

**Vendor
(DUPLICATE)**

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

Bill To: Raytown C-2
6608 Raytown Road
Raytown, MO 64133-5265
Phone: (816) 268-7000
Fax: (816) 268-7063
Email: financegroup@raytownschools.org

Tax Exempt Number:
12495239

Purchase Order No:	24-0000-0673
Page No:	1
P.O.Date:	07/19/23
Delivery Date:	ASAP
Bid/Quote No:	
Requisition No:	
Purchase Order No:	24-0000-0673

Vendor: CARD SERVICES
PO BOX 875852
KANSAS CITY MO 64187-5852

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

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

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.
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Line	Qty	Unit	Part No. and Description	Unit Price	Adjustment	Amount
Note: PLEASE SEND ALL INVOICES TO THE "SHIP TO" ADDRESS.						
All references to this purchase order (PO) including packing slip and invoice must contain this PO number in order to receive payment.						
1.	1.00	Ea.	MO DEPT OF HEALTH BACKGROUND CHECK 001-2642-6391-0000-00222-1	15.55	0.00	15.55
2.	1.00	Ea.	MO DEPT OF HEALTH BACKGROUND CHECK 001-2642-6391-0000-00222-1	15.55	0.00	15.55
3.	1.00	Ea.	MO DEPT OF HEALTH BACKGROUND CHECK 001-2642-6391-0000-00222-1	15.55	0.00	15.55
4.	1.00	Ea.	MO DEPT OF HEALTH BACKGROUND CHECK 001-2642-6391-0000-00222-1	15.55	0.00	15.55
5.	1.00	Ea.	MO DEPT OF ELEM SUB CERTIFICATE- GRANT 001-2642-6391-0000-42404-4	51.25	0.00	51.25
6.	1.00	Ea.	HBR SUBSCRIPTION HARVARD BUSINESS REVIEW MAGAZINE 001-2642-6391-0000-00222-1	147.12	0.00	147.12
Order Total ----->						\$260.57





Summary of Account Activity

Previous Balance	\$166.17
Payments/Debits	-\$166.17
Other Credits	-\$0.00
Purchases	+\$260.57
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$260.57

Payment Information

New Balance	\$260.57
Minimum Payment Due	\$260.57
Payment Due Date	07/24/23

Cardholder Name	CARL CALCARA
Payment Reference Number	0000588501
Account Number	XXXX XXXX XXXX [REDACTED]
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Credit Limit	\$3,000.00
Available Credit	\$2,739.43
Cash Advance Limit	\$750.00
Available for Cash Advance	\$750.00
Statement Closing Date	07/01/23
Days in Billing Cycle	30

Payment Address:
 CARD SERVICES
 PO BOX 875852
 KANSAS CITY MO 64187-5852

Contact Us:
 Lost/Stolen and
 General Inquiries: 888-494-5141
 Alternate Number: 816-843-2000

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
06/06	06/07	24540453157204700237495	MO DEPT OF HEALTH HTTP://HEALTHMO	15.55
06/06	06/07	24540453157204700234393	MO DEPT OF HEALTH HTTP://HEALTHMO	15.55



CARD CENTER
 PO BOX 419734
 KANSAS CITY MO 64141-6734

Account Number	XXXX XXXX XXXX [REDACTED]
New Balance	\$260.57
Payment Due Date	07/24/23
Minimum Payment	\$260.57
Amount Enclosed	

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

CARD SERVICES
 PO BOX 875852
 KANSAS CITY MO 64187-5852



Cardholder Name: CARL CALCARA

Account Number: XXXX XXXX XXXX XXXX

Transaction Information Continued

Transaction Date	Posting Date	Reference Number	Description	Amount
06/06	06/07	24540453157204700236307	MO DEPT OF HEALTH HTTP://HEALTHMO	15.55
06/06	06/07	24540453157204700234427	MO DEPT OF HEALTH HTTP://HEALTHMO	15.55
06/06	06/07	24540453157204700216226	MO DEPT OF ELEM HTTP://DESE.MMO	51.25
06/08	06/08	74314473159000133949028	CHECK PAYMENT THANK YOU	- 48.12
06/16	06/16	24492153167719644112688	HBRSUBSCRIPTION 800-988-0886 MA	147.12
06/29	06/30	74314473181821973600906	CHECK PAYMENT THANK YOU	- 118.05

Interest Charge Calculation

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

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
PURCHASES	0.00%	\$260.57	\$0.00

(v) = Variable Rate