

**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](mailto:financegroup@raytownschools.org)

**Tax Exempt Number:**  
12495239

<b>Purchase Order No:</b>	<b>24-0000-3641</b>
Page No:	1
P.O.Date:	10/12/23
Delivery Date:	ASAP
Bid/Quote No:	
Requisition No:	
<b>Purchase Order No:</b>	<b>24-0000-3641</b>

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

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

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

<b>Terms:</b>	<b>Ship Via:</b>	<b>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.</b>
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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.	HOTEL STAY FOR BOARD MEMBER NODIE NEWTON FOR MSBA BOARD MEMBER TRAINING-9-23-23 001-2311-6343-0000-00000-1	338.40	0.00	338.40
<b>Order Total -----&gt;</b>						<b>338.40</b>

*Tony L. Gibson*



### Summary of Account Activity

Previous Balance	\$0.00
Payments/Debits	-\$0.00
Other Credits	-\$0.00
Purchases	+\$338.40
Cash Advances	+\$0.00
<b>Fees Charged</b>	+\$0.00
<b>Interest Charged</b>	+\$0.00
<b>New Balance</b>	= \$338.40

Credit Limit	\$3,000.00
Available Credit	\$2,661.60
Cash Advance Limit	\$750.00
Available for Cash Advance	\$750.00
Statement Closing Date	10/01/23
Days in Billing Cycle	30

### Payment Information

New Balance	\$338.40
Minimum Payment Due	\$338.40
Payment Due Date	10/27/23

Cardholder Name	NODIE NEWTON III
Payment Reference Number	00000930219
Account Number	XXXX XXXX XXXX [REDACTED]
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**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](http://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](http://UMB.com/fraudalerts).

### Transaction Information

Transaction Date	Posting Date	Reference Number	Description	Amount
09/23	09/25	24755423267162674680639	HAMPTON INNS JEFFERSON CITMO	338.40



CARD CENTER  
 PO BOX 419734  
 KANSAS CITY MO 64141-6734

Account Number	XXXX XXXX XXXX [REDACTED]
New Balance	\$338.40
Payment Due Date	10/27/23
Minimum Payment	\$338.40
Amount Enclosed	_____

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

NODIE NEWTON III  
 RAYTOWN SCHOOL DISTRICT  
 RAYTOWN SCHOOL DISTRICT  
 6608 RAYTOWN ROAD  
 RAYTOWN MO 64133

CARD SERVICES  
 PO BOX 875852  
 KANSAS CITY MO 64187-5852



Cardholder Name: NODIE NEWTON III

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%	\$338.40	\$0.00

(v) = Variable Rate

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