

**Vendor  
(DUPLICATE)**

**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>25-0000-4924</b>
Page No:	1
P.O.Date:	11/20/24
Delivery Date:	ASAP
Bid/Quote No:	
Requisition No:	
<b>Purchase Order No:</b>	<b>25-0000-4924</b>

**Vendor:** CARD SERVICES  
PO BOX 875852  
KANSAS CITY MO 64187-5852

**Ship to:** RAYTOWN ADMINISTRATION BU  
Attn: RACHEL JOHNSTON  
6608 RAYTOWN ROAD  
RAYTOWN, MO 64133  
Phone: (816) 268-7000  
Fax: (816) 268-7063

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

<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>
---------------	------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.	AASA CONFERENCE REGISTRATION MARCH 6-8, 2025 001-2321-6343-0000-00000-1	795.00	0.00	795.00
2.	1.00	Ea.	SOUTHWEST FLIGHT FOR AASA CONFERENCE MARCH 6-8, 2025 001-2321-6343-0000-00000-1	490.96	0.00	490.96
3.	1.00	Ea.	SOUTHWEST FLIGHT FOR AASA CONFERENCE MARCH 6-8, 2025 001-2321-6343-0000-00000-1	50.00	0.00	50.00
4.	1.00	Ea.	CABINET WORKING LUNCH FOR CHAMBER PRESENTATION-DR. PMK, DR. C, DR. G, MARISSA, RACHEL 001-2321-6411-0000-00000-1	90.24	0.00	90.24
<b>Order Total -----&gt;</b>						<b>\$1,426.20</b>





### Summary of Account Activity

Previous Balance	\$1,051.82
Payments/Debits	-\$1,051.82
Other Credits	-\$0.00
Purchases	+\$1,426.20
Cash Advances	+\$0.00
<b>Fees Charged</b>	+\$0.00
<b>Interest Charged</b>	+\$0.00
<b>New Balance</b>	= \$1,426.20

### Payment Information

New Balance	\$1,426.20
Minimum Payment Due	\$1,426.20
Payment Due Date	11/27/24

Cardholder Name	PENELOPE MARTIN-KNOX
Payment Reference Number	0000588475
Account Number	XXXX XXXX XXXX [REDACTED]
Page 1 of 4	

Credit Limit	\$10,000.00
Available Credit	\$8,573.80
Cash Advance Limit	\$0.00
Available for Cash Advance	\$0.00
Statement Closing Date	11/01/24
Days in Billing Cycle	31

**Payment Address:**  
 CARD SERVICES  
 PO BOX 875852  
 KANSAS CITY MO 64187-5852

**Contact Us:**  
 Lost/Stolen and  
 General Inquiries: ..... 888-494-5141  
 Alternate Number: ..... 816-843-2000

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](http://UMB.com/fraudalerts).

### Transaction Information

Transaction Date	Posting Date	Reference Number	Description	Amount
10/16	10/17	24829134291001736429509	AMERICAN ASSOC OF SCHOOL 730-875-0779 VA 8641: CIVIC, SOCIAL AND FRATERNAL ASSOCIATIONS 000022203	795.00
10/17	10/20	24692164293101704392462	SOUTHWES [REDACTED] 800-435-9792 TX 3066: SOUTHWEST AIRLINES 000075235 NAME: MARTIN KNOX/PENELOPE TICKET #: [REDACTED] LEG 1: FLIGHT #: [REDACTED] DATE: [REDACTED] DEPARTURE TIME: 00:00 ARR TIME: 00:00 DEST: MSY ORIGINATION: MCI	490.96



CARD CENTER  
 PO BOX 419734  
 KANSAS CITY MO 64141-6734

Account Number	XXXX XXXX XXXX [REDACTED]
New Balance	\$1,426.20
Payment Due Date	11/27/24
Minimum Payment	\$1,426.20
Amount Enclosed	

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

PENELOPE MARTIN-KNOX  
 RAYTOWN SCHOOL DISTRICT  
 6608 RAYTOWN ROAD  
 6608 RAYTOWN ROAD  
 RAYTOWN MO 64133

CARD SERVICES  
 PO BOX 875852  
 KANSAS CITY MO 64187-5852



Cardholder Name: PENELOPE MARTIN-KNOX

Account Number: XXXX XXXX XXXX [REDACTED]

### Transaction Information Continued

Transaction Date	Posting Date	Reference Number	Description	Amount
			LEG 2: FLIGHT #: [REDACTED] DATE: [REDACTED] DEPARTURE TIME: 00:00 ARR TIME: 00:00 DEST: MCI ORIGINATION: MSY	
10/17	10/20	24692164293101704392454	SWA*EARLYBRD [REDACTED] 800-435-9792 TX 3066: SOUTHWEST AIRLINES 000075235	50.00
10/21	10/22	24036294295718178726483	EZCATER*POTBELLY SANDW 800-488-1803 MA 5811: CATERERS 000002108	90.24
10/28	10/29	74314474303000168681770	CHECK PAYMENT THANK YOU	-1,051.82

### Interest Charge Calculation

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

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
PURCHASES	0.00%	\$0.00	\$0.00

(v) = Variable Rate