Waller County, TX

Payable Register

Payable Detail by Vendor Name

Packet: APPKT02694 - 12/31/2025 RET INS

Payable # / Payable Description	Payable Type / Bank Code	Post Date	Payable Date	Due Date	Discount Date / On Hold	Amount	Tax	Shipping	Discount	Total
Vendor: 18425 - AMWINS GROUP BENEFITS									**Vendor Total:**	**22,700.00**
Jan 2026 County Portion Jan 2026	Invoice APBNK - APBNK	1/1/2026	1/1/2026	1/1/2026	1/1/2026 No	22,700.00	0.00	0.00	0.00	22,700.00

Items

Item Description	Commodity	Units	Price	Amount	Tax	Shipping	Discount	Total
County Portion Jan 2026	N/A	0.00	0.00	22,700.00	0.00	0.00	0.00	22,700.00

Distributions

Account Number	Account Name	Project Account Key	Amount	Percent
125-685-520303	Health Insurance		22,700.00	100.00%

Vendor: 07548 - TAC HEBP									**Vendor Total:**	**22,013.70**
Jan 2026 County BCBS Co Portion Ret Prem Jan 2026	Invoice APBNK - APBNK	1/1/2026	1/1/2026	1/1/2026	1/1/2026 No	14,738.06	0.00	0.00	0.00	14,738.06

Items

Item Description	Commodity	Units	Price	Amount	Tax	Shipping	Discount	Total
BCBS Co Portion Ret Prem Jan 2026	N/A	0.00	0.00	14,738.06	0.00	0.00	0.00	14,738.06

Distributions

Account Number	Account Name	Project Account Key	Amount	Percent
125-685-520303	Health Insurance		14,738.06	100.00%

Jan 2026 Retiree BCBS Retiree Payment Jan 2026	Invoice APBNK - APBNK	1/1/2026	1/1/2026	1/1/2026	1/1/2026 No	7,275.64	0.00	0.00	0.00	7,275.64

Items

Item Description	Commodity	Units	Price	Amount	Tax	Shipping	Discount	Total
BCBS Retiree Payment Jan 2026	N/A	0.00	0.00	7,275.64	0.00	0.00	0.00	7,275.64

Distributions

Account Number	Account Name	Project Account Key	Amount	Percent
999-203-111200	Medical Insurance		7,275.64	100.00%

Payable Summary

Type	Count	Gross	Tax	Shipping	Discount	Total	Manual Payment	Balance
Invoice	3	44,713.70	0.00	0.00	0.00	44,713.70	0.00	44,713.70
	Grand Total:	**44,713.70**	**0.00**	**0.00**	**0.00**	**44,713.70**	**0.00**	**44,713.70**

Account Summary

Account	Name		Amount
125-685-520303	Health Insurance		37,438.06
		Total:	**37,438.06**

Account	Name		Amount
999-203-111200	Medical Insurance		7,275.64
		Total:	**7,275.64**