

**Central Office**

**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>23-0000-6000</b>
Page No:	1
P.O.Date:	01/03/23
Delivery Date:	ASAP
Bid/Quote No:	
Requisition No:	
<b>Purchase Order No:</b>	<b>23-0000-6000</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.	LOEWS LUNCH AT PROFESSIONAL MEETING-MSBA ANNUAL CONFERENCE 11/4/22-D. PEYTON 001-2321-6411-0000-00000-1	32.52	0.00	32.52
<b>Order Total -----&gt;</b>						<b>\$32.52</b>



CARD SERVICES  
 PO BOX 419734  
 KANSAS CITY MO 64141-6734

Account Number Ending In: XXXX XXXX XXXX



Please Detach And Enclose Top Portion With Payment

New Balance 32.52    Payment Due Date 12/26/22    Past Due Amount 0.00    Minimum Payment 32.52    Amount Enclosed \$

Make Check Payable To:  
 Card Services

Please check box if making address change as indicated on the back

Card Services  
 PO Box 875852  
 Kansas City MO 64187-5852

DONNA PEYTON  
 RAYTOWN SCHOOL DISTRICT  
 6608 RAYTOWN RD  
 RAYTOWN MO 64133-5240



XXXXXXXXXXXX

Account Number Ending In: XXXX XXXX XXXX

Summary of Account Activity		
Previous Balance	\$	0.00
Payments	-	0.00
Other Credits	-	0.00
Purchases/Debits	+	32.52
Cash Advances	+	0.00
Finance Charges	+	0.00
<b>New Balance</b>		<b>32.52</b>
Credit Limit		3,000.00
Available Credit		2,967.00

Payment Information	
Statement Closing Date	12/01/22
New Balance	32.52
Minimum Payment Due	32.52
Payment Due Date	12/26/22
Past Due Amount	0.00

An amount followed by a minus (-) is a credit or a credit balance, unless otherwise indicated.

PAYMENT ADDRESS  
 CARD SERVICES  
 PO BOX 875852  
 KANSAS CITY, MO 64187-5852

ACCOUNT INQUIRIES AND  
 LOST OR STOLEN CARDS  
 888-494-5141

CARD SERVICES  
 PO BOX 419734  
 KANSAS CITY MO 64141-6734

Telephoning about billing errors will not preserve your rights under federal law. See the Billing Rights Summary on the reverse side.

**Transaction Information**

Transaction Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount
11/04	11/06	2475542N54PWKNYG4	LOEWS KANSAS CITY HOTEL P KANSAS CITY MO MCC: 5813 MERCHANT ZIP: 64108 SALES TAX: \$ 0.00 TAX INCLUDED: 2 CUSTOMER CODE: 7022	32.52

**Interest Charge Calculation**

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

Current Billing Period Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	0.00	0.00	0.00
Cash Advances	0.00	0.00	0.00

Periodic rates and APRs may vary. See your Cardmember Agreement for an explanation. There is a 25-day grace period for Purchases but not for Cash Advances. You can avoid additional finance charges on Purchases if you pay the New Balance within 25 days of the Statement Closing Date (which may not be the same as the Payment Due Date). See reverse side for important information and disclosures and, if an Annual Fee was posted above, regarding renewals.