MIAMI BEACH EMPLOYEES'RETIREMENT
PLAN OF THE CITY OF MIAMI BEACH
PENSION BOARD MEETING
Tuesday, April 14, 2020
10:00 a.m.
CITY HALL
Pension Office Conference Room

BOARD OF TRUSTEES

James Boyd	Lynn Bernstein	Jason Casanova
Jose Del Risco	Ray Horday	Jonathan Sinkes
Mark Taxis	Manny Villar Jr.	John Woodruff

	CONSENT AGENDA	PAGE
C-1	Minutes for approval - (None)	
C-2	New Members of the System -	4
C-3	New Retirees - (None)	
C-4	New Pensioners - Ronda Quarles	5
C-5	Request for Lump Sum Refunds - (None)	
C-6	Request for Accumulated Contribution Refund For a Named Beneficiary - (None)	
C-7	Purchase of Creditable Service Time - Maria Vega Exantis Jeune Edmond Bernard	6
C-8	DROP applicants - Edmond Bernard	9
C-9	Lump Sum Refunds Paid since last meeting - Anthony Hughes, Faviana Fernandez Helen Magallanes, Marybel Ramirez Ralph Martinez, Andres Garcia-Montes	10
C-10	Financial Reports a. Pension Payroll for April 1, 2020 - $3,901,619 b. DROP Payroll for April 1, 2020 - $407,359 c. Bank Reconciliations for approval - Jan 2020	11

C-11 Requests for Payment - April 2020

Legal		Amount	Pg. #
Legal Services - KKJ&L	$	5,000.00	12
for the month of April 2020			
Bookkeeping			
Joan Wall- Bookkeeper			
For the month of April 2020	$	350.00	14
Auditors			
Marcum LLP- External Audit Fees			
Progress bill for Retirement Plans for			
Fiscal ended September 30, 2019			
Invoice #101391511 Dated 3/31/2020	$	2,155.00	15
Computer Consultant			
Pension Technology Group			
Pension Pro, Inv #2161 Dated: 4/1/2020	$	6,000.00	19
Ellen Schaffer			
Semi-Annual Support Fee for Pension System	$	844.00	17
Office, etc			
Quench USA Inc:			
Water System Acct # D303087			
Inv# Month of April 2020	$	34.99	21
Office Depot:			
Office Supplies	$	269.68	23
Central Services			
Inv#26042 Date 4/1/2020 Month- March 2020	$	516.77	30
Storage - GRM Monthly Storage Fees			
Charges for the month of March 2020	$	51.40	32
Miami Center for Advanced Cardiology, LLC			
Medical Records	$	16.00	35
American Express- Misc. Office etc. expenses	$	168.89	37

C-11 Requests for Payment - Continued

Money Managers Fees		Pg. #
Rhumbline Advisers fee		
SP500P, SP400P, SP600P, CBOND-P		
Inv# gmbeach2020Q1 date 4/7/2020	$ 16,310.00	42
Investment Custody Fees		
Fiduciary Trust International		
Quarterly Custody Fee for MB Gen Fund		
Inv#S14800759939 GP451022720	$ 845.04	44

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITY ACT OF 1990, PERSONS NEEDING A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE PENSION OFFICE NO LATER THAN FOUR DAYS PRIOR TO THE PROCEEDING. TELEPHONE (305) 673-7437 FOR ASSISTANCE; IF HEARING IMPAIRED, TELEPHONE THE FLORIDA RELAY SERVICE NUMBERS (800) 955-8771 (TDD) OR (800) 955-8770 (VOICE), FOR ASSISTANCE.

IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE BOARD WITH RESPECT TO ANY MATTER CONSIDERED A THIS MEETING, HE WILL NEED A RECORD OF THE PROCEEDINGS, AND FOR SUCH PURPOSE HE MAY NEED TO ENSURE THAT A VERBATIM RECORD OF THE PROCEEDING IS MADE WHICH RECORD INCLUDES THE TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED. FLORIDA STATUTES 286.0105

THIS MEETING MAY BE CONDUCTED BY MEANS OF OR IN CONJUNCTION WITH COMMUNICATIONS MEDIA TECHNOLOGY, SPECIFICALLY A TELEPHONE CONFERENCE CALL. THE ABOVE LOCATION, WHICH IS ORDINARILY OPEN TO THE PUBLIC, SHALL SERVE AS AN ACCESS POINT. PERSONS WISHING TO ATTEND SHOULD APPEAR AT THE ACCESS POINT, WHERE TELEPHONIC ACCESS TO THE MEETING WILL BE PROVIDED.

NEW MEMBERS MARCH 2020

From date: 2/9/2020 to date: 4/8/2020

Emp Id	Last Name	First Name	Start Date	Job Title	Hire Date
23763	ELIZEE	ANNOUSE	3/2/2020	CARE COORDINATOR	2/28/2020
20303	GARCIA	KELLY	3/2/2020	POOL GUARD II	12/21/2015
23279	GARCIA	NICOLAS	3/2/2020	CODE COMPLIANCE OFF 1 T	2/11/2019
23750	KYLE	KATHRYN	3/2/2020	GRANTS MANAGER	3/2/2020
23765	FERNANDEZ DIAZ	ALICIA	3/12/2020	TRANSPORTATION ANALYST	3/9/2020
21137	ORLOV	BORIS	3/15/2020	FINANCIAL ANALYST - FINANCE	4/4/2016
23767	ASHRAF	SOHAIB	3/16/2020	CHIEF INFORMATION SECURITY	3/16/2020
22539	GONZALEZ	JUAN	3/16/2020	LIFEGUARD I	9/10/2018
23329	GRANT	DOREEN	3/16/2020	CODE COMPLIANCE OFF 1 T	3/11/2019
23764	OSPINA	JUAN	3/16/2020	TAX AUDITOR	3/16/2020
23761	CASTRO	NARCISO	3/23/2020	ELECTRICIAN	3/23/2020
23782	TOVAR	SEBASTIAN	3/30/2020	FINANC ANALYST II	3/30/2020

ORDINANCE NO. 2015-3946

NEW PENSIONERS

NAME:	Ronda Marie Quarles
BENEFITS TO COMMENCE:	January 1, 2020
TYPE OF PENSION:	Dependent Beneficiary (100%)
DEPENDENT UPON:	Nathan Quarles
DATE OF DEATH:	December 2, 2019
PENSION BENEFIT:	$1,068.16
SECTION OF ORDINANCE:	5.07

CITY OF MIAMI BEACH
TRANSFER HOURS
PROBATIONARY BUYBACK

DATE: 3-17-2020

TO: BOARD OF TRUSTEES, MIAMI BEACH EMPLOYEES RETIREMENT PLAN

FROM: **EDMOND BERNARD** **ID** **14503**

Please arrange to transfer **140.23** * hours of my accumulated leave credits, representing **$ 4,475.18**, to my Employee Normal Account in the Pension Fund to apply toward the purchase of **0.51** years of prior service time (cash payment) **$0.00**, total cost **$4,475.18**.

Signature of Purchaser

USE SICK TIME FIRST

cc: Personnel

Checked By: _____

TO: ACCOUNTING

FROM: FINANCE DIRECTOR

In accordance with the above, please transfer **$4,475.18** from the Reserve for accumulated leave account to the pension account for the Miami Beach Employees Retirement Plan.

Document # **14503** **Probationary**
Fund/Dept # _____ - _____ **-000357**
Vendor # 000410

CITY OF MIAMI BEACH
TRANSFER HOURS
PROBATIONARY BUYBACK

DATE: 3/18/2020

TO: BOARD OF TRUSTEES, MIAMI BEACH EMPLOYEES RETIREMENT PLAN

FROM: MARIA VEGA ID 22836

Please arrange to transfer 152.74 * hours of my accumulated leave credits, representing $ 3,207.66 , to my Employee Normal Account in the Pension Fund to apply toward the purchase of 0.66 years of prior service time (cash payment) $0.00 , total cost $3,207.66 .

Signature of Purchaser

USE SICK TIME FIRST

cc: Personnel

Checked By: _____

TO: ACCOUNTING

FROM: FINANCE DIRECTOR

In accordance with the above, please transfer $3,207.66 from the Reserve for accumulated leave account to the pension account for the Miami Beach Employees Retirement Plan.

Document # 22836 Probationary

Fund/Dept # _____

Vendor # 000410

CITY OF MIAMI BEACH
TRANSFER HOURS
PROBATIONARY BUYBACK

DATE: 11/14/2019

TO: BOARD OF TRUSTEES, MIAMI BEACH EMPLOYEES RETIREMENT PLAN

FROM: EXANTIS JEUNE **ID** 17226

Please arrange to transfer 150.56 * hours of my accumulated leave credits, representing $ 3,461.77 , to my Employee Normal Account in the Pension Fund to apply toward the purchase of 0.52 years of prior service time (cash payment) $0.00 , total cost $3,461.77 .

Signature of Purchaser

USE SICK TIME FIRST

cc: Personnel

Checked By: _____

TO: ACCOUNTING

FROM: FINANCE DIRECTOR

In accordance with the above, please transfer $3,461.77 from the Reserve for accumulated leave account to the pension account for the Miami Beach Employees Retirement Plan.

Document # 17226 Probationary

Fund/Dept # _____ -_____-000357

Vendor # 000410

Ordinance No. 2015-3946

NEW DROP MEMBER

NAME:	Edmond Bernard
DATE OF BIRTH:	March 8, 1963
CLASSIFICATION:	Sewer Pipefitter
DEPARTMENT:	Public Works Sewer
BEGINNING DROP DATE:	April 1, 2020
TYPE OF RETIREMENT:	Ordinary Service Retirement (J&S 50%)
TIER:	"B"
CREDITABLE SERVICE:	24.63 ycs
EST. PENSION BENEFIT:	$4,471.01
SECTION OF ORDINANCE:	5.13

Lump Sum's Paid March & April 2020

Check Date	Name	gross	withholding	check #
3/6/2020	Anthony Hughes	$ 139.28	$ 27.85	117594

Lump Sum's Paid April 2020

Check Date	Name	gross	withholding	check #
4/3/2020	Helen Magallanes	$7,189.41	R/O	117635
4/3/2020	Ralph Martinez	$16,682.34	$3,336.47	117636
4/3/2020	Andres Garcia-Montes	$29,683.82	$5,936.76	117637
4/3/2020	Faviana Fernandez	$1,127.60	$225.52	117638
4/3/2020	Marybel Ramirez	$5,995.86	$1,199.17	117639

MIAMI BEACH EMPLOYEES' RETIREMENT PLAN

CHECKING ACCOUNT RECONCILIATION - ACCOUNT #0189001219860 (SUNTRUST)

1/31/2020

Checking Account Beginning Balance	**1/1/2020**			**$1,271,416.47**
Receipts				
	Bank deposits	$0.00		
	Wire from Trust	$1,500,000.00		
	Wire from Money Managers	$2,500,000.00		
	Void Benefits/Returned ACH	$9,811.22		
			$4,009,811.22	
Disbursements				
	Advanced Payroll for January 2020	($2,441,055.49)		
	Unclassified Payroll for January 2020	($1,456,914.94)		
	Administrative Expenses for January 2020	($119,071.19)		
	Lump Sum Payments	$0.00		
	Additional Checks	($6,576.20)		
			($4,023,617.82)	
Payroll Entry Adjustments				
	Prepaid General Payroll Direct Deposit for January 2020	$2,026,977.06		
	Prepaid Unclassified Payroll Direct Deposit for January 2020	$1,190,500.02		
	Prepaid General Payroll Direct Deposit for February 2020	($2,140,966.14)		
	Prepaid General 945 Payroll Taxes for February 2020	($283,677.07)		
	Prepaid Unclassified Payroll Direct Deposit for February 2020	($1,201,434.99)		
	Prepaid Unclassified 945 Payroll Taxes for February 2020	($168,622.47)		
			($577,223.59)	
Checking Account Ending Balance	**1/31/2020**			**$ 680,386.28**
Bank Statement Ending Balance	**1/31/2020**		$711,186.56	
Less Outstanding Checks				
	Outstanding Pension Payroll Checks	($6,260.99)		
	Outstanding Administrative Checks	($24,539.29)		
	Outstanding Lump Sum Payments	$0.00		
	Deposit in Transit	$0.00		
	Adjustment to reconcile:	$0.00		
			($30,800.28)	
				$680,386.28

JANUARY 2020

Sandra Sicily — Completed by:

Rick Rivera — Checked by:

Request for Payment

Board of Trustee
Miami Beach Employees' Retirement Plan
Miami Beach, FL

Date: April 14, 2020

Bill To:
Klausner, Kaufman, Jensen & Levinson
A Parnership of Professional Associations
Attorney at Law
7080 N. W. 4th Street
Plantation, FL 33317

Requested and
Certified by:

Pension Administrator

DESCRIPTION	AMOUNT
Client # 160056 Bill # 25797	
Legal Services Rendered for the month of April 2020- Retainer	$ 5,000.00
Completed by: BC	
TOTAL	$ 5,000.00

Invoice attached √ **Yes** __ **No**

Authorized:

James W. Boyd- Chairman of the Board of Trustees
Miami Beach Employees' Retirement Plan

Klausner, Kaufman, Jensen & Levinson

A Partnership of Professional Associations
Attorneys At Law
7080 N.W. 4th Street
Plantation, Florida 33317

Tel. (954) 916-1202
Fax (954) 916-1232

www.klausnerkaufman.com
Tax I.D.: 45-4083636

MIAMI BEACH GENERAL EMPLOYEES RETIREMENT SYSTEM
Attn: RICK RIVERA, ADMINISTRATOR
1700 CONVENTION CENTER DRIVE
MIAMI BEACH, FL 33139

March 31, 2020
Bill # 25797

CLIENT: MIAMI BEACH GENERAL EMPLOYEES RETIREMENT SYSTEM :160056
MATTER: MIAMI BEACH GENERAL EMPLOYEES RETIREMENT SYSTEM :160056

Professional Fees

Date	Attorney	Description	Hours	Amount
03/31/20	RDK	RETAINER - APRIL, 2020	0.00	5,000.00
		Total for Services	**0.00**	**$5,000.00**

CURRENT BILL TOTAL AMOUNT DUE **$ 5,000.00**

Request for Payment

Board of Trustee
Miami Beach Employees' Retirement Plan
Miami Beach, FL

Date: April 14, 2020

Bill To:
Joan Wall
3851 West State Road 84
Apt 101
Davie, FL 33312

Requested and
Certified by:

Pension Administrator

DESCRIPTION	AMOUNT
Bookkeeping Services for the month of April 2020	$ 350.00
Completed by: BC	
TOTAL	$ 350.00

Invoice attached √ **Yes** __ **No**

Authorized:

James W. Boyd- Chairman of the Board of Trustees
Miami Beach Employees' Retirement Plan

Request for Payment

Board of Trustee
Miami Beach Employees' Retirement Plan
Miami Beach, FL

Date: April 14, 2020

Bill To:
Marcum LLP
One SE Third Avenue, Suite 1100
Miami, FL 33131

Requested and
Certified by:

Pension Administrator

DESCRIPTION	AMOUNT
Progress billing for audit of the Retirement Plan's financial statement for fiscal year ended: 9/30/2019	
Invoice # 101391511	
Engagement # 10316493	
Client #: 149104	
Dated: 3/31/2020	$ 2,155.00
Completed by: BC	
TOTAL	$ 2,155.00

Invoice attached v **Yes** __**No**

Authorized:

James W. Boyd- Chairman of the Board of Trustees
Miami Beach Employees' Retirement Plan

MARCUM
ACCOUNTANTS ▲ ADVISORS

Invoice Date: 3/31/2020 *Invoice #:* 101391511
Payment Terms: Due Upon Receipt *Engagement #:* 10316493
Client #: 149104

Send Payment To: Marcum LLP
One SE Third Ave, Suite 1100
Miami, FL 33131
Please refer to invoice number with your payment

Wire & ACH only: TD Bank
855 Franklin Ave
Garden City, NY 11530
ABA #: 026013673 *Account #:*7915750397
Please reference invoice number

Miami Beach Employees Retirement System
Rick Rivera
1700 Convention Center Drive
1st Floor, City Hall
Miami Beach, FL 33139

Please return top portion with remittance. *Amount enclosed $* _____

For Professional Services Rendered:

Billing for the audit of the Retirement Plan's financial statements for the fiscal year ended September 30, 2019 2,155.00

Name	Hours
M. Futterman	4.70
M. Ariza	1.00
R. Johnson	3.00
T. Harris	2.22

New Charges **$** 2,155.00

Amounts past due 60 days from the invoice date will incur a finance charge of 1% per month.

MARCUMGROUP
MEMBER

Marcum LLP * One SE Third Ave, Suite 1100 * Miami, FL 33131 ***Phone** 305.995.9600 ***Fax** 305.995.9601

Request for Payment

Board of Trustee
Miami Beach Employees' Retirement Plan
Miami Beach, FL

Date: April 14, 2020

Bill To:
Pension Technology Group
92 State Street
Suite 600
Boston, MA 02109

Requested and
Certified by:

Pension Administrator

DESCRIPTION	AMOUNT
Pension Pro	
Invoice #2161	
Dated: 4/1/2020	
Payment #13	$ 6,000.00
Completed by: BC	
TOTAL	$ 6,000.00

Invoice attached **√ Yes** **__No**

Authorized:

James W. Boyd- Chairman of the Board of Trustees
Miami Beach Employees' Retirement Plan

Pension Technology Group
92 State Street
Suite 600
Boston, MA 02109
(617) 977-8408x18
john@ptgma.com
http://www.ptg-usa.com

INVOICE

BILL TO
Rick Rivera
Miami Beach Employees'
Retirement Plan
1700 Convention Center Drive
Miami Beach, FL 33139

INVOICE # 2161
DATE 04/01/2020
DUE DATE 04/30/2020
TERMS Net 30

DESCRIPTION	QTY	RATE	AMOUNT
PensionPro Payment #13	1	6,000.00	6,000.00

BALANCE DUE **$6,000.00**

Request for Payment

Board of Trustee
Miami Beach Employees' Retirement Plan
Miami Beach, FL

Date: April 14, 2020

Bill To:
Ellen Schaffer
44 Atlantic Dr.
Palm Coast, FL 32137

Requested and
Certified by:

Pension Administrator

DESCRIPTION		AMOUNT	
Invoice # 3303	Date: 4/6/2020	$	844.00
Semi-Annual support fee for PC pension system for GEN & UNC			
employees, term 5/1/2020- 11/1/2020			
Completed by: BC			
	TOTAL	$	844.00

Invoice attached **√ Yes** **__No**

Authorized:

James W. Boyd- Chairman of the Board of Trustees
Miami Beach Employees' Retirement Plan

I N V O I C E

ELLEN SCHAFFER
44 ATLANTIC DR.
PALM COAST, FL. 32137
Home: (386)627-8797
Public Pension Software Consultant

INVOICE: 3303
DATE: 04/06/2020
REF.:

SOLD TO:

MIAMI BEACH RETIREMENT SYSTEM FOR GENERAL EMPLOYEES
1700 CONVENTION CENTER DR.
MIAMI BEACH, FL. 33139

ATTN: RICK RIVERA, ADMINISTRATOR

QTY	DESCRIPTION	AMOUNT	TOTAL
1.00	SEMI-ANNUAL SUPPORT FEE FOR PC PENSION SYSTEM	844.00	844.00

TERM IS 5/1/2020 - 11/1/2020

Term is 6 months - can be renewed

FOR **GENERAL EMPLOYEES & UNCLASSIFIED**

SUBTOTAL	$	844.00
TAX	$	.00
SHIP/HAND	$	.00
TOTAL	$	844.00

PLEASE MAKE CHECK PAYABLE TO
ELLEN SCHAFFER

THANK YOU

Request for Payment

Board of Trustee
Miami Beach Employees' Retirement Plan
Miami Beach, FL

Date: April 14, 2020

Bill To:
Quench USA, Inc
P. O. Box 781393
Philadelphia, PA 19178-1393

Requested and
Certified by:

Pension Administrator

DESCRIPTION		AMOUNT
Water System:		
Acocunt Number: D303087		
Invoice # INV02384233	Inv Date: 4/1/2020	
Ref Number: N-00077043		
Billing Period: April 2020		$ 34.99
Completed by: BC		
	TOTAL	$ 34.99

Invoice attached **√ Yes** **__No**

Authorized:

James W. Boyd- Chairman of the Board of Trustees
Miami Beach Employees' Retirement Plan

Quench USA, Inc.
630 Allendale Road, Suite 200
King of Prussia, PA 19406

REMIT PAYMENT TO:
PO BOX 781393
PHILADELPHIA, PA 19178-1393

MDG2020 00006243 01

City of Miami Beach,Miami Beach Employees Retirement
1700 Convention Center Drive
Miami Beach, Florida 33139

quench
Water as a Service

INVOICE

Invoice:	INV02384233	Inv Date:	04/01/2020
Account:	D303087	Due Date	05/01/2020
PO#		SubTotal:	$34.99
Pmt Type	Check	Tax:	$0.00
Contact:	Rick Rivera	Inv Amt:	$34.99
Terms:	Net 30	Amt Paid	$0.00
TOTAL DUE BY 05/01/2020			**$34.99**

quenchWATER+ **Now Available!**

Learn more about our mineral-infused water at:
https://quenchwater.com/quenchwater-filtration/

Equipment Address						
1700 Convencion Center Dr., Miami Beach, FL 33139						
Qty	Description	Ref. Number	PO Number	Billing Period	Rate/Mth	Total Charge
1	G5 Global Water	N-00077043		04/01/2020-04/30/2020	$34.99	$34.99
					Subtotal:	$34.99
					Tax:	$0.00
					Total:	$34.99

* *

000000 01 01 006243 006280 P

Please reference your invoice number on your remittance.
EIN: 26-3264642 Website: https://quenchwater.com

WHEN YOU PROVIDE A CHECK AS PAYMENT, YOU AUTHORIZE QUENCH EITHER TO USE THE INFORMATION FROM YOUR CHECK TO MAKE A ONE-TIME PAYMENT ELECTRONIC FUND TRANSFER FROM YOUR ACCOUNT OR TO PROCESS THE PAYMENT AS A CHECK TRANSACTION.

Billing Questions: billing@quenchonline.com | Service: quenchservice@quenchonline.com

Request for Payment

Board of Trustee
Miami Beach Employees' Retirement Plan
Miami Beach, FL

Date: April 14, 2020

Bill To:
Office Depot
P. O. Box 1413
Charlotte, NC 28201-1413

Requested and
Certified by:

Pension Administrator

DESCRIPTION	AMOUNT
Office Supplies:	
Account # 33475253	
Invoice (s)	
450162109001	$ 78.62
450163542001	$ 14.79
453012522001	$ 21.39
453023385001	$ 69.54
437012940001	$ 85.34
Completed by: BC	
TOTAL	$ 269.68

Invoice attached **v Yes** **__No**

Authorized:

James W. Boyd- Chairman of the Board of Trustees
Miami Beach Employees' Retirement Plan

ORIGINAL INVOICE 10000

Office DEPOT, Inc.

Office Depot, Inc
PO BOX 630813
CINCINNATI OH
45263-0813

FEDERAL ID:59-2663954

THANKS FOR YOUR ORDER
IF YOU HAVE ANY QUESTIONS
OR PROBLEMS. JUST CALL US
FOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT: (800) 721-6592

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
450162109001	78.62	Page 1 of 2
INVOICE DATE	TERMS	PAYMENT DUE
02-MAR-20	Net 30	05-APR-20

BILL TO:

000808-003278

ATTN: ACCTS PAYABLE
PENSION OFFICE
FL 1
1700 CONVENTION CENTER DR
MIAMI BEACH FL 33139-1819

SHIP TO:

003278

PENSION OFFICE
FL 1
1700 CONVENTION CENTER DR
MIAMI BEACH FL 33139-1819

ACCOUNT NUMBER	PURCHASE ORDER	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
33475253		1700CONVEN	450162109001	28-FEB-20	02-MAR-20

BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	DESKTOP	COST CENTER
19491			BEATRIZ CREAGH		

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
149452 CLO30112	WIPES,DISINFECTING,CLORO 149452	PK	2	2	0	8.640	17.28
450073 9652-12	HAND 450073	EA	8	8	0	3.590	28.72
508338 11596	NAPKIN,LUNCH,RECY 508338	PK	2	2	0	4.930	9.86
508359 P225AW-GPK	PLATE,COATED,9",120PK 508359	PK	1	1	0	8.540	8.54
508506 3585490685	FORK,PLASTIC,100CT,WHITE 508506	PK	1	1	0	4.740	4.74
508450 3585490686	SPOON,PLASTIC,100CT,WHIT 508450	PK	1	1	0	4.740	4.74
695686 3585490687	CUTLERY,PLAS,KNIFE,100CT, 695686	PK	1	1	0	4.740	4.74
NW1.19	4878652						

000808-003278

To ensure timely and accurate application of your payment, please include the following on your remittance: account number, invoice number, and the amount you are paying for each invoice.

CONTINUED ON NEXT PAGE...

ORIGINAL INVOICE

10000

Office DEPOT, Inc.

Office Depot, Inc
PO BOX 630813
CINCINNATI OH
45263-0813

FEDERAL ID:59-2663954

THANKS FOR YOUR ORDER
IF YOU HAVE ANY QUESTIONS
OR PROBLEMS. JUST CALL US
FOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT: (800) 721-6592

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
450162109001	78.62	Page 2 of 2
INVOICE DATE	TERMS	PAYMENT DUE
02-MAR-20	Net 30	05-APR-20

BILL TO:

000808-003278

ATTN: ACCTS PAYABLE
PENSION OFFICE
FL 1
1700 CONVENTION CENTER DR
MIAMI BEACH FL 33139-1819

003278

SHIP TO:

PENSION OFFICE
FL 1
1700 CONVENTION CENTER DR
MIAMI BEACH FL 33139-1819

ACCOUNT NUMBER	PURCHASE ORDER	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
33475253		1700CONVEN	450162109001	28-FEB-20	02-MAR-20

BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	DESKTOP	COST CENTER
19491			BEATRIZ CREAGH		

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M TAX	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE

000808-003278

	SUB-TOTAL	78.62
	DELIVERY	0.00
	SALES TAX	0.00
All amounts are based on USD currency	TOTAL	78.62

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

▲ DETACH HERE ▲

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
PENSION OFFICE	19491	450162109001	02-MAR-20	78.62	

FL0 000194910 450162109011 0000000786 2 1 7

Please Send Your Check to:

OFFICE DEPOT,INC.
PO Box 1413
Charlotte NC 28201-1413

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.

ORIGINAL INVOICE

10000

Office DEPOT, Inc.

Office Depot, Inc
PO BOX 630813
CINCINNATI OH
45263-0813

FEDERAL ID:59-2663954

THANKS FOR YOUR ORDER
IF YOU HAVE ANY QUESTIONS
OR PROBLEMS. JUST CALL US
FOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT: (800) 721-6592

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
450163542001	14.79	Page 1 of 1
INVOICE DATE	TERMS	PAYMENT DUE
29-FEB-20	Net 30	05-APR-20

BILL TO:

ATTN: ACCTS PAYABLE
PENSION OFFICE
FL 1
1700 CONVENTION CENTER DR
MIAMI BEACH FL 33139-1819

000808-003278

SHIP TO:

PENSION OFFICE
FL 1
1700 CONVENTION CENTER DR
MIAMI BEACH FL 33139-1819

003278

ACCOUNT NUMBER	PURCHASE ORDER	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
33475253		1700CONVEN	450163542001	28-FEB-20	29-FEB-20

BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	DESKTOP	COST CENTER
19491			BEATRIZ CREAGH		

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
211737 RAC97172	SPRAY,DISINF,ADRINCK,19OZ 211737	EA	1	1	0	14.790	14.79

000808-003278

	SUB-TOTAL	14.79
	DELIVERY	0.00
	SALES TAX	0.00
All amounts are based on USD currency	TOTAL	14.79

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

▲ DETACH HERE ▲

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
PENSION OFFICE	19491	450163542001	29-FEB-20	14.79	

FL0 000194910 4501635420014 00000001479 1 0

Please Send Your Check to:

OFFICE DEPOT,INC.
PO Box 1413
Charlotte NC 28201-1413

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Please DO NOT staple or fold. Thank You.

ORIGINAL INVOICE

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Office DEPOT, Inc.

Office Depot, Inc
PO BOX 630813
CINCINNATI OH
45263-0813

FEDERAL ID:59-2663954

THANKS FOR YOUR ORDER
IF YOU HAVE ANY QUESTIONS
OR PROBLEMS. JUST CALL US
FOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT: (800) 721-6592

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
453012522001	21.39	Page 1 of 1
INVOICE DATE	TERMS	PAYMENT DUE
05-MAR-20	Net 30	05-APR-20

BILL TO:

000808-003278

ATTN: ACCTS PAYABLE
PENSION OFFICE
FL 1
1700 CONVENTION CENTER DR
MIAMI BEACH FL 33139-1819

SHIP TO:

003278

PENSION OFFICE
FL 1
1700 CONVENTION CENTER DR
MIAMI BEACH FL 33139-1819

ACCOUNT NUMBER	PURCHASE ORDER	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
33475253		1700CONVEN	453012522001	04-MAR-20	05-MAR-20

BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	DESKTOP	COST CENTER
19491			BEATRIZ CREAGH		

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
254445 END11407	DUSTER,10OZ,TWIN-PACK,BE 254445	PK	1	1	0	21.390	21.39

000808-003278

	SUB-TOTAL	21.39
	DELIVERY	0.00
	SALES TAX	0.00
All amounts are based on USD currency	TOTAL	21.39

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

▲ DETACH HERE ▲

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
PENSION OFFICE	19491	453012522001	05-MAR-20	21.39	

FL0 000194910 4530125220014 00000002139 1 9

Please Send Your Check to:

OFFICE DEPOT,INC.
PO Box 1413
Charlotte NC 28201-1413

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ORIGINAL INVOICE

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Office DEPOT, Inc.

Office Depot, Inc
PO BOX 630813
CINCINNATI OH
45263-0813

FEDERAL ID:59-2663954

THANKS FOR YOUR ORDER
IF YOU HAVE ANY QUESTIONS
OR PROBLEMS. JUST CALL US
FOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT: (800) 721-6592

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
453023358001	69.54	Page 1 of 1
INVOICE DATE	TERMS	PAYMENT DUE
05-MAR-20	Net 30	05-APR-20

BILL TO:

000808-003278

ATTN: ACCTS PAYABLE
PENSION OFFICE
FL 1
1700 CONVENTION CENTER DR
MIAMI BEACH FL 33139-1819

SHIP TO:

003278

PENSION OFFICE
FL 1
1700 CONVENTION CENTER DR
MIAMI BEACH FL 33139-1819

ACCOUNT NUMBER	PURCHASE ORDER	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
33475253		1700CONVEN	453023358001	04-MAR-20	05-MAR-20

BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	DESKTOP	COST CENTER
19491			BEATRIZ CREAGH		

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
115581 CLO 35417	SPRAY,CLEAN-UP,32OZ 115581	EA	1	1	0	4.690	4.69
1385560 RAC79717	AIRWICK SCENTED OIL TWIN 1385560	PK	3	3	0	6.320	18.96
348037 851001OD	PAPER,COPY,OD,CASE,10-RE 348037	CA	1	1	0	45.890	45.89

000808-003278

	SUB-TOTAL	69.54
	DELIVERY	0.00
	SALES TAX	0.00
All amounts are based on USD currency	TOTAL	69.54

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

▲ DETACH HERE ▲

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
PENSION OFFICE	19491	453023358001	05-MAR-20	69.54	

FL0 000194910 4530233580010 00000006954 1 6

Please Send Your Check to:

OFFICE DEPOT,INC.
PO Box 1413
Charlotte NC 28201-1413

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ORIGINAL INVOICE

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Office DEPOT, Inc.

Office Depot, Inc
PO BOX 630813
CINCINNATI OH
45263-0813

FEDERAL ID:59-2663954

THANKS FOR YOUR ORDER
IF YOU HAVE ANY QUESTIONS
OR PROBLEMS. JUST CALL US
FOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT: (800) 721-6592

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
437012940001	85.34	Page 1 of 1
INVOICE DATE	TERMS	PAYMENT DUE
31-JAN-20	Net 30	01-MAR-20

000000000000362610000003626

BILL TO:

ATTN: ACCTS PAYABLE
PENSION OFFICE
FL 1
1700 CONVENTION CENTER DR
MIAMI BEACH FL 33139-1819

000381-003626

SHIP TO:

PENSION OFFICE
FL 1
1700 CONVENTION CENTER DR
MIAMI BEACH FL 33139-1819

003626

ACCOUNT NUMBER	PURCHASE ORDER	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
33475253		1700CONVEN	437012940001	30-JAN-20	31-JAN-20

BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	DESKTOP	COST CENTER
19491			BEATRIZ CREAGH		

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
364364 5160	LABEL,LSR,ADDR,WHT,3000CT 364364	BX	1	1	0	30.390	30.39
211193 70425	FILE,EXP,TUFF,LTR,A-Z,LTHR 211193	EA	2	2	0	17.760	35.52
7094538 C181731-20	DESKPAD,RY20,MONTHLY,21X 7094538	EA	1	1	0	8.990	8.99
172460 653YW NW1.19	PAD,NTE,POST,1.5"X2",12PK, 172460 4878652	PK	1	1	0	10.440	10.44

000381-003626

	SUB-TOTAL	85.34
	DELIVERY	0.00
	SALES TAX	0.00
All amounts are based on USD currency	TOTAL	85.34

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

▲ DETACH HERE ▲

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
PENSION OFFICE	19491	437012940001	31-JAN-20	85.34	

FL0 000194910 437012940001 9 00000008534 1 3

Please Send Your Check to:

OFFICE DEPOT,INC.
PO Box 1413
Charlotte NC 28201-1413

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.

Request for Payment

Board of Trustee
Miami Beach Employees' Retirement Plan
Miami Beach, FL

Date: April 14, 2020

Bill To:
City of Miami Beach
Central Services

Requested and
Certified by:

Pension Administrator

DESCRIPTION				AMOUNT
Printing, Mail and Base Mail Charges				
Account # 7141				
Invoice#	Dated	Month		
26042	4/1/2020	March 2020		
Printing :			$	1,893.61
Mail:			$	842.83
Base mail:			$	153.47
Carpool:			$	-
Completed by: BC				
		TOTAL	$	2,889.91

Invoice attached √ **Yes** __ **No**

Authorized:

James W. Boyd- Chairman of the Board of Trustees
Miami Beach Employees' Retirement Plan

CUSTOMER NUMBER	INVOICE DATE	INVOICE NUMBER
7141	04/01/2020	26042

City of Miami Beach
1700 Convention Center Dr
CENTRAL SERVICES
Miami Beach FL 33139

MBERP/GENERAL PENSION
1700 CONVENTION CENTER DR
MIAMI BEACH, FL 33139-1824 USA

DESCRIPTION	ORIG BILL	ADJUSTED	PAID	AMOUNT DUE
Central Services Chargebacks for March 2020: Printing $1,893.61 Mail $842.83 Basemail $153.47 QTY 1.00 @ 2889.91 PER EACH	2889.91	.00	.00	2889.91

INVOICE TOTAL DUE 2,889.91

NET 30

Request for Payment

Board of Trustee
Miami Beach Employees' Retirement Plan
Miami Beach, FL

Date: April 14, 2020

Bill To:
GRM Information Management Services of Miami, LLC
P. O. Box 744494
Atlanta, GA 30374-4494

Requested and
Certified by:

Pension Administrator

DESCRIPTION	AMOUNT
Monthly Storage Fees:	
Acct# 02100798\21	
Invoice# 0144875	
Dated: 3/31/2020	
Storage for the month of March 2020	$ 51.40
Completed by: BC	
TOTAL	$ 51.40

Invoice attached **√ Yes** **__No**

Authorized:

James W. Boyd- Chairman of the Board of Trustees
Miami Beach Employees' Retirement Plan

1801 NW 1st Ave* Miami, FL 33136
(305) 573-3336* (305) 573-3340
www.grmdocumentmanagement.com

For WIRE or ACH Payments:
ACH ABA Number: 063100277
WIRE ABA Number: 026009593
Account Number: 898052473211

Remit Payment to:
GRM Information Management Services of Miami,LLC
PO Box 744494
Atlanta, GA 30374-4494

INVOICE

CITY OF MIAMI BEACH
CITY OF MIAMI BEACH - PENSION
Attention: BETTY CREAGH
1700 CONVENTION CENTER DRIVE
1st Floor
MIAMI BEACH FL 33139

Invoice	0144875
Date	03/31/2020
Account	02100798/21
PO#	
Period	03/01/2020 - 03/31/2020
Amount	**$51.40**

STORAGE: 03/01/2020 through 03/31/2020	RATE	QUANTITY	AMOUNT
ARCHIVE BOX 1.2 CU FT	0.1200	332.00	$39.84
LEGAL BOX 3.6 CU FT	0.3600	1.00	$.36
TOTAL		**333.00**	**$40.20**

SERVICES	RATE	QUANTITY	AMOUNT
ADDING OF NEW BOXES	0.8000	4.00	$3.20
REFILE CONTAINERS	0.8000	2.00	$1.60
TOTAL		**6.00**	**$4.80**

WO #00234103 03/10/2020	RATE	QUANTITY	AMOUNT
Fuel Surcharge	0.0000	1.00	$.00
PICK-UP/ DELIVERY PER ITEM	0.8000	5.00	$4.00
TOTAL		**6.00**	**$4.00**

WO #00234163 03/11/2020	RATE	QUANTITY	AMOUNT
Fuel Surcharge	0.0000	1.00	$.00
PICK-UP/ DELIVERY PER ITEM	0.8000	1.00	$.80
RETRIEVAL	0.8000	1.00	$.80
TOTAL		**3.00**	**$1.60**

WO #00234290 03/16/2020	RATE	QUANTITY	AMOUNT
Fuel Surcharge	0.0000	1.00	$.00
PICK-UP/ DELIVERY PER ITEM	0.8000	1.00	$.80

INVOICE

CITY OF MIAMI BEACH		Invoice	0144875
CITY OF MIAMI BEACH - PENSION		Date	03/31/2020
Attention: BETTY CREAGH		Account	02100798/21
1700 CONVENTION CENTER DRIVE		PO#	
1st Floor		Period	03/01/2020 - 03/31/2020
MIAMI BEACH FL 33139		**Amount**	**$51.40**

TOTAL		2.00	$.80

Total amount due: $51.40

Request for Payment

Board of Trustee
Miami Beach Employees' Retirement Plan
Miami Beach, FL

Date: April 14, 2020

Bill To:
Miami Center for Advanced Cardiology, LLC
Attn: Medical Records
2845 Aventura Blvd Ste 100
Aventura, FL 33180

Requested and
Certified by:

Pension Administrator

DESCRIPTION	AMOUNT
Medical Records	$ 16.00
Completed by: BC	
TOTAL	$ 16.00

Invoice attached **√ Yes** **__No**

Authorized:

James W. Boyd- Chairman of the Board of Trustees
Miami Beach Employees' Retirement Plan

MEDICAL RECORD INVOICE

Miami Center For Advanced Cardiology, LLC

2845 Aventura Blvd, Suite 100
Aventura Florida 33180
Phone: (305) 749-0150 -- Fax: (305) 749-0151

Invoice No: 01|420
Date: 1|14|20

Bill To Attn: MIAMI BEACH

Phone: (305) 673-7437

Fax: (305) 673 7297

Referance: Name

DOB:

Acct No.:

SEE ATTACHED

Doctor:
( ) Ralph G. Nader, M.D., F.A.C.C., F.S.C.A.I., F.A.C.P.
(X) Ranley M .Desir, M.D., M.B.A, F.A.C.C.
( ) Adam C. Nader, M.D.

CPT Code	Description	No of Pages	Amount
CPT #99999	Medical Records Copy Request for non patient or gov* **	16	$ 16.00
	* $1.00/ page FIRST 25 PAGES		
	** Pre-Payment Required for Records (Please Remit amount due		
	upon receipt, to expedite your request.)		
		TOTAL	$ 16.00

1. Make all checks payable to Miami Center for Advanced Cardiology , LLC
(EIN# 01-0895526)

2. Send all correspondence to:
Miami Center For Advanced Cardiology, LLC
Attn: Medical Records
2845 Aventura Blvd. Ste 100
Aventura FL 33180

Authorized by Date 1|14|2020

Thank You

CITY OF MIAMI BEACH

MIAMI BEACH EMPLOYEES RETIREMENT PLAN
MIAMI BEACH, FLORIDA

REQUEST FOR PAYMENT

MAKE VOUCHER PAYABLE TO:

American Express
P. O. Box 650448
Dallas, TX 75265-0448

DATE: March 10, 2020

REQUESTED BY
AND CERTIFIED _____
Pension Administrator

DESCRIPTION	EXPENSE	COST	TOTAL
Account ending- 4-61001	$168.89		
			$168.89
Completed by: BC			

INVOICE ATTACHED YES X
NO ____
LETTER ENCLOSED YES
NO ____

AUTHORIZED:

_____
Chairman of the Board of Trustees
MIAMI BEACH EMPLOYEES RETIREMENT PLAN

Business Gold Rewards
MB EMP RET SYST PENS
RICARDO RIVERA
Closing Date 03/15/20 Next Closing Date 04/14/20

Account Ending 4-61001

New Balance	**$168.89**
Please Pay By	**03/30/20 ‡**

‡ Payment is due upon receipt. We suggest you pay by the Please Pay By date. You may have to pay a late fee if your payment is not received by the Next Closing Date.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section for any changes to your Account terms and any other communications on **pages 5 - 9.**

Membership Rewards® Points

Available and Pending as of 02/29/20

31,258

For more details about Rewards, please visit **americanexpress.com/rewardsinfo**

Account Summary

Previous Balance	$8,690.32
Payments/Credits	-$8,690.32
New Charges	+$168.89
Fees	+$0.00
New Balance	**$168.89**

Days in Billing Period: 31

Customer Care

Pay by Computer
americanexpress.com/business

Customer Care
1-800-492-3344

Pay by Phone
1-800-472-9297

See page 3 for additional information.

↓ Please fold on the perforation below, detach and return with your payment ↓

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/business

Pay by Phone
1-800-472-9297

Account Ending 4-61001
Enter 15 digit account # on all payments.
Make check payable to American Express.

RICARDO RIVERA
MB EMP RET SYST PENS
1700 CONVENTN CTR DR
MIAMI BEACH FL 33139

Please Pay By
03/30/20

Amount Due
$168.89

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
P.O. BOX 650448
DALLAS TX 75265-0448

000034999223643306 4 000016889000016889 11 H

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. If we accept payment in a foreign currency, we will convert it into US dollars at a conversion rate that is acceptable to us, unless a particular rate is required by law. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your financial account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest for Pay Over Time balances on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to calculate the ADB and interest results in daily compounding of interest.*

How to Avoid Paying Interest: If you have a Pay Over Time balance, your due date is at least 25 days after the close of each billing period. We will not charge interest on charges added to a Pay Over Time balance if you pay the Account Total New Balance by the due date each month.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is $1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

Billing Dispute Procedures

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at:
American Express, PO Box 981535, El Paso TX 79998-1535
In your letter, give us the following information:
- *Account information:* Your name and account number.
- *Dollar amount:* The dollar amount of the suspected error.
- *Description of Problem:* Describe what you believe is wrong and why you believe it is a mistake.

You must contact us:
- Within 60 days after the error appeared on your statement.
- At least 2 business days before an automated payment is scheduled, if you want to stop payment on the amount you think is wrong.

You must notify us of any potential errors in writing. You may call us, but if you do we may not follow these procedures and you may have to pay the amount in question.

What Will Happen After We Receive Your Letter

When we receive your letter, we will do two things:
1. Within 30 days of receiving your letter, we will tell you that we received your letter. We will also tell you if we have already corrected the error.
2. We will investigate your inquiry and will either correct the error or explain to you why we believe the bill is correct.

While we investigate whether or not there has been an error:
- We will not try to collect the amount in question.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

After we finish our investigation, one of two things will happen:
- If we made a mistake: You will not have to pay the amount in question or any interest or other fees related to that amount.
- If we do not believe there was a mistake: You will have to pay the amount in question, along with applicable interest and fees. We will send you a statement of the amount you owe and the date payment is due. We may report you as delinquent if you do not pay the amount we think you owe.

Change of Address, phone number, email

- Online at **www.americanexpress.com/updatecontactinfo**
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit **americanexpress.com/autopay** today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit **www.americanexpress.com/privacy.**

Customer Care & Billing Inquiries 1-800-678-0745
International Collect 1-336-393-1111
Large Print & Braille Statements 1-800-678-0745
Lost or Stolen Card 1-800-678-0745
Express Cash 1-800-CASH-NOW

Hearing Impaired
TTY: 1-800-221-9950
FAX: 1-623-707-4442
In NY: 1-800-522-1897

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
P.O. BOX 650448
DALLAS TX 75265-0448

Payments and Credits

Summary

	Total
Payments	-$6,727.82
Credits	-$1,962.50
Total Payments and Credits	**-$8,690.32**

Detail

*Indicates posting date

Payments		**Amount**
02/26/20*	ONLINE PAYMENT - THANK YOU	-$6,727.82
Credits		**Amount**
02/20/20	IFEBP MILWAUKEE 262-786-6700 WI CONFERENCE	-$1,962.50

New Charges

Summary

	Total
Total New Charges	**$168.89**

Detail

RICARDO RIVERA
Card Ending 4-61001

				Amount
02/21/20	ASC INSURANCE DIVISION 800-422-1555	ORLANDO	FL	$130.89
03/10/20	PINECREST BAKERY 084870022107062 PAYMENTS@SPOTON.COM	MIAMI BEACH	FL	$38.00

Fees

	Amount
Total Fees for this Period	**$0.00**

Continued on reverse

2020 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2020	$0.00
Total Interest in 2020	$0.00

Request for Payment

Board of Trustee
Miami Beach Employees' Retirement Plan
Miami Beach, FL

Date: April 14, 2020

Bill To:
Rhumbline Advisers
265 Franklin Street
21st Floor
Boston, MA 02110-3326

Requested and
Certified by:

Pension Administrator

DESCRIPTION	AMOUNT
Investment Management Fees	
Investment Advisory Fee for: 1st Quarter 2020	
Invoice# gmbeach2020Q1	
SP500P	$ 7,460.00
SP400P	$ 2,013.00
SP600P	$ 1,657.00
CBOND-P	$ 5,180.00
Completed by: BC	
TOTAL	$ 16,310.00

Invoice attached √ **Yes** __ **No**

Authorized:

James W. Boyd- Chairman of the Board of Trustees
Miami Beach Employees' Retirement Plan

RhumbLine

Investment Advisory Fees for 1st Quarter 2020
Client: Miami Beach Employees Retirement Plan

April 7, 2020
Invoice #: gmbeach2020Q1

Billable Assets:	**2mmbg**	**4mmbg**	**7mmbg**	**9mmbg**
Period Ending:	**(SP500P)**	**(SP400P)**	**(SP600P)**	**(CBOND-P)**
01-31-2020	$109,601,199	$30,639,186	$25,426,924	$71,836,458
02-29-2020	100,601,569	27,733,666	22,989,543	69,968,076
03-31-2020	88,213,849	22,139,698	17,847,869	65,383,672
Average Assets:	$99,472,206	$26,837,517	$22,088,112	$69,062,735
Billable Assets:	**$217,460,570**			

Fee Calculation:	**Asset Tier**	**Rate (BPs)**	**Fee**
	$217,460,570	0.00030000	$65,238
Total:	**$217,460,570**		**$65,238**
Annual Fee:			$65,238
Quarterly Calculated Fee:			$16,310
Total Quarterly Fee Due:			**$16,310**

Fee Allocation:	**2mmbg (SP500P)**	**4mmbg (SP400P)**	**7mmbg (SP600P)**	**9mmbg (CBOND-P)**
Fee:	**$7,460**	**$2,013**	**$1,657**	**$5,180**

Wire Transfer Information:
RhumbLine Advisers
Furnished Upon Request

Or by check, make payment to:
RhumbLine Advisers
265 Franklin Street, 21st Floor
Boston, MA 02110-3326
Attn: Kim McCant

Request for Payment

Board of Trustee
Miami Beach Employees' Retirement Plan
Miami Beach, FL

Date: April 14, 2020

Bill To:
Fiduciary Trust International
13938 Collections Center Drive
Chicago, IL 60693-0139

Requested and
Certified by:

Pension Administrator

DESCRIPTION	AMOUNT
Quarterly Custody Fee for period ending 1/31/2020	
For City of Miami Beach Gen Employees Acct	
GP451022720	
S14800759939	$ 845.04
Completed by: BC	
TOTAL	$ 845.04

Invoice attached **√ Yes** **__No**

Authorized:

James W. Boyd- Chairman of the Board of Trustees
Miami Beach Employees' Retirement Plan

Fiduciary Trust International

Fiduciary Trust International
280 Park Avenue
New York, NY 10017
tel (212) 632-3000
fiduciarytrust.com

Invoice

February 18, 2020

Attn: Rick Rivera
City of Miami Beach
1700 Convention Center Drive
Miami Beach, FL 33139

Customer Number / Invoice Number	Customer Name / Fee Description	Amounts
For the Period Ending	*January 31, 2020*	
	Current Invoice Amounts	
GP451022720	**MIAMI BEACH GEN-FUND**	
S14800759939	Quarterly Custody Fee	
	Based on a market value of: $33,081,395.00	845.04
	Customer Total :	**845.04**
	Customer Invoice Amount Total:	**845.04**
	Payable upon receipt :	**845.04**

Please contact ftciar@franklintempleton.com if there are any questions regarding your invoice.

Please include a copy of this invoice with your remittance

REMIT PAYMENT TO:

Fiduciary Trust Company Intl
13938 Collections Center Drive
Chicago, Illinois 60693-0139
Please Reference Customer & Invoice Number

WIRE INSTRUCTIONS :

UMB Bank N.A.
ABA# 101000695
Account: FTCI Corporate Account
Account #: 9872061837
Attn: Global A/R & Billing
Please Reference Customer & Invoice Number

MIAMI BEACH EMPLOYEES' RETIREMENT PLAN
PENSION BOARD MEETING
Tuesday, April 14, 2020
10:00 a.m.
CITY HALL
Pension Office Conference Room

REGULAR AGENDA

R-1 Deferred Items -

A. Proposed Notice of Agency Action

R-2 New Items -

A. Public Forum

B. Policy Governing Audio-Video Board Meetings - 47

R-3 Administrator's Report

R-4 For Your Information

A. Klausner Kaufman Et Al. MEMO - 50

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITY ACT OF 1990, PERSONS NEEDING A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE PENSION OFFICE NO LATER THAN FOUR DAYS PRIOR TO THE PROCEEDING. TELEPHONE (305) 673-7437 FOR ASSISTANCE; IF HEARING IMPAIRED, TELEPHONE THE FLORIDA RELAY SERVICE NUMBERS (800) 955-8771 (TDD) OR (800) 955-8770 (VOICE), FOR ASSISTANCE.

IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE BOARD WITH RESPECT TO ANY MATTER CONSIDERED A THIS MEETING, HE WILL NEED A RECORD OF THE PROCEEDINGS, AND FOR SUCH PURPOSE HE MAY NEED TO ENSURE THAT A VERBATIM RECORD OF THE PROCEEDING IS MADE WHICH RECORD INCLUDES THE TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED. FLORIDA STATUTES 286.0105

THIS MEETING MAY BE CONDUCTED BY MEANS OF OR IN CONJUNCTION WITH COMMUNICATIONS MEDIA TECHNOLOGY, SPECIFICALLY A TELEPHONE CONFERENCE CALL. THE ABOVE LOCATION, WHICH IS ORDINARILY OPEN TO THE PUBLIC, SHALL SERVE AS AN ACCESS POINT. PERSONS WISHING TO ATTEND SHOULD APPEAR AT THE ACCESS POINT, WHERE TELEPHONIC ACCESS TO THE MEETING WILL BE PROVIDED.

Administrative Policy

Miami Beach Employees Retirement Plan

Governing the Use of Audio-Video conferencing or Teleconferencing to Conduct Virtual Public Board of Trustee Meetings

BACKGROUND

Florida Statute, §286.011 governs Florida's Sunshine law. Pursuant to this section, "[a]ll meetings of any board or commission of any state agency or authority or of any agency or authority of any county, municipal corporation, or political subdivision . . . at which official acts are to be taken are declared to be public meetings open to the public at all times, and no resolution, rule, or formal action shall be considered binding except as taken or made at such meeting. . .";

On March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19;

On March 9, 2020, by Executive Order 20-52, the Governor of Florida declared a state of emergency for the entire State of Florida as a result of COVID-19;

On March 16, 2020, the President of the United States and the Centers for Disease Control and Prevention recommended individuals to practice significant social distancing measures including but not limited to working from home and avoiding gatherings of more than 10 people.

AUTHORITY

On March 20, 2020, the Governor of Florida issued Executive Order 20-69 suspending any Florida Statute requiring a physical quorum be present for a local government body to meet at a specific public place. Pursuant to Executive Order 20-69, government bodies may utilize audioconferencing and or teleconferencing to conduct its public meeting. This Executive Order expires May 8, 2020, unless extended by the Governor.

City Ordinance vests control, management, operation and administration of the Plan in the Board of Trustees (the "Board"). The Board is also authorized to adopt administrative policies necessary for the proper operation of the Plan.

ADMINISTRATIVE POLICY

1. Effective March 20, 2020, this board may conduct its meetings and meet the quorum requirements via audio-video conferencing and or teleconferencing.

2. Public participation is of the upmost importance; therefore, the Board may choose to use either audio-video conferencing or teleconferencing communication to conduct virtual meetings.

3. If the Board chooses to use audio-video conferencing it may use software which allows for maximum public participation. For example, those platforms may include: (a) Zoom, (b)

GoTo Meeting, (c) Microsoft Teams, which provides a feature for ADA compliance and close captioning, or (d) WebX.

4. The meeting notice will provide an e-mail address where the public can submit questions and or comments. Any such comments or questions will be read aloud during the public comment section of the meeting agenda.

5. In the event the Board chooses to use teleconferencing communication, it will take such steps as are necessary to effectuate public access, including any applicable email and telephone access point.

6. In the event the local government requires meetings to be live streamed, the Board will comply will those requirements through the City or Town system.

7. The meeting notice will state that any individuals needing ADA accommodations to attend a virtual meeting should contact the City Clerk/Plan Administrator at least 48 hours prior to the meeting at [phone number]. The Notice shall also identify the specific type of audio-video conferencing to be used and include instructions on how to join and participate virtually.

8. In the event the available technology is insufficient to permit all interested parties to attend and participate, the virtual meeting must be terminated until such time as the problem has been resolved. There is no obligation for the Board to provide communication devices for public use.

9. All other Sunshine law provisions must be followed including: (a) posting of meeting Notice, (b) taking of meeting minutes, and (c) making minutes available for public inspection.

10. The meeting notice must also contain information regarding the means to access the virtual meeting as well as the agenda.

11. This Administrative Policy will remain in effect until May 8, 2020 unless Executive Order 20-52 is extended by the Governor of Florida, in which case this Policy shall be extended for as long as the Executive Order is in effect.

The Board reserves the right to amend this Administrative Policy from time to time as it deems appropriate. The Board shall retain the right to exercise its discretion in interpreting this rule and in resolving any disputes that may arise hereunder. Nothing in this Administrative Policy creates a contractual or substantive right for benefits from the Plan.

This Administrative Policy was adopted by the Board of Trustees at a public meeting, on _____, 2020.

_____
Chair

_____
Secretary

KLAUSNER
KAUFMAN
JENSEN
LEVINSON

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
ATTORNEYS AT LAW

MEMORANDUM

TO: ALL CLIENTS

FROM: KLAUSNER, KAUFMAN, JENSEN & LEVINSON

RE: COVID 19 MESSAGE - SOCIAL DISTANCING UPDATE #3

DATE: APRIL 7, 2020

To continue to keep everyone safe, our office will remain in remote operation at least through the end of April, and perhaps later as public safety needs dictate. Remember you can contact any of us through the office phone line 954-916-1202 or via email.

With regard to meetings, Governor DeSantis has suspended the requirement that a quorum be present in the public meeting place. This allows Pension Boards of Trustees to meet via video or telephone conference. Our lawyers have been meeting with Boards using these methods and they have been very well received. Our office has the capability to host both video and telephone conferences with you through a wide variety of programs. If you have questions, please call to discuss.

Some questions have come up about using a remote signature application. We are researching the most secure way to get this done. We believe that it can be effectively used for the Administrator and Board of Trustee members to get payments made and money invested, provided that the Custodian will accept this method of authorization. Verified email addresses for Participants and two factor authentication can be useful when dealing with known Participants. The situations which cause the most concern are vested terminated Participants who are approaching the Board for the first time and joint annuitants and beneficiaries of deceased pensioners who are unknown to the Board or Administrator. If you do use a program that allows for electronic signatures, please talk to your information technology providers for the best way to use the program. If you have legal questions, please call us to discuss.

7080 NORTHWEST 4TH STREET, PLANTATION, FLORIDA 33317

PHONE: (954) 916-1202 • FAX: (954) 916-1232
www.klausnerkaufman.com

We are experiencing some delay in getting IMEs set for the disability applications and so we continue to think that it will take longer than normal to process disability applications, at least until the end of May.

We continue to be committed to serve your needs during this crisis and to do our best to protect the retirement benefits of our nation's public servants. To all of you and your families, we wish good health and safety.

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