



CC 09/17/25

Waller County, TX

Payable Register

Payable Detail by Vendor Name

Packet: APPKT02694 - 09/30/2025 RET INS

Payable #	Payable Type	Post Date	Payable Date	Due Date	Discount Date	Amount	Tax	Shipping	Discount	Total
Payable Description	Bank Code				On Hold					
Vendor: 18425 - AMWINS GROUP BENEFITS									Vendor Total:	22,900.00
Oct 2025	Invoice	10/1/2025	10/1/2025	10/1/2025	10/1/2025	22,900.00	0.00	0.00	0.00	22,900.00
County Portion Oct 2025	APBNK - APBNK				No					
Items										
Item Description	Commodity		Units	Price	Amount	Tax	Shipping	Discount		Total
County Portion Oct 2025	N/A		0.00	0.00	22,900.00	0.00	0.00	0.00		22,900.00
Distributions										
Account Number	Account Name		Project Account Key		Amount	Percent				
125-685-520303	Health Insurance				22,900.00	100.00%				
Vendor: 07548 - TAC HEBP										
									Vendor Total:	20,297.98
Oct 2025 County	Invoice	10/1/2025	10/1/2025	10/1/2025	10/1/2025	13,472.68	0.00	0.00	0.00	13,472.68
BCBS Co Portion Ret Prem Oct 2025	APBNK - APBNK				No					
Items										
Item Description	Commodity		Units	Price	Amount	Tax	Shipping	Discount		Total
BCBS Co Portion Ret Prem Oct 2025	N/A		0.00	0.00	13,472.68	0.00	0.00	0.00		13,472.68
Distributions										
Account Number	Account Name		Project Account Key		Amount	Percent				
125-685-520303	Health Insurance				13,472.68	100.00%				
Vendor: 07548 - TAC HEBP										
									Vendor Total:	20,297.98
Oct 2025 Retiree	Invoice	10/1/2025	10/1/2025	10/1/2025	10/1/2025	6,825.30	0.00	0.00	0.00	6,825.30
BCBS Retiree Payment Oct 2025	APBNK - APBNK				No					
Items										
Item Description	Commodity		Units	Price	Amount	Tax	Shipping	Discount		Total
BCBS Retiree Payment Oct 2025	N/A		0.00	0.00	6,825.30	0.00	0.00	0.00		6,825.30
Distributions										
Account Number	Account Name		Project Account Key		Amount	Percent				
999-203-111200	Medical Insurance				6,825.30	100.00%				

Payable Summary

Type	Count	Gross	Tax	Shipping	Discount	Total	Manual Payment	Balance
Invoice	3	43,197.98	0.00	0.00	0.00	43,197.98	0.00	43,197.98
Grand Total:		43,197.98	0.00	0.00	0.00	43,197.98	0.00	43,197.98

Account Summary

Account	Name	Amount
125-685-520303	Health Insurance	36,372.68
Total:		36,372.68

Account	Name	Amount
999-203-111200	Medical Insurance	6,825.30
Total:		6,825.30