Our P.O.Number must appear on all invoices, packing Vendor cartons, and correspond

(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

l invoices, packing lists	Furchase Order No: 24-0000-5559		
ns, and correspondence.	Page No:	1	
Tax Exempt Number:	P.O.Date:	12/12/23	
12495239	Delivery Date:	ASAP	
	Bid/Quote No:		

Requisition No:

Purchase Order No:

Ship to: RAYTOWN SCHOOLS ED CONF C

24-0000-5539

10750 East 350 HWY Raytown, Mo 64138 Phone: (816) 268-7100 Fax: (816) 268-7109

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

KANSAS CITY MO 64187-5852

CARD SERVICES

PO BOX 875852

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. MEMBERSHIP RENEWAL FEES FOR AASA-A. MOORE 470.00 0.00  Club Account Number Amount  001-2411-6371-4020-00216-1: \$46.95 001-2411-6371-4070-00216-1: \$45.12 001-2411-6371-4070-00216-1: \$44.98 001-2411-6371-4080-00216-1: \$44.98 001-2411-6371-4090-00216-1: \$42.72 001-2411-6371-5000-00216-1: \$42.72 001-2411-6371-5000-00216-1: \$49.30 001-2411-6371-5060-00216-1: \$50.01 001-2411-6371-5080-00216-1: \$52.12 001-2411-6371-5080-00216-1: \$43.81	invoice.	TO' address above	plicate, enclosing one co py to central office ('BIL rchases, serial numbers	and mailing other co	Ship Via:	Sh			Terms:
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. MEMBERSHIP RENEWAL FEES FOR AASA-A. MOORE 470.00 0.00  Club Account Number Amount  001-2411-6371-4020-00216-1: \$46.95 001-2411-6371-4060-00216-1: \$44.98 001-2411-6371-4070-00216-1: \$44.98 001-2411-6371-4080-00216-1: \$44.42 001-2411-6371-4090-00216-1: \$42.72 001-2411-6371-5000-00216-1: \$42.72 001-2411-6371-5000-00216-1: \$49.30 001-2411-6371-5060-00216-1: \$50.01 001-2411-6371-5080-00216-1: \$52.12 001-2411-6371-6000-00216-1: \$43.81	mount	justment	Unit Price		Part No. and Description	F	Unit	Qty	Line
PO number in order to receive payment.  . 1.00 Ea. MEMBERSHIP RENEWAL FEES FOR AASA-A. MOORE 470.00 0.00  lub Account Number Amount  001-2411-6371-4020-00216-1: \$46.95 001-2411-6371-4070-00216-1: \$45.12 001-2411-6371-4070-00216-1: \$44.98 001-2411-6371-4080-00216-1: \$44.42 001-2411-6371-4090-00216-1: \$50.57 001-2411-6371-5000-00216-1: \$42.72 001-2411-6371-5060-00216-1: \$49.30 001-2411-6371-5060-00216-1: \$50.01 001-2411-6371-5080-00216-1: \$52.12 001-2411-6371-5080-00216-1: \$52.12									Note:
Account Number  001-2411-6371-4020-00216-1:			this	d invoice must contain					
001-2411-6371-4020-00216-1: \$46.95 001-2411-6371-4060-00216-1: \$45.12 001-2411-6371-4070-00216-1: \$44.98 001-2411-6371-4080-00216-1: \$44.42 001-2411-6371-4090-00216-1: \$50.57 001-2411-6371-5000-00216-1: \$42.72 001-2411-6371-5040-00216-1: \$49.30 001-2411-6371-5060-00216-1: \$50.01 001-2411-6371-5080-00216-1: \$50.01 001-2411-6371-5080-00216-1: \$52.12 001-2411-6371-6000-00216-1: \$43.81	470.0	0.00	470.00	OORE	RENEWAL FEES FOR AASA-A.	MEMBERSHIP RENEWA	Ea.	1.00	•
001-2411-6371-4060-00216-1: \$45.12 001-2411-6371-4070-00216-1: \$44.98 001-2411-6371-4080-00216-1: \$44.42 001-2411-6371-4090-00216-1: \$50.57 001-2411-6371-5000-00216-1: \$42.72 001-2411-6371-5040-00216-1: \$49.30 001-2411-6371-5060-00216-1: \$50.01 001-2411-6371-5080-00216-1: \$52.12 001-2411-6371-6000-00216-1: \$43.81				Amount		ınt Number	Accou		lub
Order Total> :				\$45.12 \$44.98 \$44.42 \$50.57 \$42.72 \$49.30 \$50.01 \$52.12	50-00216-1: 70-00216-1: 80-00216-1: 90-00216-1: 90-00216-1: 10-00216-1: 10-00216-1: 10-00216-1:	2411-6371-4060-0022 2411-6371-4070-0022 2411-6371-4080-0022 2411-6371-4090-0022 2411-6371-5000-0022 2411-6371-5040-0022 2411-6371-5060-0022	001-2 001-2 001-2 001-2 001-2 001-2 001-2		
	\$470.00		>	der Total	c				
	\$4		>	der Total	0				

D=2.-





### **Summary of Account Activity**

Previous Balance	\$115.00
Payments/Debits	-\$0.00
Other Credits	-\$0.00
Purchases	+\$470.00
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$585.00

Credit Limit	\$3,000.00
Available Credit	\$2,415.00
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	\$585.00		
Minimum Payment Due	\$585.00		
Payment Due Date	12/27/23		
Past Due Amount	\$115.00		
Minimum Payment Due includes Past Due			
Amount and/or Overlimit Amount.			

Cardholder Name
ANTHONY MOORE
Payment Reference Number
00000588511
Account Number
XXXX XXXX XXXX
Page 1 of 4

#### **Payment Address:**

CARD SERVICES
PO BOX 875852
KANSAS CITY MO 64187-5852

Lost/Stolen and General Inquiries: ......888-494-5141

Alternate Number: ...... 816-843-2000

Contact Us:

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

#### \*IMPORTANT - You've missed a payment\*

Your account is past due. Please submit a payment equal to or greater than the Minimum Amount Due immediately. Disregard this notice if a payment has already been made.

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.

UMB

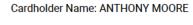
CARD CENTER PO BOX 419734 KANSAS CITY MO 64141-6734

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

ANTHONY MOORE RAYTOWN SCHOOL DISTRICT RAYTOWN SCHOOL DISTRICT 10750 E 350 HWY RAYTOWN MO 64138 Account Number XXXX XXXX XXXX New Balance \$585.00
Payment Due Date 12/27/23
Past Due Amount \$115.00
Minimum Payment \$585.00
Amount Enclosed

CARD SERVICES PO BOX 875852 KANSAS CITY MO 64187-5852

Account Number: XXXX XXXX XXXX



## **Transaction Information**

Transaction Date	Posting Date	Reference Number	Description	Amount
11/30	12/01	24829133334300828466812	AMERICAN ASSOC OF SCHOOL 730-875-0779 VA	470.00
		8641: CIVIC, SOCIAL AND FRA	ATERNAL ASSOCIATIONS 000022203	

# **Interest Charge Calculation**

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%	\$470.00	\$0.00

(v) = Variable Rate