Central Office (DUPLICATE) Our P.O.Number must appear on all invoices, packing lists cartons, and correspondence.

Tax Exempt Number:

12495239

Bill To: Raytown C-2

6608 Raytown Road

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

Fax: (816) 268-7063

Email: financegroup@raytownschools.org

Purchase Order No: 22-0000-9515 Page No: 1 04/14/22 P.O.Date: **ASAP** Delivery Date: Bid/Quote No: Requisition No:

22-0000-9515

Ship to: Raytown C-2

Purchase Order No:

Attn: REGINA GOODWIN 6608 Raytown Road Raytown, MO 64133-5265 Phone: (816) 268-7000 Fax: (816) 268-7063

Vendor: CARD SERVICES

PO BOX 875852

KANSAS CITY MO 64187-5852

Fax: (816) 843-2485 Vendor ID: 115223

Terms:			Ship Via:	Render Invoice in duplicate, enclosin and mailing other copy to central off For all equipment purchases, serial n	ice ('BILL TO' address al	bove).
Line	Qty	Unit	Part No. and Description	Unit Price	Adjustment	Amount
Note:	PLEASE	ESEND	ALL INVOICES TO THE "SHIP TO" ADDRESS.			
			o this purchase order (PO) including packing slip an order to receive payment.	nd invoice must contain this		
1.	1.00	Ea.	MASA CONFERENCE ROOM CHARGE FOR FOOD : DR STEVE SHELLON		2 0.00	6.02
2.	1.00	Ea.	001-2525-6411-0000-0000 MASA CONFERENCE ROOM CHARGE FOR FOOD DR STEVE SHELTON 001-2525-6411-0000-0000	3/23/22 - 37.3	8 0.00	37.38
			001 2323 0411 0000 0000	70-1		
			Or	der Total>		\$43.40

Ster ? Shits

CARD SERVICES PO BOX 419734 KANSAS CITY MO 64141-6734



Please Detach And Enclose Top Portion With Payment

New Balance 43.40 Payment Due Date 04/26/22

Past Due Amount 0.00 Minimum Payment 43.40

t Amount Enclosed

\$

Make Check Payable To: Card Services

Card Services
PO Box 875852

Kansas City MO 64187-5852

Please check box if making address change as indicated on the back

STEVE SHELTON

RAYTOWN CSD#2 SCHOOL DIST

6608 RAYTOWN RD

RAYTOWN MO 64133-5240

ելընդիդիարդըրդությունը բարեարիի հարերությեն հայարարի հարերության հայարարի հա

XXXXXXXXXXX

Account Number Ending In: XXXX XXXX XXXX

Summary of Account A	Summary of Account Activity		
Previous Balance	\$	1,313.81	
Payments	-	1,313.81	
Other Credits	-	0.00	
Purchases/Debits	+	43.40	
Cash Advances	+	0.00	
Finance Charges	+	0.00	
New Balance		43.40	
Credit Limit		10,000.00	
Available Credit		9,956.00	

Payment Information	
Statement Closing Date	04/01/22
New Balance	43.40
Minimum Payment Due	43.40
Payment Due Date	04/26/22
Past Due Amount	0.00

An amount followed by a minus (-) is a credit or a credit balance, unless otherwise indicated.

PAYMENT ADDRESS CARD SERVICES PO BOX 875852 KANSAS CITY, MO 64187-5852 ACCOUNT INQUIRIES AND LOST OR STOLEN CARDS 888-494-5141 CARD SERVICES
PO BOX 419734

OX 875852 888-494-5141 KANSAS CITY MO 64141-6734

Telephoning about billing errors will not preserve your rights under federal law. See the Billing Rights Summary on the reverse side.

Transaction Information

Transaction Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount
03/22	03/22	7471562F2EHM955NB	CK PAYMENT THANK YOU KANSAS CITY MO	1,313.81-
03/25	03/27	2405781F5000A0GH8	LODGE OF FOUR SEASONS LAKE OZARK MO MCC: 7011 MERCHANT ZIP: 65049 LODGING CHECK-IN DATE: 03/22/22 SALES TAX: \$ 0.00 TAX INCLUDED:	43.40

Interest Charge Calculation						
Your Annual Percentage Rate (APR) is the annual interest rate on your account						
Annual						
Current Billing Period	Percentage	Balance Subject to	Interest			
Type of Balance	Rate (APR)	Interest Rate	<u>Charge</u>			
Purchases	0.00	0.00	0.00			
Cash Advances	0.00	0.00	0.00			

Periodic rates and APRs may vary. See your Cardmember Agreement for an explanation. There is a 25-day grace period for Purchases but not for Cash Advances. You can avoid additional finance charges on Purchases if you pay the New Balance within 25 days of the Statement Closing Date (which may not be the same as the Payment Due Date). See reverse side for important information and disclosures and, if an Annual Fee was posted above, regarding renewals.