Vendor

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

(DUPLICATE)

Bill To: Raytown C-2

Vendor:

6608 Raytown Road

Raytown, MO 64133-5265

Phone: (816) 268-7000

Fax: (816) 268-7063

Email: financegroup@raytownschools.org

cartons, and correspondence.

Tax Exempt Number:

12495239

Requisition No: 24-0000-5764 Purchase Order No:

24-0000-5764

12/18/23

**ASAP** 

1

**Purchase Order No:** 

Page No:

P.O.Date:

Delivery Date:

Bid/Quote No:

CARD SERVICES

PO BOX 875852

KANSAS CITY MO 64187-5852

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

Ship to: RAYTOWN ADMINISTRATION BU 6608 RAYTOWN ROAD

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

Terms:	rms: Ship Via:			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	Unit		Part No. and Description	Unit Price	Adjustment	Amount
Note:				TO THE "SHIP TO" ADDRESS.  Her (PO) including packing slip and	invoice must contain this		
			rder to receive pay				
1.	1.00	Ea.	PAYPAL ASBO	TRAINING CLASS FEES 001-2331-6412-0000-00222	550.00 -1	0.00	550.00
2.	0.00	Ea.		001-2331-6412-0000-00222		0.00	0.00
				Ord	er Total>		\$550.00







# **Summary of Account Activity**

Previous Balance	\$400.00
Payments/Debits	-\$400.00
Other Credits	-\$0.00
Purchases	+\$550.00
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$550.00
Credit Limit	63 000 00

New Balance	= \$550.00
Credit Limit	\$3,000.00
Available Credit	\$2,450.00
Cash Advance Limit	\$750.00
Available for Cash Advance	\$750.00
Statement Closing Date	12/01/23
Days in Billing Cycle	30

## **Payment Information**

New Balance	\$550.00
Minimum Payment Due	\$550.00
Payment Due Date	12/27/23

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:

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

If you are experiencing financial difficulties due to the current health pandemic, please contact us at 888.494.5141 to discuss payment options best suited to your needs. We are here to help.

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
11/01	11/02	24116413305067613527503	PAYPAL *ASBOINTERNA	402-935-7733 CA	550.00
		8299: SCHOOLS AND EDUCAT	TIONAL SERVICES NOT ELSI	EWHERE CLASSIFIED 000095131	
11/16	11/16	74314473320000135709200	CHECK PAYMENT THANK	YOU	- 400.00

UMB

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 \$550.00
Payment Due Date 12/27/23
Minimum Payment \$550.00
Amount Enclosed

CARD SERVICES PO BOX 875852 KANSAS CITY MO 64187-5852

Account Number: XXXX XXXX XXXX

# **Interest Charge Calculation**

Cardholder Name: CARL CALCARA

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%	\$550.00	\$0.00

(v) = Variable Rate