Central Office

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

(DUPLICATE)

Raytown C-2

Bill To:

Vendor:

6608 Raytown Road

Raytown, MO 64133-5265 Phone: (816) 268-7000

Fax: (816) 268-7063

Email: financegroup@raytownschools.org

Tax Exempt Number:

12495239

Delivery Date: Bid/Quote No: Requisition No:

23-0000-10657

06/05/23

ASAP

23-0000-10657

1

Purchase Order No:

Purchase Order No:

Page No:

P.O.Date:

Ship to: RAYTOWN ADMINISTRATION BU

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

(816) 843-2485

CARD SERVICES

KANSAS CITY MO 64187-5852

PO BOX 875852

Terms:				Ship Via:	Render Invoice in duplicate and mailing other copy to c For all equipment purchase	entral office ('	BILL TO' address ab	ove).
ine	Qty	Unit		Part No. and Description	Uni	t Price	Adjustment	Amount
Note:	PLEASE	E SEND	ALL INVOICES TO	O THE "SHIP TO" ADDRESS.		·	•	
		ber in o	o this purchase order rder to receive paym MO DEPT OF ELE			51.25	0.00	51.2
	1.00	Ea.	MO DEPT OF ELE	001-2642-6391-0000-4240		51.25	0.00	51.2
•	1.00	La.	MO DEFI OF EDE	001-2642-6391-0000-4240		31.23	0.00	31.2
•	1.00	Ea.	MO DEPT OF HEA	LLTH BACKGROUND CHECK 001-2642-6391-0000-0022		15.55	0.00	15.5
				Or	der Total	>		\$118.05







Summary of Account Activity

		 - 7
Previous Balance		\$347.12
Payments/Debits		-\$299.00
Other Credits		-\$0.00
Purchases		+\$118.05
Cash Advances		+\$0.00
Fees Charged		+\$0.00
Interest Charged		+\$0.00
New Balance		= \$166.17

Credit Limit	\$3,000.00
Available Credit	\$2,833.83
Cash Advance Limit	\$750.00
Available for Cash Advance	\$750.00
Statement Closing Date	06/01/23
Days in Billing Cycle	31

Payment Information

New Balance	\$166.17		
Minimum Payment Due	\$166.17		
Payment Due Date	06/26/23		
Past Due Amount	\$48.12		
Minimum Payment Due includes Past Due Amount and/or Overlimit Amount.			
Minimum Payment Due include	es Past Due		

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.

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.

CARL CALCARA
RAYTOWN SCHOOL DISTRICT
RAYTOWN SCHOOL DIST #2
6608 RAYTOWN ROAD
RAYTOWN MO 64133

Account Number New Balance Payment Due Date Past Due Amount Minimum Payment Amount Enclosed \$166.17 06/26/23 \$48.12 \$166.17

CARD SERVICES PO BOX 875852 KANSAS CITY MO 64187-5852 Cardholder Name: CARL CALCARA

Transaction Information

Transaction Date	Posting Date	Reference Number	Description		Amount
04/26	05/03	74314473123821973600022	CHECK PAYMENT THA	NK YOU	- 299.00
05/19	05/21	24540453139211100256317	MO DEPT OF ELEM	HTTP://DESE.MMO	51.25
05/23	05/24	24540453143210000221102	MO DEPT OF ELEM	HTTP://DESE.MMO	51.25
05/24	05/25	24540453144204800236930	MO DEPT OF HEALTH	HTTP://HEALTHMO	15.55

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%	\$118.05	\$0.00

(v) = Variable Rate