TAB 2



GENERAL EMPLOYEES' PENSION PLAN PAYMENT REQUISITION

Morgan Stanley-Smith Barney is hereby authorized to make the following payment from the General Employees' Pension Plan, account #6760194214229.

Date:

June 18, 2010

Vendor:

Christiansen & Dehner, PA

63 Sarasota Center Blvd., Suite 107

Sarasota, FL 34240

Amount:

\$1,199.50

Description:

Professional Services billed through

May 31, 2010 Invoice 17947

TRUSTEE APPROVAL:

Trustee

Trustee

Date/

Date

Christiansen & Dehner, P. A.

63 Sarasota Center Boulevard Suite 107 Sarasota, FL 34240-

941-377-2200 Phone 941-377-4848 Fax

May 31, 2010

City of Palmetto General Employees'
Retirement Plan
PO Box 1209
Palmetto,, FL 34220-1209
ATTN: Diane Ponder

Invoice Number 9421 17947 In Reference To: General Employees' Pension Plan Professional Services **Amount** <u>Hours</u> 377.00 1.30 5/10/2010 Preparation and attendance at Board Meeting. 1.50 217.50 Travel Time 2.00 580.00 5/24/2010 Preparation of Actuarial Services Agreement with Gabriel Roeder Smith & Company and transmittal to GRS. 4.80 \$1,174.50 For professional services rendered Additional Charges: Qty 25.00 5/10/2010 Car Expense \$25.00 Total additional charges \$1,199.50 Total amount of this bill \$1,261.19 Previous balance Accounts receivable transactions (\$1,261.19)5/25/2010 Payment - thank you. Check No. 6710446189 (\$1,261.19)Total payments and adjustments

C. Rubfings



GENERAL EMPLOYEES' PENSION PLAN PAYMENT REQUISITION

Morgan Stanley-Smith Barney is hereby authorized to make the following payment from the General Employees' Pension Plan, account #6760194214229.

Date:

July 1, 2010

Vendor:

Christiansen & Dehner, PA

63 Sarasota Center Blvd., Suite 107

Sarasota, FL 34240

Amount:

\$859.00 (Pension Plan

\$1,421.00 (Carlton Ramsey Disability)

TOTAL

\$2,280.00

Description:

Professional Services billed through

June 30, 2010

TRUSTEE APPROVAL:

Trustee

Date

Date/

Christiansen & Dehner, P. A.

63 Sarasota Center Boulevard Suite 107 Sarasota, FL 34240-

941-377-2200 Phone

941-377-4848 Fax

June 30, 2010

City of Palmetto General Employees'
Retirement Plan
PO Box 1209
Palmetto,, FL 34220-1209
ATTN: Diane Ponder

Project Billing Summary		In	voice Number
	Fees/ Costs	Payments/ Credits/ Refunds	Prev. Bal/ New Chgs/ Pm/Cr/Ref/ New Bal
In Reference To: General Employees' Pension Plan	9421	18079	
	\$841.00 \$18.00	(\$1,199.50) \$0.00 \$0.00	\$1,199.50 \$859.00 (\$1,199.50) \$859.00
In Reference To: Carlton Ramsey Disability	1017	18080	
	\$1,421.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$1,421.00 \$0.00 \$1,421.00
	\$2,262.00 \$18.00	(\$1,199.50) \$0.00 \$0.00	\$1,199.50 \$2,280.00 (\$1,199.50)
GRAND TOTAL (c	current and previous b	alances)	\$2,280.00

Please indicate account number(s) with payment. (Please Deduct any payments not reflected in Balance due)

Christiansen & Dehner, P. A.

63 Sarasota Center Boulevard Suite 107 Sarasota, FL 34240-

941-377-2200 Phone

941-377-4848 Fax

June 30, 2010

City of Palmetto General Employees' Retirement Plan PO Box 1209 Palmetto,, FL 34220-1209 ATTN: Diane Ponder

Invoice Number

Reference To: General Employees' Pension Plan 9421		18079		
Professional Services				
		Hours	Amount	
6/7/2010 Preparation and attendance at Board Meeting. Travel Time		2.50 0.80	725.00 116.00	
For professional services rendered		3.30	\$841.00	
Additional Charges :				
		Qty		
6/7/2010 Car Expense Food Expense		1	12.50 5.50	
Total additional charges		_	\$18.00	
Total amount of this bill		_	\$859.00	
Previous balance			\$1,199.50	
Accounts receivable transactions				
6/24/2010 Payment - thank you. Check No. 6710470760			(\$1,199.50)	
Total payments and adjustments		_	(\$1,199.50)	
Balance due			\$859.00	

In Reference To: Carlton Ramsey Disability	1017	18080)
Professional Services			
		Hours	Amoun
6/21/2010 Receipt and review of claim; review of Pension Plan administrative rules.	disability provisions and	0.70	203.00
6/22/2010 Preparation of Interrogatories to Claimant and Author Information; correspondence to claimant.	ization to Furnish Medical	2.00	580.00
6/29/2010 Receipt and review of Interrogatories and Medical Au	thorization from Claimant.	1.20	348.00
Correspondence to health care providers requesting	medical records.	0.60	174.00
Correspondence to City requesting personnel records Compensation records.	s and any Workers'	0.20	58.00
Correspondence to Workers' Compensation carrier to	request records.	0.20	58.00
For professional services rendered		4.90	\$1,421.00
Balance due			\$1,421.00

Please note that the "Balance Due" figure at the end of this bill reflects both "Total New Charges - Current Period" and any previous balances due. In most cases, if the previous balance(s) have already been approved for payment but not yet received in our office, you should be paying only the "Total New Charges - for services and/or expenses". Thank you.

Otto Charles



GENERAL EMPLOYEES' PENSION PLAN PAYMENT REQUISITION

Smith Barney is hereby authorized to make the following payment from the General Employees' Pension Plan, account #6760194214229.

Date:

June 18, 2010

Vendor:

Gabriel Roeder Smith & Company

One East Broward Blvd., Suite 505 Ft. Lauderdale, FL 33301-1872

Amount:

\$2,953

Description:

Invoice 111902

Services through May 31, 2010

TRUSTEE APPROVAL:

Trustee

Trustee

Date

Date



Gabriel Roeder Smith & Company

Invoice

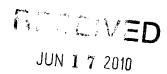
Consultants & Actuaries One East Broward Blvd. Suite 505 Ft. Lauderdale, Florida 33301-1872 (954) 527-1616

Date Invoice #
6/14/2010 111902

Bill To:

BOARD OF TRUSTEES, PALMETTO GENERAL EMPLOYEES RETIREMENT PLAN

Ms. Diane Ponder Deputy City Clerk City of Palmetto 516 8th Avenue West Palmetto, FL 34221



CITY HALI

Please Remit To:

Dept. # 78009 Gabriel Roeder Smith & Company PO Box 78000 Detroit, Michigan 48278-0009

or

ACH Payment to:

Gabriel Roeder Smith & Company JPMorgan Chase, ABA #: 072000326

Account #: 0486723

Description	Project #	Amount
For services rendered through 5/31/2010.		
Final alaman C		
Final charges for preparation of the 10/1/2009 Actuarial	103420-042	\$2,953
Valuation Report.		
	Invoice Total	\$2,953
	Paid to Date	\$2,733
Client No. 103420	Amount Due	\$2,953

PLEASE INDICATE THE INVOICE NUMBER ON YOUR REMITTANCE. THANK YOU.