Vendor

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

Tax Exempt Number:

12495239

(DUPLICATE)

Bill To: Raytown C-2

6608 Raytown Road

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

Fax: (816) 268-7063

Email: financegroup@raytownschools.org

Page No: 1 04/01/25 P.O.Date: **ASAP** Delivery Date: Bid/Quote No: Requisition No:

25-0000-8803

25-0000-8803

**Purchase Order No:** 

Purchase Order No:

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:	and mailing other	n duplicate, enclosing on r copy to central office ( t purchases, serial numb	'BILL TO' address ab	ove).
Line	Qty	Unit		Part No. and Description	1	Unit Price	Adjustment	Amount
Note:	All refer	ences t		TO THE "SHIP TO" ADDRES er (PO) including packing slip ment.		tain this		
1.	1.00	Ea.	INDEED	ADVERTISING 001-2642-6362-0000-00	222-1	519.57	0.00	519.57
2.	1.00	Ea.	AMERICAN AIRL		WASHINGTON DC	39.00	0.00	39.00
					Order Total	>		\$558.57

(all alean





### **Summary of Account Activity**

Previous Balance	\$1,590.52
Payments/Debits	-\$1,590.52
Other Credits	-\$0.00
Purchases	+\$558.57
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$558.57

# **Payment Information**

New Balance	\$558.57
Minimum Payment Due	\$558.57
Payment Due Date	04/28/25

Cardholder Name
CARL CALCARA
Payment Reference Number
00000588501
Account Number
XXXX XXXX XXXX
Page 1 of 4

Credit Limit	\$10,000.00
Available Credit	\$9,441.43
Cash Advance Limit	\$2,500.00
Available for Cash Advance	\$2,500.00
Statement Closing Date	04/01/25
Days in Billing Cycle	30

#### **Payment Address:**

CARD SERVICES
PO BOX 875852
KANSAS CITY MO 64187-5852

Lost/Stolen and

Contact Us:

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	Description	Amount
03/02	03/03	24793385061002715979025 7311: ADVERTISING SERVICE	Indeed USI25-01148013 800-4625842 TX S 000078750	519.57
03/04	03/04	24035965063160629098962 3001: AMERICAN AIRLINES 0	AMERICAN AIR0012219702930FORT WORTH 00076155 NAME: CALCARA/CARL TICKET #: 0012219702930 LEG 1: FLIGHT #: DATE: 04/07/2025 DEPARTURE TIME: 00:00 ARR TIME: 00:00 DEST: DCA ORIGINATION: MCI	TX 39.00
03/24	03/24	74314475083000178201273	CHECK PAYMENT THANK YOU	- 1,590.52

UMB.

\$558.57

04/28/25 \$558.57

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 XXXX XXXX XXXX New Balance \$55
Payment Due Date 04/2
Minimum Payment \$55
Amount Enclosed

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