASEBALL TOURNAMENT/TANGER/USSSA STATE							
026620 DEER MADISON	6252017	283914		2017 9	INV	A	140.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026621 MILES GRACIE	6252017	283927		2017 9	INV	A	30.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026624 HARBOUR CLAY ALLEN	6242017	283870		2017 9	INV	A	175.00	C-070517	SOFTBALL TOURNAMENT
INVOICE: 6242017		FULL DESC: SOFTBALL TOURNAMENT/ SUMMER HEAT							
026759 WALKER JIREH	6252017	283942		2017 9	INV	A	60.00	C-070517	SCOREKEEPER/SNOWDEN
INVOICE: 6252017		FULL DESC: SCOREKEEPER/SNOWDEN/TANGER/STATE CHAMP/SUMMER HEAT							
026760 WILSON VICTORIA	6242017	283881		2017 9	INV	A	200.00	C-070517	SOFTBALL TOURNAMENT
INVOICE: 6242017		FULL DESC: SOFTBALL TOURNAMENT/ SUMMER HEAT							
			ACCOUNT TOTAL				33,658.00		
			ORG 412 TOTAL				84,152.36		
511			MUNICIPAL CODE ENFORCEMENT						
0010-500-511-00-610100-			CLEANING SUPPLIES						
001361 SAM'S CLUB DIRECT	6202017	283822		2017 9	INV	A	198.57	C-070517	SAM'S CLUB DIRECT
INVOICE: 6202017		FULL DESC: SAM'S CLUB DIRECT							
005044 LOWE'S HOME CENTERS,	6252017	284300		2017 9	INV	A	24.69	C-070517	LOWE'S CREDIT
INVOICE: 6252017		FULL DESC: LOWE'S CREDIT							
			ACCOUNT TOTAL				223.26		
0010-500-511-00-610400-			OFFICE SUPPLIES						
001361 SAM'S CLUB DIRECT	6202017	283822		2017 9	INV	A	13.68	C-070517	SAM'S CLUB DIRECT
INVOICE: 6202017		FULL DESC: SAM'S CLUB DIRECT							
			ACCOUNT TOTAL				13.68		
0010-500-511-00-611000-			MATERIALS						
001361 SAM'S CLUB DIRECT	6202017	283822		2017 9	INV	A	234.52	C-070517	SAM'S CLUB DIRECT
INVOICE: 6202017		FULL DESC: SAM'S CLUB DIRECT							
			ACCOUNT TOTAL				234.52		
0010-500-511-00-612200-			MAINTENANCE EQUIPMENT & BUILD						
000983 PARAMOUNT UNIFORMS R 453713		283806		2017 9	INV	A	5.00	C-070517	MAINT. & EQUIP.
INVOICE: 453713		FULL DESC: MAINT. & EQUIP.							
000983 PARAMOUNT UNIFORMS R 455110		283807		2017 9	INV	A	5.00	C-070517	MAINT. & EQUIP.
INVOICE: 455110		FULL DESC: MAINT. & EQUIP.							

ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S	WARRANT	CHECK	DESCRIPTION
YEAR/PERIOD: 2017/1 TO 2017/10									
000983 PARAMOUNT UNIFORMS R	456496	283808		2017 9	INV	A	5.00	C-070517	MAINT. BLDG
INVOICE: 456496		FULL DESC: MAINT. BLDG							
							15.00		
			ACCOUNT TOTAL				15.00		
0010-500-511-00-612500-			UNIFORMS						
021382 PETTY CASH	6302017	284298		2017 9	INV	A	13.82	C-070517	PETTY CASH REIMBURS
INVOICE: 6302017		FULL DESC: PETTY CASH REIMBURSEMENT							
			ACCOUNT TOTAL				13.82		
0010-500-511-00-614900-			FEED FOR ANIMALS						
012713 HILL'S PET NUTRITION	228172122	283805		2017 9	INV	A	135.80	C-070517	FEED ANIMALS
INVOICE: 228172122		FULL DESC: FEED ANIMALS							
012713 HILL'S PET NUTRITION	228218882	283812		2017 9	INV	A	165.96	C-070517	FEED ANIMALS
INVOICE: 228218882		FULL DESC: FEED ANIMALS							
							301.76		
			ACCOUNT TOTAL				301.76		
0010-500-511-00-622100-			PROFESSIONAL SERVICES						
000500 DESOTO COUNTY ANIMAL	6202017	283811		2017 9	INV	A	474.25	C-070517	PROF. SERVICES
INVOICE: 6202017		FULL DESC: PROF. SERVICES							
017049 ANIMAL HEALTH INTERN	9006934577	283804		2017 9	INV	A	462.16	C-070517	PROF. SERVICES
INVOICE: 9006934577		FULL DESC: PROF. SERVICES							
017650 ELMORE RD VETERINARY	91713	283809		2017 9	INV	A	228.00	C-070517	PROF. SERVICES
INVOICE: 91713		FULL DESC: PROF. SERVICES							
026780 MISSISSIPPI STATE UN	5-17	283813		2017 9	INV	A	174.96	C-070517	PROF. SERVICES
INVOICE:		FULL DESC: PROF. SERVICES							
			ACCOUNT TOTAL				1,339.37		
0010-500-511-00-630400-			MACHINERY & EQUIPMENT						
000246 ANIMAL CARE EQUIPMEN	53653	283810		2017 9	INV	A	188.58	C-070517	MACH & EQUIP
INVOICE: 53653		FULL DESC: MACH & EQUIP							
000246 ANIMAL CARE EQUIPMEN	53833	283819		2017 9	INV	A	112.10	C-070517	MACH & EQUIP.
INVOICE: 53833		FULL DESC: MACH & EQUIP.							
							300.68		
			ACCOUNT TOTAL				300.68		
			ORG 511 TOTAL				2,442.09		

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901 CITY FUEL										
0010-900-901-00-614000- FUEL & OIL										
023101 PARMAN ENERGY CORP	560958-IN	283797		17000301 2017	9	INV	A	2,529.29	C-070517	FUEL ORDER
INVOICE:	FULL DESC:	FUEL ORDER								
023101 PARMAN ENERGY CORP	560959-IN	283798		17000301 2017	9	INV	A	5,843.66	C-070517	FUEL ORDER
INVOICE:	FULL DESC:	FUEL ORDER								
023101 PARMAN ENERGY CORP	562121-IN	283796		17000301 2017	9	INV	A	6,469.78	C-070517	FUEL ORDER
INVOICE:	FULL DESC:	FUEL ORDER								
023101 PARMAN ENERGY CORP	562123-IN	283799		17000301 2017	9	INV	A	7,559.91	C-070517	FUEL ORDER
INVOICE:	FULL DESC:	FUEL ORDER								
								22,402.64		
				ACCOUNT TOTAL				22,402.64		
				ORG 901 TOTAL				22,402.64		
902 EXPENSE ACCOUNTS										
0010-900-902-00-620500- CONDEMNED PROPERTY MANAGEMENT										
020065 BLC OF MS LLC	6753	283837		2017	9	INV	A	1,581.00	C-070517	DETENTION POND
INVOICE: 6753	FULL DESC:	DETENTION POND								
				ACCOUNT TOTAL				1,581.00		
0010-900-902-00-620700- CITY BEAUTIFICATION										
007246 MID-SOUTH RECREATION	2017-039WVDM	283840		17000287 2017	9	INV	A	8,093.00	C-070517	4- 6' BENCHES AND 2
INVOICE:	FULL DESC:	4- 6' BENCHES AND 2-22 GAL. TR								
				ACCOUNT TOTAL				8,093.00		
0010-900-902-00-620902- FACILITIES MANAGEMENT										
000172 AUTOMATIC RAIN	4335	284075		2017	9	INV	A	96.00	C-070517	LAWN SPRINKLER MAIN
INVOICE: 4335	FULL DESC:	LAWN SPRINKLER MAINT.								
000233 QUARLES FIRE PROTEC	2017-418	284122		2017	9	INV	A	130.00	C-070517	SPRINKLER INSPECTIO
INVOICE:	FULL DESC:	SPRINKLER INSPECTION								
000233 QUARLES FIRE PROTEC	2017-420	284123		2017	9	INV	A	200.00	C-070517	SPRINKLER INSPECTIO
INVOICE:	FULL DESC:	SPRINKLER INSPECTION								
000233 QUARLES FIRE PROTEC	2017-421	284124		2017	9	INV	A	200.00	C-070517	SPRINKLER INSPECTIO
INVOICE:	FULL DESC:	SPRINKLER INSPECTION								
000233 QUARLES FIRE PROTEC	2017-422	284121		2017	9	INV	A	200.00	C-070517	SPRINKLER INSPECTIO
INVOICE:	FULL DESC:	SPRINKLER INSPECTION								
000233 QUARLES FIRE PROTEC	2017-423	284125		2017	9	INV	A	200.00	C-070517	SPRINKLER INSPECTIO
INVOICE:	FULL DESC:	SPRINKLER INSPECTION								
								930.00		
000379 HERNDON ELECTRIC	8027	284070		2017	9	INV	A	1,600.00	C-070517	ELECTRICAL WORK CIT
INVOICE: 8027	FULL DESC:	ELECTRICAL WORK CITY HALL/ 3RD FLOOR								
000469 TRI-STAR COMPANIES,	TC8579	284153		2017	9	INV	A	603.30	C-070517	HVAC SVC @ CITY HAL

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR TYP S		WARRANT	CHECK	DESCRIPTION
INVOICE:		FULL DESC:	HVAC SVC @ CITY HALL					
000469 TRI-STAR COMPANIES,	TC8603	284148		2017 9 INV A	463.34	C-070517		HVAC SERV. SPD
INVOICE:		FULL DESC:	HVAC SERV. SPD					
000469 TRI-STAR COMPANIES,	TC8606	284151		2017 9 INV A	185.00	C-070517		HVAC SVC @ WIN JOB
INVOICE:		FULL DESC:	HVAC SVC @ WIN JOB CENTER					
000469 TRI-STAR COMPANIES,	TC8614	284154		2017 9 INV A	1,838.64	C-070517		HVAC SVC @ SPD
INVOICE:		FULL DESC:	HVAC SVC @ SPD					
000469 TRI-STAR COMPANIES,	TC8616	284149		2017 9 INV A	485.00	C-070517		HVAC SVC @ COURT BL
INVOICE:		FULL DESC:	HVAC SVC @ COURT BLDG.					
000469 TRI-STAR COMPANIES,	TC8623	284150		2017 9 INV A	225.00	C-070517		HVAC SERV. @ CITY H
INVOICE:		FULL DESC:	HVAC SERV. @ CITY HALL 3RD FLOOR					
000469 TRI-STAR COMPANIES,	TC8628	284152		2017 9 INV A	185.00	C-070517		HVAC SVC / LIBRARY
INVOICE:		FULL DESC:	HVAC SVC / LIBRARY					
000469 TRI-STAR COMPANIES,	TC8649	284156		2017 9 INV A	240.00	C-070517		HVAC SERV @ SPD DIS
INVOICE:		FULL DESC:	HVAC SERV @ SPD DISPATCH					
					4,225.28			
001099 NORTH MS PEST CONTRO	668679	284107		2017 9 INV A	160.00	C-070517		PEST CONTROL / MARC
INVOICE: 668679		FULL DESC:	PEST CONTROL / MARCH 2017					
001099 NORTH MS PEST CONTRO	691141	284105		2017 9 INV A	160.00	C-070517		PERST CONTROL / APR
INVOICE: 691141		FULL DESC:	PERST CONTROL / APRIL 2017					
001099 NORTH MS PEST CONTRO	693726	284106		2017 9 INV A	160.00	C-070517		PEST CONTROL / MAY
INVOICE: 693726		FULL DESC:	PEST CONTROL / MAY 2017					
					480.00			
001540 MURPHY & SONS, INC.	2205	284104		2017 9 INV A	826.84	C-070517		FIRE STATION #4
INVOICE: 2205		FULL DESC:	FIRE STATION #4					
001540 MURPHY & SONS, INC.	2206	284103		2017 9 INV A	1,007.91	C-070517		CEILING LEAK @ LIBR
INVOICE: 2206		FULL DESC:	CEILING LEAK @ LIBRARY					
001540 MURPHY & SONS, INC.	2207	284102		2017 9 INV A	1,273.19	C-070517		DESOTO GRACE CEILIN
INVOICE: 2207		FULL DESC:	DESOTO GRACE CEILING WORK					
001540 MURPHY & SONS, INC.	2209	284100		2017 9 INV A	830.00	C-070517		GLASS REPLACEMENT @
INVOICE: 2209		FULL DESC:	GLASS REPLACEMENT @ CLERK'S OFFICE					
001540 MURPHY & SONS, INC.	2210	284101		2017 9 INV A	1,192.71	C-070517		FIRE STATION # 2/ R
INVOICE: 2210		FULL DESC:	FIRE STATION # 2/ ROOF LEAK					
					5,130.65			
004854 WEST MEMPHIS FENCE &	81028	284161		2017 9 INV A	1,410.00	C-070517		REPAIR OF FENCES/RA
INVOICE: 81028		FULL DESC:	REPAIR OF FENCES/RAILS					
005044 LOWE'S HOME CENTERS,	6252017	284300		2017 9 INV A	332.40	C-070517		LOWE'S CREDIT
INVOICE: 6252017		FULL DESC:	LOWE'S CREDIT					
005668 STATE SYSTEMS INC	147762519	284130		2017 9 INV A	133.20	C-070517		ALARM SVC @ HEARTLA
INVOICE: 147762519		FULL DESC:	ALARM SVC @ HEARTLAND CHURCH					
006685 DEX IMAGING	WR562348	283781		2017 9 INV A	97.99	C-070517		MP8510-4TH FLOOR MA
INVOICE:		FULL DESC:	MP8510-4TH FLOOR MAYORS OFFICE					
006685 DEX IMAGING	WR566141	283782		2017 9 INV A	68.96	C-070517		MP8833-CITY CLERKS

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INVOICE:		FULL DESC: MP8833-CITY CLERKS								
							166.95			
007174 DENNIS WRIGHT & SON	32901	284081		2017	9	INV	A	218.00	C-070517	PLUMBING SERV @ LIB
INVOICE: 32901		FULL DESC: PLUMBING SERV @ LIBRARY								
007174 DENNIS WRIGHT & SON	32910	284083		2017	9	INV	A	308.00	C-070517	PLUMBING SERV @ FIR
INVOICE: 32910		FULL DESC: PLUMBING SERV @ FIRE STATION 4								
007174 DENNIS WRIGHT & SON	32914	284085		2017	9	INV	A	78.00	C-070517	PLUMBING SERV.
INVOICE: 32914		FULL DESC: PLUMBING SERV.								
007174 DENNIS WRIGHT & SON	32938	284082		2017	9	INV	A	421.62	C-070517	PLUMBING SERV @ FAR
INVOICE: 32938		FULL DESC: PLUMBING SERV @ FARMERS MARKET								
007174 DENNIS WRIGHT & SON	32952	284084		2017	9	INV	A	268.00	C-070517	PLUMBING SERVCE AT
INVOICE: 32952		FULL DESC: PLUMBING SERVCE AT DISPATCH								
							1,293.62			
010622 GREEN KING SPRAY SER	150	284090		2017	9	INV	A	8,343.00	C-070517	JUNE MONTHLY SERVIC
INVOICE: 150		FULL DESC: JUNE MONTHLY SERVICES								
012439 ALARMTEC SYSTEMS	93365	284073		2017	9	INV	A	230.00	C-070517	ALARM MAINT. @ LIBR
INVOICE: 93365		FULL DESC: ALARM MAINT. @ LIBRARY								
016182 H&H SERVICES GROUP	69065	284091		2017	9	INV	A	35.00	C-070517	FILTER SERVICES
INVOICE: 69065		FULL DESC: FILTER SERVICES								
016517 UPCHURCH SERVICES, L	C14018	284160		2017	9	INV	A	1,733.75	C-070517	HVAC SERV/ PM
INVOICE:		FULL DESC: HVAC SERV/ PM								
019694 MID-SOUTH TELECOM	49123	284099		2017	9	INV	A	400.00	C-070517	PHONE SVC
INVOICE: 49123		FULL DESC: PHONE SVC								
019694 MID-SOUTH TELECOM	49492	284063	17000261	2017	9	INV	A	14,653.00	C-070517	SECURITY CAMERA SYS
INVOICE: 49492		FULL DESC: SECURITY CAMERA SYSTEM FOR CIT								
							15,053.00			
020065 BLC OF MS LLC	6704	284077		2017	9	INV	A	1,581.00	C-070517	W.E. ROSS LKWY - 6/
INVOICE: 6704		FULL DESC: W.E. ROSS LKWY - 6/13/17								
020065 BLC OF MS LLC	6746	284076		2017	9	INV	A	35,500.00	C-070517	JUNE GRASS CONTRACT
INVOICE: 6746		FULL DESC: JUNE GRASS CONTRACT								
020065 BLC OF MS LLC	6754	284078		2017	9	INV	A	3,820.00	C-070517	MDOT @ I55 & RASCO
INVOICE: 6754		FULL DESC: MDOT @ I55 & RASCO BRIDGE								
							40,901.00			
020951 TWO GIRLS AND A BROO	1706	284158		2017	9	INV	A	585.00	C-070517	CLEANING @ PEPPERCH
INVOICE: 1706		FULL DESC: CLEANING @ PEPPERCHASE JUNE								
022372 OVERALL CHEMICAL COM	3489	284114		2017	9	INV	A	1,535.00	C-070517	CLEANING WEEK OF 6/
INVOICE: 3489		FULL DESC: CLEANING WEEK OF 6/12/17								
022372 OVERALL CHEMICAL COM	3490	284115		2017	9	INV	A	1,535.00	C-070517	CLEANING / WEEK OF
INVOICE: 3490		FULL DESC: CLEANING / WEEK OF 6/19/17								

YEAR/PERIOD: 2017/1 TO 2017/10

ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR TYP S		WARRANT	CHECK	DESCRIPTION
					3,070.00			
				ACCOUNT TOTAL	85,748.85			
0010-900-902-00-622100-				PROFESSIONAL SERVICES				
024875 ADP LLC	495142058	283758		2017 9 INV A	3,189.89	C-070517		1184702- PAYROLL SV
INVOICE: 495142058		FULL DESC:		1184702- PAYROLL SVCS				
				ACCOUNT TOTAL	3,189.89			
0010-900-902-00-625100-				STREET IMPROVEMENT				
018221 CIVIL-LINK, LLC	42618	283792		2017 9 INV A	3,230.11	C-070517		CITY PMT PRESERVATI
INVOICE: 42618		FULL DESC:		CITY PMT PRESERVATION PROGRAM				
				ACCOUNT TOTAL	3,230.11			
0010-900-902-00-625103-				DRAINAGE MAINTENACE				
009591 TRI FIRMA	4907QB	284135		2017 9 INV A	1,012.07	C-070517		DRAINAGE MAINT @ CH
INVOICE:		FULL DESC:		DRAINAGE MAINT @ CHURCH AND TCHULAHOMA				
009591 TRI FIRMA	4908QB	284136		2017 9 INV A	1,610.23	C-070517		DRAINAGE MAINT @ 28
INVOICE:		FULL DESC:		DRAINAGE MAINT @ 2866 COLONY COVE				
009591 TRI FIRMA	4910QB	284138		2017 9 INV A	1,360.39	C-070517		DRAINAGE MAINT @ 12
INVOICE:		FULL DESC:		DRAINAGE MAINT @ 1215 GREY ESTATES CV				
009591 TRI FIRMA	4912QB	284140		2017 9 INV A	5,164.56	C-070517		DRAINGAGE MAINT. @
INVOICE:		FULL DESC:		DRAINGAGE MAINT. @ 2619 BAIRD				
009591 TRI FIRMA	4914QB	284142		2017 9 INV A	5,962.54	C-070517		DRAINAGE MAINT @ 79
INVOICE:		FULL DESC:		DRAINAGE MAINT @ 7972 CHARLESTON				
009591 TRI FIRMA	4918QB	284144		2017 9 INV A	4,914.23	C-070517		DRAINAGE MAINT. @ 6
INVOICE:		FULL DESC:		DRAINAGE MAINT. @ 6713 BEAUMONT				
009591 TRI FIRMA	4920QB	284146		2017 9 INV A	2,274.29	C-070517		DRAINAGE MAINT @ 30
INVOICE:		FULL DESC:		DRAINAGE MAINT @ 3096 SWINNEA				
009591 TRI FIRMA	4921QB	284147		2017 9 INV A	8,051.39	C-070517		DRAINAGE MAINT. @ 8
INVOICE:		FULL DESC:		DRAINAGE MAINT. @ 8777 OAK CHASE CV				
					30,349.70			
				ACCOUNT TOTAL	30,349.70			
0010-900-902-00-625220-				STREET MAINTENANCE				
009591 TRI FIRMA	4906QB	284134		2017 9 INV A	551.63	C-070517		STREET MAINT. AT 54
INVOICE:		FULL DESC:		STREET MAINT. AT 5472 ALEXANDRIA LN				
009591 TRI FIRMA	4909QB	284137		2017 9 INV A	467.32	C-070517		STREET MAINT. @ 28
INVOICE:		FULL DESC:		STREET MAINT. @ 2866 COLONY COVE				
009591 TRI FIRMA	4911QB	284139		2017 9 INV A	2,655.59	C-070517		STREET MAINT @ 4899
INVOICE:		FULL DESC:		STREET MAINT @ 4899 PENNY COVE				
009591 TRI FIRMA	4913QB	284141		2017 9 INV A	5,026.49	C-070517		STREET / TREE MAINT
INVOICE:		FULL DESC:		STREET / TREE MAINT. @SHADY OAKS				
009591 TRI FIRMA	4917QB	284143		2017 9 INV A	769.78	C-070517		STREET MAINT @ 6225
INVOICE:		FULL DESC:		STREET MAINT @ 6225 ELMORE				
009591 TRI FIRMA	4919QB	284145		2017 9 INV A	338.23	C-070517		STREET MAINT @ 2619
INVOICE:		FULL DESC:		STREET MAINT @ 2619 BAIRD				

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S		WARRANT	CHECK	DESCRIPTION
							9,809.04			
				ACCOUNT TOTAL			9,809.04			
0010-900-902-00-625250-				INTERSECTION MODERNIZATION						
018221 CIVIL-LINK, LLC	42617	283793		2017	9	INV	A	2,437.78	C-070517	MS VALLEY/ 51 SIGNA
INVOICE: 42617		FULL DESC: MS VALLEY/ 51 SIGNAL CE&I								
				ACCOUNT TOTAL			2,437.78			
0010-900-902-00-630101-				ELECTION EQUIPMENT						
021382 PETTY CASH	6302017	284298		2017	9	INV	A	122.80	C-070517	PETTY CASH REIMBURS
INVOICE: 6302017		FULL DESC: PETTY CASH REIMBURSEMENT								
				ACCOUNT TOTAL			122.80			
				ORG 902 TOTAL			144,562.17			
906				PROFESSIONAL DUES						
0010-900-906-00-622100-				PROFESSIONAL SERVICES						
006682 DESOTO FAMILY THEATR	6272017	283801		2017	9	INV	A	4,166.67	C-070517	JULY/ BOARD APPROVE
INVOICE: 6272017		FULL DESC: JULY/ BOARD APPROVED DONATION								
020724 HEALING HEARTS CHILD	6272017	283802		2017	9	INV	A	5,416.67	C-070517	JULY/ BOARD APPROVE
INVOICE: 6272017		FULL DESC: JULY/ BOARD APPROVED / DONATION								
				ACCOUNT TOTAL			9,583.34			
				ORG 906 TOTAL			9,583.34			
FUND 0010 GENERAL FUND				TOTAL:			433,114.37			

ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR TYP S	WARRANT	CHECK	DESCRIPTION
YEAR/PERIOD: 2017/1 TO 2017/10							
711 BOND PROJECT EXPENSES							
0100-710-711-00-614510- CARRIAGE HILLS SIDEWALK							
018221 CIVIL-LINK, LLC	42613	283794		2017 9 INV A	2,036.76	C-070517	CARRIAGE HILLS/ PED
INVOICE: 42613		FULL DESC:	CARRIAGE HILLS/ PEDISTRIAN IMP				
				ACCOUNT TOTAL	2,036.76		
0100-710-711-00-614515- CENTRAL PARK SNOWDEN TRAILS							
018221 CIVIL-LINK, LLC	42611	283795		2017 9 INV A	1,552.12	C-070517	MDOT BIKE TRAIL/ CE
INVOICE: 42611		FULL DESC:	MDOT BIKE TRAIL/ CENTRAL PARK/ SNOWDEN				
				ACCOUNT TOTAL	1,552.12		
0100-710-711-00-640905- GETWELL ROAD 14							
000212 FERRELL PAVING INC	PAYAPP23	283838		2017 9 INV A	986,740.23	C-070517	GETWELL RD WIDENING
INVOICE:		FULL DESC:	GETWELL RD WIDENING				
				ACCOUNT TOTAL	986,740.23		
0100-710-711-00-640925- RASCO ROAD 14							
009243 NORTH MISSISSIPPI DR	27141	283764		2017 9 INV A	5,584.00	C-070517	RASCO RD
INVOICE: 27141		FULL DESC:	RASCO RD				
009243 NORTH MISSISSIPPI DR	27148	283765		2017 9 INV A	5,190.85	C-070517	RASCO RD
INVOICE: 27148		FULL DESC:	RASCO RD				
					10,774.85		
				ACCOUNT TOTAL	10,774.85		
				ORG 711 TOTAL	1,001,103.96		
FUND 0100 BOND FUNDED CAP PROJ				TOTAL:	1,001,103.96		

Minutes, City of Southaven, Southaven, Mississippi

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S	WARRANT	CHECK	DESCRIPTION
0400 UTILITY FUND									
0400-000-000-00-560100- MISCELLANEOUS REVENUES									
026781 SHS DEVELOPMENT	6232017	283820		2017 9	INV	A	93.09	C-070517	INCORRECT HYDRANT M
INVOICE: 6232017		FULL DESC: INCORRECT HYDRANT METER BILLED/REFUND							
ACCOUNT TOTAL							93.09		
ORG 0400 TOTAL							93.09		
811 UTILITY EXPENSE ACCOUNTS									
0400-800-811-00-650901- HORN LAKE CREEK BASIN LOAN PYM									
002848 HORN LAKE CREEK BASI	6202017	284199		2017 9	INV	A	10,104.38	C-070517	HL CREEK BASIN INTE
INVOICE: 6202017		FULL DESC: HL CREEK BASIN INTERCEPTOR SEWER							
ACCOUNT TOTAL							10,104.38		
0400-800-811-00-650905- DCRUA SEWER TREATMENT FEE									
004646 DESOTO COUNTY REGION	1686	284180		2017 9	INV	A	31,688.90	C-070517	JULY 2017 SEWER FEE
INVOICE: 1686		FULL DESC: JULY 2017 SEWER FEES							
ACCOUNT TOTAL							31,688.90		
ORG 811 TOTAL							41,793.28		
815 UTILITY CAPITAL IMPROVEMENTS									
0400-800-815-00-625300- EXTENSION & OTHER IMPROVEMENTS									
000216 GRASSLAND IRRIGATION	117404382	284182		2017 9	INV	A	4,400.00	C-070517	BORING ON HWY 51
INVOICE: 117404382		FULL DESC: BORING ON HWY 51							
000354 METER SERVICE AND SU	8731	284179		2017 9	INV	A	2,853.00	C-070517	GATE VALVE, MEGA LU
INVOICE: 8731		FULL DESC: GATE VALVE, MEGA LUGS/ETC.							
000354 METER SERVICE AND SU	8774	284176		2017 9	INV	A	3,095.25	C-070517	WET TAP / HWY 51
INVOICE: 8774		FULL DESC: WET TAP / HWY 51							
							5,948.25		
009591 TRI FIRMA	4916QB	284155	17000306	2017 9	INV	A	23,520.97	C-070517	BAPTIST HOSPITAL SE
INVOICE:		FULL DESC: BAPTIST HOSPITAL SEWER							
015972 PARKS & PARKS WELL	13478	284172		2017 9	INV	A	4,966.92	C-070517	REPAIRS AT WHITWORT
INVOICE: 13478		FULL DESC: REPAIRS AT WHITWORTH WATER PLANT							
018221 CIVIL-LINK, LLC	72661	284164		2017 9	INV	A	13,142.79	C-070517	COE PLANNING ASST T
INVOICE: 72661		FULL DESC: COE PLANNING ASST TO STATES MAPPING							
018221 CIVIL-LINK, LLC	72662	284165		2017 9	INV	A	2,904.36	C-070517	WATER METER SURVEY
INVOICE: 72662		FULL DESC: WATER METER SURVEY							
018221 CIVIL-LINK, LLC	72663	284166		2017 9	INV	A	5,389.80	C-070517	WATER VALVE OPER &
INVOICE: 72663		FULL DESC: WATER VALVE OPER & EVAL							
018221 CIVIL-LINK, LLC	72664	284167		2017 9	INV	A	1,346.52	C-070517	FIRE SERVICE EXT. P
INVOICE: 72664		FULL DESC: FIRE SERVICE EXT. PHASE 1							
018221 CIVIL-LINK, LLC	72665	284168		2017 9	INV	A	3,171.35	C-070517	FIRE SERVICE / EXT.

YEAR/PERIOD: 2017/1 TO 2017/10 ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR TYP S		WARRANT	CHECK	DESCRIPTION
INVOICE: 72665		FULL DESC:		FIRE SERVICE / EXT. PHASE 2				
018221 CIVIL-LINK, LLC	72666	284169		2017 9 INV A	14,432.34	C-070517		STARLANDING WATER S
INVOICE: 72666		FULL DESC:		STARLANDING WATER SUPPLY				
					40,387.16			
				ACCOUNT TOTAL	79,223.30			
0400-800-815-00-625305-				SANITARY SEWER EXTENSION				
000354 METER SERVICE AND SU	8666	284204		2017 9 INV A	3,091.00	C-070517		PVC PIPE, SEWER MAR
INVOICE: 8666		FULL DESC:		PVC PIPE, SEWER MARKING TAPE , ECT.				
000354 METER SERVICE AND SU	8703	284171		2017 9 INV A	1,392.50	C-070517		MATERIALS / BAPTIST
INVOICE: 8703		FULL DESC:		MATERIALS / BAPTIST HOSP SEWER				
					4,483.50			
000734 MAGNOLIA ELECTRIC	241479-IN	284174		2017 9 INV A	28.75	C-070517		ELECTRICAL COUPLING
INVOICE:		FULL DESC:		ELECTRICAL COUPLING				
004494 J R STEWART	32130	284209		17000293 2017 9 INV A	57,120.00	C-070517		GRINDER PUMPS AND F
INVOICE: 32130		FULL DESC:		GRINDER PUMPS AND FITTINGS FOR				
				ACCOUNT TOTAL	61,632.25			
				ORG 815 TOTAL	140,855.55			
820				UTILITY ADMINISTRATIVE EXPENSE				
0400-800-820-00-610400-				OFFICE SUPPLIES				
002227 JACKSON PAPER COMPAN	1007619	283983		2017 9 INV A	79.50	C-070517		COPY PAPER
INVOICE: 1007619		FULL DESC:		COPY PAPER				
				ACCOUNT TOTAL	79.50			
0400-800-820-00-625700-				TELEPHONE & POSTAGE				
017546 ARISTA	1414201706	284192		2017 9 INV A	4,392.03	C-070517		WATER BILL POSTAGE
INVOICE: 1414201706		FULL DESC:		WATER BILL POSTAGE / 06/17				
				ACCOUNT TOTAL	4,392.03			
0400-800-820-00-626500-				PRINTING				
006685 DEX IMAGING	WR566140	284205		2017 9 INV A	36.29	C-070517		MP8773 COPERI/ CITY
INVOICE:		FULL DESC:		MP8773 COPERI/ CITY HALL WATER				
006685 DEX IMAGING	WR566148	284206		2017 9 INV A	26.69	C-070517		MP6552 COPIER @ PEP
INVOICE:		FULL DESC:		MP6552 COPIER @ PEPPERCHASE				
					62.98			
017546 ARISTA	23460	284191		2017 9 INV A	1,736.47	C-070517		WATER BILL PRINTING
INVOICE: 23460		FULL DESC:		WATER BILL PRINTING/ 06/17				
				ACCOUNT TOTAL	1,799.45			

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S	WARRANT	CHECK	DESCRIPTION
			ORG 820 TOTAL				6,270.98		
825			UTILITY MAINTENANCE EXPENSES						
0400-800-825-00-611000-			MATERIALS						
000354 METER SERVICE AND SU	8730	284178		2017	9	INV	A	455.40	C-070517	FIRE HYDRANT PARTS
INVOICE: 8730		FULL DESC:	FIRE HYDRANT PARTS						
000354 METER SERVICE AND SU	8775	284177		2017	9	INV	A	1,320.00	C-070517	TRAFFIC BOXES & LID
INVOICE: 8775		FULL DESC:	TRAFFIC BOXES & LIDS						
							1,775.40		
000551 USA BLUEBOOK	284181	284196		2017	9	INV	A	531.55	C-070517	STENNER PUMP
INVOICE: 284181		FULL DESC:	STENNER PUMP						
000734 MAGNOLIA ELECTRIC	234451CM	284213		2017	9	CRM	A	-171.53	C-070517	INVOICE 234451-IN P
INVOICE:		FULL DESC:	INVOICE 234451-IN PAID TWICE						
001102 SOUTHAVEN SUPPLY	282928	284212		2017	9	INV	A	922.34	C-070517	MISC. SUPPLIES
INVOICE: 282928		FULL DESC:	MISC. SUPPLIES						
001320 MARTIN MACHINE WORKS	1056	284198		2017	9	INV	A	237.75	C-070517	FIRE HYDRANT PARTS
INVOICE: 1056		FULL DESC:	FIRE HYDRANT PARTS						
001899 XYLEM DEWATERING SOL	400711460	284184		2017	9	INV	A	19.66	C-070517	ADAPTERS
INVOICE: 400711460		FULL DESC:	ADAPTERS						
005044 LOWE'S HOME CENTERS,	6252017	284300		2017	9	INV	A	373.09	C-070517	LOWE'S CREDIT
INVOICE: 6252017		FULL DESC:	LOWE'S CREDIT						
007304 O'REILLYS AUTO PARTS	1257-316102	284203		2017	9	INV	A	105.79	C-070517	BATTERY
INVOICE:		FULL DESC:	BATTERY						
020490 INTERSTATE BATTERY S	204911	284170		2017	9	INV	A	365.90	C-070517	BATTERIES FOR GREEN
INVOICE: 204911		FULL DESC:	BATTERIES FOR GREENBROOK WP						
			ACCOUNT TOTAL				4,159.95		
0400-800-825-00-611100-			CHEMICALS						
000551 USA BLUEBOOK	282961	284197		2017	9	INV	A	549.01	C-070517	SENSOR PROBE
INVOICE: 282961		FULL DESC:	SENSOR PROBE						
001146 IDEAL CHEMICAL	200461	284188		2017	9	INV	A	387.50	C-070517	LIME FOR GETWELL RD
INVOICE: 200461		FULL DESC:	LIME FOR GETWELL RD WP						
001146 IDEAL CHEMICAL	200462	284187		2017	9	INV	A	560.00	C-070517	CHLORINE FOR GETWEL
INVOICE: 200462		FULL DESC:	CHLORINE FOR GETWELL						
001146 IDEAL CHEMICAL	200463	284186		2017	9	INV	A	387.50	C-070517	LIME FOR GREENBROOK
INVOICE: 200463		FULL DESC:	LIME FOR GREENBROOK WP						
001146 IDEAL CHEMICAL	200464	284185		2017	9	INV	A	203.50	C-070517	FLUORIDE FOR GREENB
INVOICE: 200464		FULL DESC:	FLUORIDE FOR GREENBROOK WP						
001146 IDEAL CHEMICAL	200465	284190		2017	9	INV	A	775.00	C-070517	LIME FOR WHITWORH W
INVOICE: 200465		FULL DESC:	LIME FOR WHITWORH WP						
001146 IDEAL CHEMICAL	200466	284189		2017	9	INV	A	203.50	C-070517	FLUORIDE FOR WHITWO

ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR TYP S		WARRANT	CHECK	DESCRIPTION
YEAR/PERIOD: 2017/1 TO 2017/10								
INVOICE: 200466		FULL DESC:		FLUORIDE FOR WHITWORH WP				
					2,517.00			
005073 MOMAR	PSI184444	284195		2017 9 INV A	720.04	C-070517		DEGREASER/ DISINFEC
INVOICE:		FULL DESC:		DEGREASER/ DISINFECTANT				
				ACCOUNT TOTAL	3,786.05			
0400-800-825-00-611300-				MAINTENANCE VEHICLES				
021382 PETTY CASH	6302017	284298		2017 9 INV A	10.00	C-070517		PETTY CASH REIMBURS
INVOICE: 6302017		FULL DESC:		PETTY CASH REIMBURSEMENT				
				ACCOUNT TOTAL	10.00			
0400-800-825-00-612200-				MAINTENANCE EQUIPMENT & BUILD				
000836 COUNTRY FORD INC	6037124	284211		2017 9 INV A	138.94	C-070517		ROUTINE MAINTENANCE
INVOICE: 6037124		FULL DESC:		ROUTINE MAINTENANCE/ TRUCK #806				
005044 LOWE'S HOME CENTERS,	6252017	284300		2017 9 INV A	687.40	C-070517		LOWE'S CREDIT
INVOICE: 6252017		FULL DESC:		LOWE'S CREDIT				
007600 OFFICE DEPOT	1257-316106	284201		2017 9 INV A	22.77	C-070517		WIPER BLADES TRUCK
INVOICE:		FULL DESC:		WIPER BLADES TRUCK # 839				
025979 A&B FAST AUTO GLASS	I041590	284173		2017 9 INV A	44.99	C-070517		WINDSHIELD REPAIR F
INVOICE:		FULL DESC:		WINDSHIELD REPAIR FOR TRUCK #832				
				ACCOUNT TOTAL	894.10			
0400-800-825-00-612500-				UNIFORMS				
000983 PARAMOUNT UNIFORMS R	455111	284208		2017 9 INV A	100.46	C-070517		UNIFORMS
INVOICE: 455111		FULL DESC:		UNIFORMS				
000983 PARAMOUNT UNIFORMS R	456497	284175		2017 9 INV A	100.46	C-070517		UNIFORMS
INVOICE: 456497		FULL DESC:		UNIFORMS				
					200.92			
				ACCOUNT TOTAL	200.92			
0400-800-825-00-622100-				PROFESSIONAL SERVICES				
000021 A-1 FIRE PROTECTION	16688	284202		2017 9 INV A	1,180.00	C-070517		CLEAN LIFT STATION
INVOICE: 16688		FULL DESC:		CLEAN LIFT STATION				
000023 A-1 SEPTIC TANK SERV	16693	284183		2017 9 INV A	1,240.00	C-070517		CLEAN LIFT STATIONS
INVOICE: 16693		FULL DESC:		CLEAN LIFT STATIONS				
018221 CIVIL-LINK, LLC	72658	284162		2017 9 INV A	24,350.75	C-070517		UTILITIES/ RPR
INVOICE: 72658		FULL DESC:		UTILITIES/ RPR				
018221 CIVIL-LINK, LLC	72659	284163		2017 9 INV A	685.64	C-070517		UTLILITES RPR/ INFR
INVOICE: 72659		FULL DESC:		UTLILITES RPR/ INFRASTRUCTURE SURVEY				
018221 CIVIL-LINK, LLC	72660	284181		2017 9 INV A	6,555.13	C-070517		SANITARY SEWER SERV

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S		WARRANT	CHECK	DESCRIPTION
INVOICE: 72660		FULL DESC: SANITARY SEWER SERVICE								
							31,591.52			
019589 BAKER SERVICES	61819	284200		2017	9	INV A	16,922.82	C-070517		MAY 2017 METER READ
INVOICE: 61819		FULL DESC: MAY 2017 METER READS								
			ACCOUNT TOTAL				50,934.34			
0400-800-825-00-624500-			LICENSES & MISCELLANEOUS FEES							
001363 HEFFNER MISTY	2532	284193		2017	9	INV A	11.00	C-070517		SEWER
INVOICE: 2532		FULL DESC: SEWER								
001363 HEFFNER MISTY	2909	284194		2017	9	INV A	308.00	C-070517		SEWER EASEMENT FEES
INVOICE: 2909		FULL DESC: SEWER EASEMENT FEES								
							319.00			
006674 MsRWA	6292017	284207		2017	9	INV A	500.00	C-070517		MEMBERSHIP#10745 /
INVOICE: 6292017		FULL DESC: MEMBERSHIP#10745 / DUES FOR 17/18								
			ACCOUNT TOTAL				819.00			
0400-800-825-00-650903-			INTERCEPTOR SEWER TREATMENT							
002848 HORN LAKE CREEK BASI	06202017	284210		2017	9	INV A	119,882.14	C-070517		JUNE 2017 SEWER TRE
INVOICE: 6202017		FULL DESC: JUNE 2017 SEWER TREATMENT								
			ACCOUNT TOTAL				119,882.14			
			ORG 825 TOTAL				180,686.50			
FUND 0400 UTILITY FUND				TOTAL:			369,699.40			

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S		WARRANT	CHECK	DESCRIPTION
850			MAINTENANCE EXPENSES							
0450-810-850-00-612500-			UNIFORMS							
000983 PARAMOUNT UNIFORMS R	455112	284120		2017	9	INV	A	36.65	C-070517	UNIFORMS
INVOICE: 455112		FULL DESC:	UNIFORMS							
000983 PARAMOUNT UNIFORMS R	456498	284117		2017	9	INV	A	36.65	C-070517	UNIFORMS
INVOICE: 456498		FULL DESC:	UNIFORMS							
								73.30		
			ACCOUNT TOTAL					73.30		
0450-810-850-00-622100-			PROFESSIONAL SERVICES							
005407 NORTH MS. TWO-WAY CO	42849	283803		2017	9	INV	A	997.00	C-070517	MICRO LED/ INSTALL
INVOICE: 42849		FULL DESC:	MICRO LED/ INSTALL KITS							
005714 REEL NEET EROSION CO	21004	284126		2017	9	INV	A	25,500.00	C-070517	ROW MAINT. PER CONT
INVOICE: 21004		FULL DESC:	ROW MAINT. PER CONTRACT - JUNE							
007500 SWEEPING CORPORATION	126428-IN	284131		2017	9	INV	A	576.00	C-070517	SWEEPING SVC PER CO
INVOICE:		FULL DESC:	SWEEPING SVC PER CONTRACT							
018967 ARROW DISPOSAL	1434	283996		2017	9	INV	A	94,945.83	C-070517	GARB. SERV. PER CON
INVOICE: 1434		FULL DESC:	GARB. SERV. PER CONTRACT							
018967 ARROW DISPOSAL	1482	283995		2017	9	INV	A	95,141.01	C-070517	GARB. SERV. PER CON
INVOICE: 1482		FULL DESC:	GARB. SERV. PER CONTRACT							
								190,086.84		
			ACCOUNT TOTAL					217,159.84		
0450-810-850-00-630600-			VEHICLES							
000223 CROW'S TRUCK SERVICE	40202017	283726	17000195	2017	9	INV	A	130,530.00	C-070517	13 YARD REAR LOADER
INVOICE: 40202017		FULL DESC:	13 YARD REAR LOADER GARBAGE TR							
			ACCOUNT TOTAL					130,530.00		
			ORG 850 TOTAL					347,763.14		
FUND 0450 SANITATION FUND						TOTAL:		347,763.14		

Minutes, City of Southaven, Southaven, Mississippi

YEAR/PERIOD: 2017/1 TO 2017/10

ACCOUNT/VENDOR	DOCUMENT	VOUCHER PO	YEAR/PR	TYP	S	WARRANT	CHECK	DESCRIPTION
0600 PAYROLL FUND								
0600-000-000-00-214300- EMPLOYEE MEDICAL INSURANCE								
024871 WAGEWORKS	517-TR44884	283776	2017	9	INV	A	193.04	C-070517	COBRA ADMIN FEES
INVOICE:	FULL DESC: COBRA ADMIN FEES							
ACCOUNT TOTAL							193.04		
ORG 0600 TOTAL							193.04		
FUND 0600 PAYROLL FUND TOTAL:							193.04		

** END OF REPORT - Generated by Nicole Hilario **

YEAR/PERIOD: 2017/1 TO 2017/10

ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S		WARRANT	CHECK	DESCRIPTION
115 BOARD OF ALDERMAN										
0010-100-115-00-626906- TRAVEL & TRAINING-WARD 6										
024994 HARD ROCK BILOXI	6212017	283660		2017	9	INV	P	540.12	D-070517	148518 ALDERMAN FLORES HOT
INVOICE: 6212017	FULL DESC: ALDERMAN FLORES HOTEL /MML CONF/BILOXI									
ACCOUNT TOTAL								540.12		
ORG 115 TOTAL								540.12		
125 COURT DEPARTMENT										
0010-100-125-00-621505- COURT SUPPLIES										
007504 PAETEC	69121189	283818		2017	9	INV	P	740.99	D-070517	148543 COURT PHONES
INVOICE: 69121189	FULL DESC: COURT PHONES									
ACCOUNT TOTAL								740.99		
ORG 125 TOTAL								740.99		
145 DEPARTMENT OF FINANCE & ADMIN										
0010-100-145-00-625700- TELEPHONE & POSTAGE										
001095 VERIZON WIRELESS	9786874729	283694		2017	9	INV	P	40.01	D-070517	148532 ACCT 520666110-0000
INVOICE: 9786874729	FULL DESC: ACCT 520666110-00001									
ACCOUNT TOTAL								40.01		
ORG 145 TOTAL								40.01		
150 INFORMATION TECHNOLOGY										
0010-100-150-00-610500- COMPUTERS										
002351 COMCAST	839640061017	283883		2017	9	INV	P	33.53	D-070517	148538 8396400220318171 /
INVOICE: 839640061017	FULL DESC: 8396400220318171 / 8710 NORTHWEST									
ACCOUNT TOTAL								33.53		
0010-100-150-00-625700- TELEPHONE/POSTAGE										
001095 VERIZON WIRELESS	9786874729	283694		2017	9	INV	P	160.04	D-070517	148532 ACCT 520666110-0000
INVOICE: 9786874729	FULL DESC: ACCT 520666110-00001									
ACCOUNT TOTAL								160.04		
ORG 150 TOTAL								193.57		
180 PLANNING / ENGINEERING DEPT										
0010-100-180-00-625700- TELEPHONE/POSTAGE										
001095 VERIZON WIRELESS	9787230985	283693		2017	9	INV	P	236.19	D-070517	148532 ACCT 242001757 / 6/
INVOICE: 9787230985	FULL DESC: ACCT 242001757 / 6/10/17									
ACCOUNT TOTAL								236.19		
ORG 180 TOTAL								236.19		

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S		WARRANT	CHECK	DESCRIPTION
211 POLICE DEPARTMENT										
0010-200-211-00-600100- SALARIES-ADMINISTRATION										
024663 CROY PHILLIP	6202017	283622		2017	9	INV	P	542.01	D-070517	148508 REFUND FOR DEDUCTIO
INVOICE: 6202017		FULL DESC:	REFUND FOR DEDUCTIONS							
ACCOUNT TOTAL								542.01		
0010-200-211-00-625700- TELEPHONE & POSTAGE										
001095 VERIZON WIRELESS	9786874729	283694		2017	9	INV	P	1,458.71	D-070517	148532 ACCT 520666110-0000
INVOICE: 9786874729		FULL DESC:	ACCT 520666110-00001							
001095 VERIZON WIRELESS	9787230985	283693		2017	9	INV	P	2,519.39	D-070517	148532 ACCT 242001757 / 6/
INVOICE: 9787230985		FULL DESC:	ACCT 242001757 / 6/10/17							
								3,978.10		
001234 CENTURYLINK	30009161017	283886		2017	9	INV	P	231.16	D-070517	148536 300091223 / E. PREC
INVOICE: 30009161017		FULL DESC:	300091223 / E. PRECINCT							
002351 COMCAST	83964061017	283888		2017	9	INV	P	698.41	D-070517	148540 8396400220293176 /
INVOICE: 83964061017		FULL DESC:	8396400220293176 / 1855 VETERANS DR							
002351 COMCAST	83964061117	283887		2017	9	INV	P	553.43	D-070517	148539 8396400220139544 /
INVOICE: 83964061117		FULL DESC:	8396400220139544 / 8691 NORTHWEST DR							
								1,251.84		
ACCOUNT TOTAL								5,461.10		
0010-200-211-00-626000- UTILITIES										
000966 ENTERGY	100003951838	283898		2017	9	INV	P	7.58	D-070517	148541 19131200 / 8185 GET
INVOICE: 100003951838		FULL DESC:	19131200 / 8185 GETWELL							
000966 ENTERGY	110005209508	283893		2017	9	INV	P	2,713.08	D-070517	148542 37423837 / 8691 NOR
INVOICE: 110005209508		FULL DESC:	37423837 / 8691 NORTHWEST DR							
000966 ENTERGY	205004376536	283896		2017	9	INV	P	18.71	D-070517	148541 60209269 / 7111 TCH
INVOICE: 205004376536		FULL DESC:	60209269 / 7111 TCHULAHOMA RD CD SIREN							
000966 ENTERGY	370002433351	283892		2017	9	INV	P	16.66	D-070517	148541 17624495 / 3005 STA
INVOICE: 370002433351		FULL DESC:	17624495 / 3005 STANTON RD S							
000966 ENTERGY	380002463340	283889		2017	9	INV	P	7.58	D-070517	148541 31166523 / 1200 BRO
INVOICE: 380002463340		FULL DESC:	31166523 / 1200 BROOKHAVEN DR							
000966 ENTERGY	425003041205	283899		2017	9	INV	P	17.92	D-070517	148541 16832636 / 4085 STA
INVOICE: 425003041205		FULL DESC:	16832636 / 4085 STATELINE RD							
000966 ENTERGY	445002962241	283900		2017	9	INV	P	21.32	D-070517	148541 110165339 / 5730 ST
INVOICE: 445002962241		FULL DESC:	110165339 / 5730 STATELINE RD W TOR SIREN							
000966 ENTERGY	60005197635	283895		2017	9	INV	P	7.58	D-070517	148541 15540321 / 367 RASC
INVOICE: 60005197635		FULL DESC:	15540321 / 367 RASCO RD W							
000966 ENTERGY	80005057997	283894		2017	9	INV	P	9.57	D-070517	148541 133300244 / 8691 NO
INVOICE: 80005057997		FULL DESC:	133300244 / 8691 NORTHWEST DR							
000966 ENTERGY	95004661600	283890		2017	9	INV	P	158.21	D-070517	148542 42493999 / 8191 TUL
INVOICE: 95004661600		FULL DESC:	42493999 / 8191 TULANE RD							
000966 ENTERGY	95004661601	283891		2017	9	INV	P	9.77	D-070517	148541 43277185 / 8191 TUL
INVOICE: 95004661601		FULL DESC:	43277185 / 8191 TULANE RD RANGE							

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				2,987.98			
			ACCOUNT TOTAL	2,987.98			
			ORG 211 TOTAL	8,991.09			
290			FIRE DEPARTMENT				
0010-200-290-00-625700-			TELEPHONE & POSTAGE				
001095 VERIZON WIRELESS	9786874729	283694	2017 9 INV P	880.30	D-070517	148532	ACCT 520666110-0000
INVOICE: 9786874729	FULL DESC:		ACCT 520666110-00001				
001095 VERIZON WIRELESS	9787230985	283693	2017 9 INV P	65.83	D-070517	148532	ACCT 242001757 / 6/
INVOICE: 9787230985	FULL DESC:		ACCT 242001757 / 6/10/17				
				946.13			
001234 CENTURYLINK	300091261017	283675	2017 9 INV P	115.58	D-070517	148524	300091249 / STATION
INVOICE: 300091261017	FULL DESC:		300091249 / STATION 4				
002351 COMCAST	839640061317	283669	2017 9 INV P	105.90	D-070517	148526	8396400220289125 /
INVOICE: 839640061317	FULL DESC:		8396400220289125 / INTERNET AMPHITHEATER				
006142 ACCESS POINT INC	5021327	283705	2017 9 INV P	67.23	D-070517	148520	279025 / STATION 1
INVOICE: 5021327	FULL DESC:		279025 / STATION 1				
			ACCOUNT TOTAL	1,234.84			
0010-200-290-00-626000-			UTILITIES				
000966 ENTERGY	115004696620	283668	2017 9 INV P	1,366.37	D-070517	148530	51589596 / 1940 STA
INVOICE: 115004696620	FULL DESC:		51589596 / 1940 STATELINE RD W				
000966 ENTERGY	20005852242	283659	2017 9 INV P	1,061.21	D-070517	148516	15021074 / 6450 GET
INVOICE: 20005852242	FULL DESC:		15021074 / 6450 GETWELL RD				
000966 ENTERGY	305003599311	283667	2017 9 INV P	289.73	D-070517	148530	50134691 / 8945 TUL
INVOICE: 305003599311	FULL DESC:		50134691 / 8945 TULANE RD				
000966 ENTERGY	410001931783	283658	2017 9 INV P	1,495.29	D-070517	148516	79401667 / 7980 SWI
INVOICE: 410001931783	FULL DESC:		79401667 / 7980 SWINNEA RD				
				4,212.60			
001145 ATMOS ENERGY	301967261417	283666	2017 9 INV P	145.84	D-070517	148522	3019672695/ 7980 SW
INVOICE: 301967261417	FULL DESC:		3019672695/ 7980 SWINNEA/ STATION 2				
001145 ATMOS ENERGY	302052162117	283885	2017 9 INV P	201.95	D-070517	148535	3020521390
INVOICE: 302052162117	FULL DESC:		3020521390				
				347.79			
			ACCOUNT TOTAL	4,560.39			
			ORG 290 TOTAL	5,795.23			

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER PO	YEAR/PR TYP S		WARRANT	CHECK	DESCRIPTION
311			PUBLIC WORKS DEPARTMENT				
0010-300-311-00-625700-			TELEPHONE & POSTAGE				
001095 VERIZON WIRELESS	9786874729	283694	2017 9 INV P	40.01	D-070517	148532	ACCT 520666110-0000
INVOICE: 9786874729		FULL DESC:	ACCT 520666110-00001				
			ACCOUNT TOTAL	40.01			
0010-300-311-00-626000-			UTILITIES				
000966 ENTERGY	405003108266	283815	2017 9 INV P	24.71	D-070517	148541	129563102 / 426 STA
INVOICE: 405003108266		FULL DESC:	129563102 / 426 STAR LANDING RD				
000966 ENTERGY	80005056115	283606	2017 9 INV P	19.76	D-070517	148511	19047497 / 951 RASC
INVOICE: 80005056115		FULL DESC:	19047497 / 951 RASCO RD				
				44.47			
001145 ATMOS ENERGY	301501761417	283610	2017 9 INV P	26.79	D-070517	148507	3015017945 / 8710 N
INVOICE: 301501761417		FULL DESC:	3015017945 / 8710 NORTHWEST DR				
			ACCOUNT TOTAL	71.26			
			ORG 311 TOTAL	111.27			
315			CITY TRAFFIC AND STREETS LIGHT				
0010-300-315-00-626000-			UTILITIES				
000966 ENTERGY	165004550793	283605	2017 9 INV P	399.37	D-070517	148515	55245484 / 8935 COM
INVOICE: 165004550793		FULL DESC:	55245484 / 8935 COMMERCE DR				
000966 ENTERGY	170003794963	283585	2017 9 INV P	51.48	D-070517	148513	110821956 / BROOKHA
INVOICE: 170003794963		FULL DESC:	110821956 / BROOKHAVEN HWY 51				
000966 ENTERGY	170003794964	283586	2017 9 INV P	50.66	D-070517	148513	110821964 / ST LINE
INVOICE: 170003794964		FULL DESC:	110821964 / ST LINE HWY 51				
000966 ENTERGY	170003794965	283582	2017 9 INV P	38.60	D-070517	148512	110821972 / STATELI
INVOICE: 170003794965		FULL DESC:	110821972 / STATELINE RD I55				
000966 ENTERGY	170003794966	283583	2017 9 INV P	41.99	D-070517	148512	110821998 / MISS VA
INVOICE: 170003794966		FULL DESC:	110821998 / MISS VALLEY BLVD				
000966 ENTERGY	170003794967	283581	2017 9 INV P	40.17	D-070517	148512	110822038 / RASCO R
INVOICE: 170003794967		FULL DESC:	110822038 / RASCO RD HWY 51				
000966 ENTERGY	175004507417	283702	2017 9 INV P	21.91	D-070517	148529	50881416 / 4005 STA
INVOICE: 175004507417		FULL DESC:	50881416 / 4005 STATELINE RD				
000966 ENTERGY	180003873158	283817	2017 9 INV P	64.45	D-070517	148542	16330888 / GOODMAN
INVOICE: 180003873158		FULL DESC:	16330888 / GOODMAN RD AND SCREST				
000966 ENTERGY	200003420159	283603	2017 9 INV P	2.71	D-070517	148509	16835456 / SOUTHAVE
INVOICE: 200003420159		FULL DESC:	16835456 / SOUTHAVEN ELEM SCHOOL				
000966 ENTERGY	200003420161	283602	2017 9 INV P	70.01	D-070517	148513	16837528 / STATE LI
INVOICE: 200003420161		FULL DESC:	16837528 / STATE LINE & GETWELL				
000966 ENTERGY	2016461112	283589	2017 9 INV P	53,643.56	D-070517	148517	16836199 / STREET L
INVOICE: 2016461112		FULL DESC:	16836199 / STREET LIGHTS				
000966 ENTERGY	205004378274	283607	2017 9 INV P	24.33	D-070517	148511	115078636 / 1989 ST
INVOICE: 205004378274		FULL DESC:	115078636 / 1989 STATELINE RD E				
000966 ENTERGY	225004283646	283601	2017 9 INV P	51.48	D-070517	148513	17327354/ SWINNEA R
INVOICE: 225004283646		FULL DESC:	17327354/ SWINNEA RD & HWY 302				
000966 ENTERGY	245004120218	283701	2017 9 INV P	11.31	D-070517	148528	89409965 / STATES O

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S		WARRANT	CHECK	DESCRIPTION
INVOICE: 245004120218	FULL DESC:	89409965 / STATES OF NORTHCREEK LIGHTING								
000966 ENTERGY	245004124725 283816			2017 9	INV	P	64.45	D-070517	148542	19041425 / GOODMAN
INVOICE: 245004124725	FULL DESC:	19041425 / GOODMAN AND AIRWAYS BLVD								
000966 ENTERGY	25005109064 283591			2017 9	INV	P	24.35	D-070517	148511	47904040 / 8683 AIR
INVOICE: 25005109064	FULL DESC:	47904040 / 8683 AIRWAYS BLVD								
000966 ENTERGY	25005109173 283590			2017 9	INV	P	149.94	D-070517	148514	100968049 / 8770 NO
INVOICE: 25005109173	FULL DESC:	100968049 / 8770 NORTHWEST DR								
000966 ENTERGY	25005114963 283695			2017 9	INV	P	49.38	D-070517	148529	15556616 / STATELIN
INVOICE: 25005114963	FULL DESC:	15556616 / STATELINE RD MRKT DR								
000966 ENTERGY	275003940891 283814			2017 9	INV	P	116.14	D-070517	148542	100253780 / GOODMAN
INVOICE: 275003940891	FULL DESC:	100253780 / GOODMAN & I55								
000966 ENTERGY	285003871491 283575			2017 9	INV	P	49.36	D-070517	148513	16834293 / HIGHWAY
INVOICE: 285003871491	FULL DESC:	16834293 / HIGHWAY 51 AND CUSTER								
000966 ENTERGY	285003871493 283574			2017 9	INV	P	28.68	D-070517	148512	16839003 / HIGHWAY
INVOICE: 285003871493	FULL DESC:	16839003 / HIGHWAY 51 & DORCHESTER								
000966 ENTERGY	30005613413 283604			2017 9	INV	P	24.69	D-070517	148511	89417232 / 6006 GET
INVOICE: 30005613413	FULL DESC:	89417232 / 6006 GETWELL RD								
000966 ENTERGY	305003598538 283600			2017 9	INV	P	418.07	D-070517	148515	52482346/ 8355 AIRW
INVOICE: 305003598538	FULL DESC:	52482346/ 8355 AIRWAYS BLVD								
000966 ENTERGY	305003599228 283576			2017 9	INV	P	27.55	D-070517	148511	18054445 / 8777 WHI
INVOICE: 305003599228	FULL DESC:	18054445 / 8777 WHITWORTH ST								
000966 ENTERGY	335003504294 283599			2017 9	INV	P	252.66	D-070517	148514	16832230 / 453 AIRP
INVOICE: 335003504294	FULL DESC:	16832230 / 453 AIRPORT INDUSTRIAL DR								
000966 ENTERGY	335003504295 283598			2017 9	INV	P	4.45	D-070517	148509	16834756 / SOUTH CI
INVOICE: 335003504295	FULL DESC:	16834756 / SOUTH CIR NORTHFIELD								
000966 ENTERGY	365003374619 283608			2017 9	INV	P	49.38	D-070517	148513	15556418 / STATELIN
INVOICE: 365003374619	FULL DESC:	15556418 / STATELINE & NORTHWEST								
000966 ENTERGY	365003376681 283577			2017 9	INV	P	27.55	D-070517	148512	79896114 / 984 STAT
INVOICE: 365003376681	FULL DESC:	79896114 / 984 STATELINE RD W								
000966 ENTERGY	370002432268 283597			2017 9	INV	P	38.81	D-070517	148512	64945074 / 805 RASC
INVOICE: 370002432268	FULL DESC:	64945074 / 805 RASCO RD								
000966 ENTERGY	395003260963 283573			2017 9	INV	P	27.55	D-070517	148512	68134634 / NORTWEST
INVOICE: 395003260963	FULL DESC:	68134634 / NORTWEST DR & STATELINE RD								
000966 ENTERGY	395003260964 283572			2017 9	INV	P	46.14	D-070517	148513	68135326/ STATE LIN
INVOICE: 395003260964	FULL DESC:	68135326/ STATE LINE RD & I-55 INTERSECTION								
000966 ENTERGY	395003261171 283578			2017 9	INV	P	501.44	D-070517	148516	119287241 / 1855 FI
INVOICE: 395003261171	FULL DESC:	119287241 / 1855 FIRST COMMERCIAL DR N								
000966 ENTERGY	420002001274 283696			2017 9	INV	P	16.96	D-070517	148529	16835951 / STATELIN
INVOICE: 420002001274	FULL DESC:	16835951 / STATELINE RD AIRWAYS								
000966 ENTERGY	420002001275 283697			2017 9	INV	P	41.99	D-070517	148529	16839979 / ST LINE
INVOICE: 420002001275	FULL DESC:	16839979 / ST LINE RD HAMILTON								
000966 ENTERGY	420002001276 283698			2017 9	INV	P	9.75	D-070517	148528	16850182 / GREENBRO
INVOICE: 420002001276	FULL DESC:	16850182 / GREENBROOK PKWY ST LGT								
000966 ENTERGY	420002001277 283699			2017 9	INV	P	4.45	D-070517	148528	16850398 / GREENBRO
INVOICE: 420002001277	FULL DESC:	16850398 / GREENBROOK PKWY RASC								
000966 ENTERGY	470002093813 283594			2017 9	INV	P	27.79	D-070517	148512	68134584 / HAMILTON
INVOICE: 470002093813	FULL DESC:	68134584 / HAMILTON & STATE LINE RD								
000966 ENTERGY	470002093814 283593			2017 9	INV	P	307.86	D-070517	148515	69086056 / HAMILTON
INVOICE: 470002093814	FULL DESC:	69086056 / HAMILTON								
000966 ENTERGY	515002491344 283609			2017 9	INV	P	25.36	D-070517	148511	90253295/ 8507 INVE
INVOICE: 515002491344	FULL DESC:	90253295/ 8507 INVERNESS DR								
000966 ENTERGY	580001095242 283596			2017 9	INV	P	73.56	D-070517	148514	61645719 / 7655 AIR

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S		WARRANT	CHECK	DESCRIPTION
INVOICE: 580001095242		FULL DESC:	61645719 / 7655 AIRWAYS BLVD							
000966 ENTERGY	580001095243	283595		2017	9	INV	P	52.00 D-070517	148513	61645784 / 7532 SOU
INVOICE: 580001095243		FULL DESC:	61645784 / 7532 SOUTHCREST PKWY							
000966 ENTERGY	85004746486	283700		2017	9	INV	P	98.89 D-070517	148529	110822012 /STATELIN
INVOICE: 85004746486		FULL DESC:	110822012 /STATELINE RD I55							
								57,071.25		
001105 NORTHCENTRAL ELECTRI	6222017	284303		2017	9	INV	P	2,235.09 D-070517	148544	ACCT59247008 / ST L
INVOICE: 6222017		FULL DESC:	ACCT59247008 / ST LIGHTS							
			ACCOUNT TOTAL					59,306.34		
			ORG 315 TOTAL					59,306.34		
411			PARKS DEPARTMENT							
0010-400-411-00-600100-			SALARIES-ADMINISTRATION							
026771 KINGSLEY MICHAEL A	6162017	283530		2017	9	INV	P	355.01 D-070517	147937	6-16-17 / PAYROLL S
INVOICE: 6162017		FULL DESC:	6-16-17 / PAYROLL SHORTAGE							
026774 YOUNG DARRELL K.	6302017	283709		2017	9	INV	P	1,269.84 D-070517	148534	REFUND
INVOICE: 6302017		FULL DESC:	REFUND							
			ACCOUNT TOTAL					1,624.85		
0010-400-411-00-625700-			TELEPHONE & POSTAGE							
001095 VERIZON WIRELESS	9786874729	283694		2017	9	INV	P	440.11 D-070517	148532	ACCT 520666110-0000
INVOICE: 9786874729		FULL DESC:	ACCT 520666110-00001							
001095 VERIZON WIRELESS	9787230985	283693		2017	9	INV	P	40.01 D-070517	148532	ACCT 242001757 / 6/
INVOICE: 9787230985		FULL DESC:	ACCT 242001757 / 6/10/17							
								480.12		
			ACCOUNT TOTAL					480.12		
0010-400-411-00-626000-			UTILITIES							
000166 AT&T	056312561017	283672		2017	9	INV	P	41.10 D-070517	148521	0563125769001 / 662
INVOICE: 56312561017		FULL DESC:	0563125769001 / 662 890 5434							
000966 ENTERGY	10011171720	283642		2017	9	INV	P	7.58 D-070517	148510	45692910 / 8925 SWI
INVOICE: 10011171720		FULL DESC:	45692910 / 8925 SWINNEA RD							
000966 ENTERGY	110005207284	283620		2017	9	INV	P	371.44 D-070517	148515	74855255/ 6277B SNO
INVOICE: 110005207284		FULL DESC:	74855255/ 6277B SNOWDEN LN							
000966 ENTERGY	130003796091	283628		2017	9	INV	P	4,865.92 D-070517	148516	44368587 / 3335 PIN
INVOICE: 130003796091		FULL DESC:	44368587 / 3335 PINE TAR ALY							
000966 ENTERGY	145004606516	283618		2017	9	INV	P	26.64 D-070517	148511	56395635 / 7360 US
INVOICE: 145004606516		FULL DESC:	56395635 / 7360 US HIGHWAY 51 N							
000966 ENTERGY	200003420157	283633		2017	9	INV	P	39.17 D-070517	148512	16833329 / 3278 MAY
INVOICE: 200003420157		FULL DESC:	16833329 / 3278 MAY BLVD							
000966 ENTERGY	200003420158	283632		2017	9	INV	P	289.67 D-070517	148515	16834020 / GETWELL
INVOICE: 200003420158		FULL DESC:	16834020 / GETWELL & MAY RD							
000966 ENTERGY	200003420160	283631		2017	9	INV	P	355.52 D-070517	148515	16837304 / 6205 SNO

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S		WARRANT	CHECK	DESCRIPTION
INVOICE: 200003420160	FULL DESC: 200003420162 283630		16837304 / 6205 SNOWDEN	2017	9	INV	P	7.58	D-070517	148510 16852006 / 7505 STO
000966 ENTERGY										
INVOICE: 200003420162	FULL DESC: 200003420163 283629		16852006 / 7505 STONEGATE BLVD	2017	9	INV	P	368.54	D-070517	148515 16852212 / 3278 MAY
000966 ENTERGY										
INVOICE: 200003420163	FULL DESC: 20005852343 283634		16852212 / 3278 MAY BLVD	2017	9	INV	P	44.31	D-070517	148512 47805247 / 6208 SNO
000966 ENTERGY										
INVOICE: 20005852343	FULL DESC: 20005853867 283643		47805247 / 6208 SNOWDEN LN	2017	9	INV	P	357.18	D-070517	148515 38822441 / 8925 SWI
000966 ENTERGY										
INVOICE: 20005853867	FULL DESC: 210003479781 283619		38822441 / 8925 SWINNEA RD	2017	9	INV	P	242.45	D-070517	148514 66074311/ 6208A SNO
000966 ENTERGY										
INVOICE: 210003479781	FULL DESC: 250003627634 283707		66074311/ 6208A SNOWDEN LN	2017	9	INV	P	41.20	D-070517	148529 16836454 / 4700 STA
000966 ENTERGY										
INVOICE: 250003627634	FULL DESC: 250003627635 283708		16836454 / 4700 STATELINE	2017	9	INV	P	512.53	D-070517	148530 16838229 / 4700 STA
000966 ENTERGY										
INVOICE: 250003627635	FULL DESC: 25005108986 283617		16838229 / 4700 STATELINE	2017	9	INV	P	17.85	D-070517	148510 46687588/ 365 RASCO
000966 ENTERGY										
INVOICE: 25005108986	FULL DESC: 265003984821 283646		46687588/ 365 RASCO RD W SOCCER FD	2017	9	INV	P	18.14	D-070517	148511 127643922 / 7890 GR
000966 ENTERGY										
INVOICE: 265003984821	FULL DESC: 285003867950 283626		127643922 / 7890 GREENBROOK PKWY	2017	9	INV	P	167.57	D-070517	148514 74869355 / 6277A SN
000966 ENTERGY										
INVOICE: 285003867950	FULL DESC: 285003871492 283615		74869355 / 6277A SNOWDEN LN	2017	9	INV	P	10.46	D-070517	148510 16838419 / 7505 CHE
000966 ENTERGY										
INVOICE: 285003871492	FULL DESC: 285003871494 283614		16838419 / 7505 CHERRY VALLEY BLVD	2017	9	INV	P	457.45	D-070517	148515 16839250 / 7505 CHE
000966 ENTERGY										
INVOICE: 285003871494	FULL DESC: 290003665127 283656		16839250 / 7505 CHERRY VALLEY BLVD	2017	9	INV	P	6,360.38	D-070517	148517 15744642 / 3376 NAI
000966 ENTERGY										
INVOICE: 290003665127	FULL DESC: 290003665128 283625		15744642 / 3376 NAIL RD	2017	9	INV	P	12.05	D-070517	148510 15744865 / 3566 NAI
000966 ENTERGY										
INVOICE: 290003665128	FULL DESC: 315003567065 283640		15744865 / 3566 NAIL RD	2017	9	INV	P	152.70	D-070517	148514 15928989 / 8400 GRE
000966 ENTERGY										
INVOICE: 315003567065	FULL DESC: 315003568602 283616		15928989 / 8400 GREENBROOK PKWY	2017	9	INV	P	6,331.15	D-070517	148517 41111535 / 7360 US
000966 ENTERGY										
INVOICE: 315003568602	FULL DESC: 320002442679 283627		41111535 / 7360 US HIGHWAY 51 N	2017	9	INV	P	393.18	D-070517	148515 20892766 / 6070 SNO
000966 ENTERGY										
INVOICE: 320002442679	FULL DESC: 320002442682 283621		20892766 / 6070 SNOWDEN	2017	9	INV	P	258.25	D-070517	148514 20291415/ 3480 SUNS
000966 ENTERGY										
INVOICE: 320002442682	FULL DESC: 320002443858 283645		20291415/ 3480 SUNSET LOOP	2017	9	INV	P	1,355.82	D-070517	148516 125567875 / 800 STO
000966 ENTERGY										
INVOICE: 320002443858	FULL DESC: 320002443859 283644		125567875 / 800 STOWEWOOD DR MTR 2	2017	9	INV	P	717.77	D-070517	148516 125567883 / 800 STO
000966 ENTERGY										
INVOICE: 320002443859	FULL DESC: 35004985128 283639		125567883 / 800 STOWEWOOD DR MTR 3	2017	9	INV	P	8.15	D-070517	148510 69723351 / 8925 SWI
000966 ENTERGY										
INVOICE: 35004985128	FULL DESC: 355003399486 283649		69723351 / 8925 SWINNEA RD	2017	9	INV	P	265.08	D-070517	148514 66762873 / 6275 SNO
000966 ENTERGY										
INVOICE: 355003399486	FULL DESC: 365003376774 283613		66762873 / 6275 SNOWDEN LN	2017	9	INV	P	22.30	D-070517	148511 117424333/ 1729 BRO
000966 ENTERGY										
INVOICE: 365003376774	FULL DESC: 385003286625 283638		117424333/ 1729 BROOKHAVEN DR	2017	9	INV	P	76.90	D-070517	148514 16839706 / 8900 GRE
000966 ENTERGY										
INVOICE: 385003286625	FULL DESC: 395003258166 283647		16839706 / 8900 GREENBROOK PKWY	2017	9	INV	P	7.58	D-070517	148509 19046408 / 3025 CAR
000966 ENTERGY										
INVOICE: 395003258166	FULL DESC: 440002032362 283648		19046408 / 3025 CARNIVAL LN	2017	9	INV	P	84.71	D-070517	148514 18054049 / SNOWDEN
000966 ENTERGY										

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER PO	YEAR/PR TYP S		WARRANT	CHECK	DESCRIPTION
INVOICE: 440002032362	FULL DESC:	18054049 / SNOWDEN BALLFIELD RD					
000966 ENTERGY	45502919487 283624		2017 9 INV P	3,007.94	D-070517	148516	123335762/ 800 STOW
INVOICE: 45502919487	FULL DESC:	123335762/ 800 STOWEWOOD DR					
000966 ENTERGY	470002097038 283706		2017 9 INV P	111.07	D-070517	148530	19046929 / 1978 STA
INVOICE: 470002097038	FULL DESC:	19046929 / 1978 STATELINE RD					
000966 ENTERGY	555002044135 283650		2017 9 INV P	7.58	D-070517	148509	31109259 / 7705 TCH
INVOICE: 555002044135	FULL DESC:	31109259 / 7705 TCHULAHOMA					
000966 ENTERGY	555002044136 283653		2017 9 INV P	7.58	D-070517	148509	31109317 / 7655 TCH
INVOICE: 555002044136	FULL DESC:	31109317 / 7655 TCHULAHOMA					
000966 ENTERGY	555002044137 283623		2017 9 INV P	7.58	D-070517	148509	31109366/ 7625 TCHU
INVOICE: 555002044137	FULL DESC:	31109366/ 7625 TCHULAHOMA					
000966 ENTERGY	555002044138 283652		2017 9 INV P	7.58	D-070517	148509	31109424 / 7635 TCH
INVOICE: 555002044138	FULL DESC:	31109424 / 7635 TCHULAHOMA					
000966 ENTERGY	555002044139 283654		2017 9 INV P	7.58	D-070517	148509	31109473 / 7525 TCH
INVOICE: 555002044139	FULL DESC:	31109473 / 7525 TCHULAHOMA					
000966 ENTERGY	555002044140 283655		2017 9 INV P	7.58	D-070517	148509	31109549 / 7535 TCH
INVOICE: 555002044140	FULL DESC:	31109549 / 7535 TCHULAHOMA					
000966 ENTERGY	555002044141 283651		2017 9 INV P	7.58	D-070517	148509	31109614 / 7645 TCH
INVOICE: 555002044141	FULL DESC:	31109614 / 7645 TCHULAHOMA					
000966 ENTERGY	555002044142 283637		2017 9 INV P	7.58	D-070517	148510	31109648 / 7665 TCH
INVOICE: 555002044142	FULL DESC:	31109648 / 7665 TCHULAHOMA					
000966 ENTERGY	555002044143 283636		2017 9 INV P	12.05	D-070517	148510	31109663 / 7735 TCH
INVOICE: 555002044143	FULL DESC:	31109663 / 7735 TCHULAHOMA					
000966 ENTERGY	555002044213 283657		2017 9 INV P	18.04	D-070517	148511	22512453 / 6205 GET
INVOICE: 555002044213	FULL DESC:	22512453 / 6205 GETWELL RD					
000966 ENTERGY	80005056114 283641		2017 9 INV P	7.80	D-070517	148510	19045897 / 295 STAT
INVOICE: 80005056114	FULL DESC:	19045897 / 295 STATELINE RD E					
000966 ENTERGY	95004656922 283635		2017 9 INV P	7.58	D-070517	148510	72820194 / 6305 SNO
INVOICE: 95004656922	FULL DESC:	72820194 / 6305 SNOWDEN LN					
				27,472.34			
001145 ATMOS ENERGY	301501862217 283901		2017 9 INV P	28.97	D-070517	148535	3015018239 / 6070 S
INVOICE: 301501862217	FULL DESC:	3015018239 / 6070 SNOWDEN					
001145 ATMOS ENERGY	301547662217 283902		2017 9 INV P	32.03	D-070517	148535	3015476619 / 6275 S
INVOICE: 301547662217	FULL DESC:	3015476619 / 6275 SNOWDEN LN					
001145 ATMOS ENERGY	301967261517 283611		2017 9 INV P	33.73	D-070517	148507	3019672435 / 8400 G
INVOICE: 301967261517	FULL DESC:	3019672435 / 8400 GREENBROOK PKWY					
001145 ATMOS ENERGY	302071361417 283612		2017 9 INV P	26.94	D-070517	148507	3020713076/ 8925 SW
INVOICE: 302071361417	FULL DESC:	3020713076/ 8925 SWINNEA RD					
001145 ATMOS ENERGY	401057361517 283671		2017 9 INV P	166.95	D-070517	148522	4010573727 / 800 ST
INVOICE: 401057361517	FULL DESC:	4010573727 / 800 STOWEWOOD DR					
				288.62			
001234 CENTURYLINK	30009661017 283674		2017 9 INV P	54.94	D-070517	148524	300096133 / 662 893
INVOICE: 30009661017	FULL DESC:	300096133 / 662 893 6235					
001234 CENTURYLINK	400200061017 283670		2017 9 INV P	1,235.28	D-070517	148524	400200022
INVOICE: 400200061017	FULL DESC:	400200022					
001234 CENTURYLINK	400200361017 283673		2017 9 INV P	128.71	D-070517	148524	400200373 / FOREVER
INVOICE: 400200361017	FULL DESC:	400200373 / FOREVER YOUNG					

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER PO	YEAR/PR TYP S		WARRANT	CHECK	DESCRIPTION
				1,418.93			
002351 COMCAST	839640061817	283704	2017 9 INV P	335.66	D-070517	148527	8396400220018805 /
INVOICE: 839640061817	FULL DESC:	8396400220018805 / PARKS					
016529 DIRECTV	31599046077	283529	2017 9 INV P	255.00	D-070517	147936	ACCT 018993796/ SER
INVOICE: 31599046077	FULL DESC:	ACCT 018993796/ SERVICE @ PARKS					
			ACCOUNT TOTAL	29,811.65			
			ORG 411 TOTAL	31,916.62			
511			MUNICIPAL CODE ENFORCEMENT				
0010-500-511-00-625700-			TELEPHONE & POSTAGE				
001095 VERIZON WIRELESS	9786874729	283694	2017 9 INV P	240.06	D-070517	148532	ACCT 520666110-0000
INVOICE: 9786874729	FULL DESC:	ACCT 520666110-00001					
			ACCOUNT TOTAL	240.06			
			ORG 511 TOTAL	240.06			
902			EXPENSE ACCOUNTS				
0010-900-902-00-620902-			FACILITIES MANAGEMENT				
000966 ENTERGY	10011175996	283579	2017 9 INV P	52.22	D-070517	148513	80540586 / 8889 NOR
INVOICE: 10011175996	FULL DESC:	80540586 / 8889 NORTHWEST DR					
000966 ENTERGY	145004607422	283584	2017 9 INV P	701.67	D-070517	148516	130057649 / 7312 HI
INVOICE: 145004607422	FULL DESC:	130057649 / 7312 HIGHWAY 51 N					
000966 ENTERGY	305003598374	283580	2017 9 INV P	5,967.71	D-070517	148517	17002007 / 385 STAT
INVOICE: 305003598374	FULL DESC:	17002007 / 385 STATELINE #4-0848 RD W					
000966 ENTERGY	425003041204	283703	2017 9 INV P	3,986.19	D-070517	148530	16831992 / 8700 NOR
INVOICE: 425003041204	FULL DESC:	16831992 / 8700 NORTHWEST					
000966 ENTERGY	470002093763	283592	2017 9 INV P	3,782.56	D-070517	148516	68111178 / 8554 NOR
INVOICE: 470002093763	FULL DESC:	68111178 / 8554 NORTHWEST DR					
000966 ENTERGY	55004875871	283588	2017 9 INV P	1,079.66	D-070517	148516	16004111 / 8889 NOR
INVOICE: 55004875871	FULL DESC:	16004111 / 8889 NORTHWEST DR					
000966 ENTERGY	55004875886	283587	2017 9 INV P	46.61	D-070517	148513	15991573 / 8710 NOR
INVOICE: 55004875886	FULL DESC:	15991573 / 8710 NORTHWEST DR					
				15,616.62			
001234 CENTURYLINK	300095061017	283882	2017 9 INV P	52.74	D-070517	148537	300095074 / PHONE B
INVOICE: 300095061017	FULL DESC:	300095074 / PHONE BILL					
002351 COMCAST	839640061117	283664	2017 9 INV P	47.26	D-070517	148525	8396400220200510 /
INVOICE: 839640061117	FULL DESC:	8396400220200510 / ADDITIONAL OUTLET					
			ACCOUNT TOTAL	15,716.62			
			ORG 902 TOTAL	15,716.62			

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ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S	WARRANT	CHECK	DESCRIPTION
904 LITIGATION									
0010-900-904-00-629100- CLAIMS PAYMENTS									
026773 NEMCEK DANIEL	6212017	283661		2017 9	INV	P	1,356.00 D-070517	148519	REIMBURSEMENT-1865
INVOICE: 6212017		FULL DESC: REIMBURSEMENT-1865 WINNERS CIRCLE ASSESSMENT							
				ACCOUNT TOTAL			1,356.00		
				ORG 904 TOTAL			1,356.00		
FUND 0010 GENERAL FUND				TOTAL:			125,184.11		

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0400 UTILITY FUND							
0400-000-000-00-130700- ACCOUNTS RECEIVABLE							
025962 BARAJAS LAURA	6152017	283665	2017 9 INV P	78.84	D-070517	148523	NEW CHECK RE-ISSUED
INVOICE: 6152017		FULL DESC:	NEW CHECK RE-ISSUED/ ACCT 01000379				
			ACCOUNT TOTAL	78.84			
			ORG 0400 TOTAL	78.84			
0825 UTILITY MAINTENANCE EXPENSES							
0400-800-825-00-625700- TELEPHONE & POSTAGE							
001095 VERIZON WIRELESS	9786874729	283694	2017 9 INV P	480.12	D-070517	148532	ACCT 520666110-0000
INVOICE: 9786874729		FULL DESC:	ACCT 520666110-00001				
			ACCOUNT TOTAL	480.12			
0400-800-825-00-626000- UTILITIES							
000966 ENTERGY	105004707217	283690	2017 9 INV P	9.86	D-070517	148528	71532782 / 1433 STA
INVOICE: 105004707217		FULL DESC:	71532782 / 1433 STATELINE RD E				
000966 ENTERGY	125004648527	283677	2017 9 INV P	9.43	D-070517	148528	16292922 / 8779 WHI
INVOICE: 125004648527		FULL DESC:	16292922 / 8779 WHITWORTH DR				
000966 ENTERGY	125004648528	283676	2017 9 INV P	7,420.74	D-070517	148531	16293136 / 8779 WHI
INVOICE: 125004648528		FULL DESC:	16293136 / 8779 WHITWORTH ST				
000966 ENTERGY	200003420164	283687	2017 9 INV P	11.24	D-070517	148528	16852907 / 1334 GOO
INVOICE: 200003420164		FULL DESC:	16852907 / 1334 GOODMAN RD				
000966 ENTERGY	200003420165	283686	2017 9 INV P	3,563.88	D-070517	148530	16853459 / 5850 GET
INVOICE: 200003420165		FULL DESC:	16853459 / 5850 GETWELL RD WATER PLANT				
000966 ENTERGY	210003481679	283680	2017 9 INV P	93.98	D-070517	148529	16835233 / TOWN & C
INVOICE: 210003481679		FULL DESC:	16835233 / TOWN & COUNTRY DR				
000966 ENTERGY	230003564341	283679	2017 9 INV P	10.68	D-070517	148528	16839508 / 8989 STA
INVOICE: 230003564341		FULL DESC:	16839508 / 8989 STANTON RD				
000966 ENTERGY	330002434522	283692	2017 9 INV P	7.58	D-070517	148528	39758438 / 5850 GET
INVOICE: 330002434522		FULL DESC:	39758438 / 5850 GETWELL RD WATERTOWER				
000966 ENTERGY	335003504296	283681	2017 9 INV P	66.00	D-070517	148529	16835787 / HUDGINS
INVOICE: 335003504296		FULL DESC:	16835787 / HUDGINS RD				
000966 ENTERGY	340002424307	283678	2017 9 INV P	11.36	D-070517	148528	19047166 / 1281 BRO
INVOICE: 340002424307		FULL DESC:	19047166 / 1281 BROOKHAVEN DR				
000966 ENTERGY	385003286626	283685	2017 9 INV P	5,204.25	D-070517	148530	16850588 / 7525 GRE
INVOICE: 385003286626		FULL DESC:	16850588 / 7525 GREENBROOK PKWY				
000966 ENTERGY	385003286627	283689	2017 9 INV P	11.70	D-070517	148528	16851180 / 7696 AIR
INVOICE: 385003286627		FULL DESC:	16851180 / 7696 AIRWAYS BLVD				
000966 ENTERGY	430002028845	283682	2017 9 INV P	3,050.08	D-070517	148530	17627084 / 170 COLL
INVOICE: 430002028845		FULL DESC:	17627084 / 170 COLLEGE RD				
000966 ENTERGY	440002032998	283691	2017 9 INV P	14.12	D-070517	148529	18141937 / 8440 GRE
INVOICE: 440002032998		FULL DESC:	18141937 / 8440 GREENBROOK PKWY				
000966 ENTERGY	470002092755	283684	2017 9 INV P	101.57	D-070517	148530	102092335 / 8182 GE
INVOICE: 470002092755		FULL DESC:	102092335 / 8182 GETWELL RD NORTH LIFT STATION				
000966 ENTERGY	505002563164	283683	2017 9 INV P	1,236.88	D-070517	148530	76259076 / 3088 NAI
INVOICE: 505002563164		FULL DESC:	76259076 / 3088 NAIL RD				
000966 ENTERGY	535002322656	283688	2017 9 INV P	90.88	D-070517	148529	75760785 / 8157A PA
INVOICE: 535002322656		FULL DESC:	75760785 / 8157A PARK PIKE				

Minutes, City of Southaven, Southaven, Mississippi

YEAR/PERIOD: 2017/1 TO 2017/10 ACCOUNT/VENDOR	DOCUMENT	VOUCHER PO	YEAR/PR TYP S		WARRANT	CHECK	DESCRIPTION
					20,914.23		
				ACCOUNT TOTAL	20,914.23		
				ORG 825 TOTAL	21,394.35		
FUND 0400 UTILITY FUND				TOTAL:	21,473.19		

Minutes, City of Southaven, Southaven, Mississippi

YEAR/PERIOD: 2017/1 TO 2017/10

ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S		WARRANT	CHECK	DESCRIPTION
0600 PAYROLL FUND										
0600-000-000-00-214300- EMPLOYEE MEDICAL INSURANCE										
003164 WHEELER JERALD	6262017	283710		2017 9	INV	P	218.74	D-070517	148533	REFUND
INVOICE: 6262017		FULL DESC: REFUND								
ACCOUNT TOTAL							218.74			
ORG 0600 TOTAL							218.74			
FUND 0600 PAYROLL FUND TOTAL:							218.74			

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Minutes, City of Southaven, Southaven, Mississippi

YEAR/PERIOD: 2017/1 TO 2017/10

ACCOUNT/VENDOR	DOCUMENT	VOUCHER PO	YEAR/PR	TYP	S	WARRANT	CHECK	DESCRIPTION
145 DEPARTMENT OF FINANCE & ADMIN								
0010-100-145-00-625700- TELEPHONE & POSTAGE								
002241 FIRST SECURITY BANK	32893	283662	2017	9	DIR P	15.00	W-070517	50093 G/O BONDS SERIES 20
INVOICE: 32893		FULL DESC: G/O BONDS SERIES 2008 ISSUE #498						
ACCOUNT TOTAL						15.00		
ORG 145 TOTAL						15.00		
903 ADMINISTRATIVE EXPENSES								
0010-900-903-00-624102- BANK FEES								
002241 FIRST SECURITY BANK	32893	283662	2017	9	DIR P	847.17	W-070517	50093 G/O BONDS SERIES 20
INVOICE: 32893		FULL DESC: G/O BONDS SERIES 2008 ISSUE #498						
ACCOUNT TOTAL						847.17		
ORG 903 TOTAL						847.17		
FUND 0010 GENERAL FUND TOTAL:						862.17		

YEAR/PERIOD: 2017/1 TO 2017/10

ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S		WARRANT	CHECK	DESCRIPTION
701 DEBT SVC EXPENSES										
0300-700-701-00-650101- PRINCIPAL PAYMENT-NOTE										
002241 FIRST SECURITY BANK	32893	283662		2017	9	DIR	P	180,000.00	W-070517	50093 G/O BONDS SERIES 20
INVOICE: 32893		FULL DESC: G/O BONDS SERIES 2008 ISSUE #498								
013790 HANCOCK BANK	32894	283663		2017	9	DIR	P	291,412.50	W-070517	50094 G/O BONDS SERIES 20
INVOICE: 32894		FULL DESC: G/O BONDS SERIES 2007 REF SOUTHCTGO07								
ACCOUNT TOTAL								471,412.50		
0300-700-701-00-650401- GEN OB INTEREST										
002241 FIRST SECURITY BANK	32893	283662		2017	9	DIR	P	54,433.75	W-070517	50093 G/O BONDS SERIES 20
INVOICE: 32893		FULL DESC: G/O BONDS SERIES 2008 ISSUE #498								
ACCOUNT TOTAL								54,433.75		
ORG 701 TOTAL								525,846.25		
FUND 0300 DEBT SERVICE TOTAL:								525,846.25		

Minutes, City of Southaven, Southaven, Mississippi

YEAR/PERIOD: 2017/1 TO 2017/10

ACCOUNT/VENDOR	DOCUMENT	VOUCHER	PO	YEAR/PR	TYP	S		WARRANT	CHECK	DESCRIPTION
0600			PAYROLL FUND							
0600-000-000-00-214900-					DEFERRED COMPENSATION					
002311 EMPOWER RETIREMENT	6192017	283531		2017	9	DIR	P	6,517.23	W-070517	50092 DEF COMP JUNE 2017
INVOICE: 6192017		FULL DESC:	DEF COMP JUNE 2017							
				ACCOUNT TOTAL				6,517.23		
0600-000-000-00-215101-					CAF-PRETAX MEDICAL					
022644 CORPORATE PLANNING	6162017	283524		2017	9	DIR	P	6,001.74	W-070517	50091 FLEX SPENDING
INVOICE: 6162017		FULL DESC:	FLEX SPENDING							
				ACCOUNT TOTAL				6,001.74		
				ORG 0600	TOTAL			12,518.97		
FUND 0600 PAYROLL FUND				TOTAL:				12,518.97		

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