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

Tax Exempt Number:

Bill To: Raytown C-2

6608 Raytown Road

Raytown, MO 64133-5265

12495239

Phone: (816) 268-7000

Fax: (816) 268-7063

Email: financegroup@raytownschools.org

<b>Purchase Order No:</b>	25-0000-2779
Page No:	1
P.O.Date:	09/18/24
Delivery Date:	ASAP
Bid/Quote No:	
Requisition No:	
Purchase Order No:	25-0000-2779

Ship to: RAYTOWN ADMINISTRATION BU

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

Vendor: CARD SERVICES

PO BOX 875852

KANSAS CITY MO 64187-5852

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

Terms:			Ship Via:	Render Invoice in duplicate, enclosing of and mailing other copy to central office For all equipment purchases, serial num	('BILL TO' address a	bove).
Line	Qty U	Jnit	Part No. and Description	Unit Price	Adjustment	Amount
Note:	PLEASE S	SEND ALL INVO	DICES 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. INDEED	ADVERTISING 001-2642-6362-0000-00222	1941.67 -1	0.00	1,941.67
			Ordo	er Total>		\$1,941.67

orff (Lean-





## **Summary of Account Activity**

,	•
Previous Balance	\$4,925.29
Payments/Debits	-\$4,925.29
Other Credits	-\$0.00
Purchases	+\$1,941.67
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$1,941.67

New Balance	= \$1,941.67
Credit Limit	\$10,000.00
Available Credit	\$8,058.33
Cash Advance Limit	\$2,500.00
Available for Cash Advance	\$2,500.00
Statement Closing Date	09/01/24
Days in Billing Cycle	31

### **Payment Information**

New Balance	\$1,941.67
Minimum Payment Due	\$1,941.67
Payment Due Date	09/27/24

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:

Lost/Stolen and		
General Inquiries:	8	88-494-5141
Alternate Number		

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	Descript	ion	Amount
08/02	08/04	24793384215001503212027	Indeed Jobs	800-4625842 TX	1,941.67
		7311: ADVERTISING SERVICE	S 000078750		
08/25	08/25	74314474238000141480464	CHECK PAYMENT	THANK YOU	- 4,925.29

**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 Minimum Payment Amount Enclosed XXXX XXXX XXXX \$1,941.67 09/27/24 \$1,941.67

CARD SERVICES PO BOX 875852 KANSAS CITY MO 64187-5852

Account Number: XXXX XXXX XXXX

# **Interest Charge Calculation**

Cardholder Name: CARL CALCARA

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%	\$0.00	\$0.00

(v) = Variable Rate