

**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:	25-0000-3838
Page No:	1
P.O.Date:	10/18/24
Delivery Date:	ASAP
Bid/Quote No:	
Requisition No:	
Purchase Order No:	25-0000-3838

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

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

Ship to: Raytown C-2
Attn: CHAVEZ
6608 Raytown Road
Raytown, MO 64133-5265
Phone: (816) 268-7000
Fax: (816) 268-7063

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.	HYVEE FOOD FOR CARING FOR KIDS EVENT 001-3111-6411-0000-00228-1	262.68	0.00	262.68
Order Total ----->						\$262.68

House In Mobile



Summary of Account Activity

Previous Balance	\$238.61
Payments/Debits	-\$238.61
Other Credits	-\$0.00
Purchases	+\$262.68
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$262.68

Payment Information

New Balance	\$262.68
Minimum Payment Due	\$262.68
Payment Due Date	10/28/24

Cardholder Name	M CLEAVER WAMBLE
Payment Reference Number	0000588476
Account Number	XXXX XXXX XXXX [REDACTED]
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Credit Limit	\$3,000.00
Available Credit	\$2,737.32
Cash Advance Limit	\$0.00
Available for Cash Advance	\$0.00
Statement Closing Date	10/01/24
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.

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
09/12	09/13	24137464257001512435993	HY-VEE RAYTOWN 1542 RAYTOWN MO	262.68
		5411: GROCERY STORES, SUPERMARKETS 000064133		
09/22	09/22	74314474266000163922505	CHECK PAYMENT THANK YOU	- 238.61



CARD CENTER
 PO BOX 419734
 KANSAS CITY MO 64141-6734

Account Number	XXXX XXXX XXXX [REDACTED]
New Balance	\$262.68
Payment Due Date	10/28/24
Minimum Payment	\$262.68
Amount Enclosed	

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

M CLEAVER WAMBLE
 RAYTOWN SCHOOL DISTRICT
 RAYTOWN SCHOOL DISTRICT
 6608 RAYTOWN ROAD
 RAYTOWN MO 64133

CARD SERVICES
 PO BOX 875852
 KANSAS CITY MO 64187-5852



Cardholder Name: M CLEAVER WAMBLE

Account Number: XXXX XXXX XXXX [REDACTED]

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%	\$0.00	\$0.00

(v) = Variable Rate
