Vendor

Our P.O.Number must appear on all invoices, packing lists cartons, and correspondence.

(DUPLICATE)

Bill To: Raytown C-2

Vendor:

6608 Raytown Road

Raytown, MO 64133-5265 Phone: (816) 268-7000

Fax: (816) 268-7063

CARD SERVICES

Fax: (816) 843-2485

KANSAS CITY MO 64187-5852

PO BOX 875852

Email: financegroup@raytownschools.org

Tax Exempt Number:

12495239

24-0000-8191 Purchase Order No:

24-0000-8191

03/12/24

**ASAP** 

1

6608 RAYTOWN ROAD RAYTOWN, MO 64133 Phone: (816) 268-7000 Fax: (816) 268-7063

**Purchase Order No:** 

Page No:

P.O.Date:

Delivery Date:

Bid/Quote No:

Requisition No:

Ship to: RAYTOWN ADMINISTRATION BU

Terms:			Ship Via:	Render Invoice in duplicate, enclosing one copy with merchandise and mailing other copy to central office ('BILL TO' address above).  For all equipment purchases, serial numbers must be indicated on the invoice.			
Line	Qty Un	t	Part No. and Description	Unit Price	Adjustment	Amount	
Note:	PLEASE SE	ND ALL INVOICES	TO THE "SHIP TO" ADDRESS.				
		s to this purchase ord n order to receive pay	er (PO) including packing slip and i ment.	nvoice must contain this			
1.	1.00 Ea	. PRIDE CLEANE	RS DRY CLEANING FOR TABLE RECRUITMEN FAIRS 001-2691-6343-0000-00222-		0.00	32.00	
	1.00 Ea	. COUNTRY INN	HOTEL STAY FOR LINDENW RECRUITMENT FAIR	700D 157.44	0.00	157.44	
2.			001-2691-6343-0000-00222-	-1			
2.	1.00 Ea	. REFUND	001-2691-6343-0000-00222- HR SPECIALIST CANCELLA 001-2691-6391-0000-00222-		0.00	191.04	







### **Summary of Account Activity**

,	•
Previous Balance	\$1,231.04
Payments/Debits	-\$681.04
Other Credits	-\$191.04
Purchases	+\$189.44
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$548.40

Credit Limit	\$3,000.00
Available Credit	\$2,451.60
Cash Advance Limit	\$750.00
Available for Cash Advance	\$750.00
Statement Closing Date	03/01/24
Days in Billing Cycle	29

## **Payment Information**

New Balance	\$548.40				
Minimum Payment Due	\$548.40				
Payment Due Date	03/27/24				
Past Due Amount	\$358.96				
Minimum Payment Due includes Past Due					
Amount and/or Overlimit Amount.					

Cardholder Name
CARL CALCARA
Payment Reference Number
00000588501
Account Number
XXXX XXXX XXXX
Page 1 of 4

#### **Payment Address:**

CARD SERVICES
PO BOX 875852
KANSAS CITY MO 64187-5852

# Contact Us:

Look otolen and	
General Inquiries:	 888-494-5141
Alternate Number:	 816-843-2000

Telephoning about billing errors will not preserve your rights under federal law.

#### \*IMPORTANT - You've missed a payment\*

Your account is past due. Please submit a payment equal to or greater than the Minimum Amount Due immediately. Disregard this notice if a payment has already been made.

Electronic statements will simplify your life, help you become more organized and are good for the environment. Sign up for eStatements today! Visit www.umb.com or use your mobile app, log in, click your credit card account tile, select **Settings** from the menu and then **Statement Preferences**. Set your preference to **Electronic Delivery**. We make up to 18 months of eStatements available to you at no cost. Your electronic **Account Statements** are accessible under the **Services** menu option.

#### Late Payment Warning:

If we do not receive your minimum payment by the Payment Due Date, you may have to pay a late fee up to \$39.00.

If you are experiencing financial difficulties due to a recent natural disaster, please contact us at 888.494.5141 to discuss payment options best suited to your needs. We are here to help.

UMB will begin using text messaging to confirm suspicious transactions for credit cardholders with mobile phone numbers on record. Learn more about how UMB looks out for our customers by visiting UMB.com/fraudalerts.

### **Transaction Information**

Transaction Date	Posting Date	Reference Number	Description			Amount	
02/05	02/06	24193044037005006365176 7216: DRY CLEANERS 00006		Raytown	МО	:	32.00

<u>UMB</u>

CARD CENTER PO BOX 419734 KANSAS CITY MO 64141-6734

Please contact your company's program administrator for address changes. If you have any questions please contact 888-494-5141.

CARL CALCARA
RAYTOWN SCHOOL DISTRICT
RAYTOWN SCHOOL DIST #2
6608 RAYTOWN ROAD
RAYTOWN MO 64133

Account Number XXXX XXXX XXXX New Balance \$548.40
Payment Due Date 03/27/24
Past Due Amount \$358.96
Minimum Payment \$548.40
Amount Enclosed

CARD SERVICES PO BOX 875852 KANSAS CITY MO 64187-5852 Cardholder Name: CARL CALCARA

# **Transaction Information Continued**

Transaction Date	Posting Date	Reference Number	Description	Amou	ınt
02/15	02/18	24761974047750109773861	COUNTRY INN-ST CHARLES 6367245555	MO	157.44
		3829: COUNTRY INN BY CARL	_SON 000063301		
			CHECK IN/OUT: 02/14/2024		
02/20	02/21	74492154052852234031348	HR SPECIALIST EMPLOYM 8005432055	VA	- 191.04
		2741: MISCELLANEOUS PUBL	ISHING & PRINTING 000022043		
02/24	02/25	74314474056000144395197	CHECK PAYMENT THANK YOU		- 681.04
	,	2741: MISCELLANEOUS PUBL	ISHING & PRINTING 000022043	VA	

# **Interest Charge Calculation**

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage	Balance Subject to	Interest
	Rate (APR)	Interest Rate	Charge
PURCHASES	0.00%	\$189.44	\$0.00

(v) = Variable Rate