

**Central Office  
(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>21-0000-6082</b> |
| Page No:                  | 1                   |
| P.O.Date:                 | <b>03/08/21</b>     |
| Delivery Date:            | <b>ASAP</b>         |
| Bid/Quote No:             |                     |
| Requisition No:           |                     |
| <b>Purchase Order No:</b> | <b>21-0000-6082</b> |

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

**Ship to:** RAYTOWN SCHOOLS ED CONF C  
10750 East 350 HWY  
Raytown, Mo 64138  
Phone: (816) 268-7100  
Fax: (816) 268-7109

**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. | BLACK HISTORY CALENDARS | 165.00 | 0.00 | 165.00          |
| Club                         | Account Number              |     | Amount                  |        |      |                 |
|                              | 001-1111-6411-4020-00216-1: |     | \$15.53                 |        |      |                 |
|                              | 001-1111-6411-4060-00216-1: |     | \$15.92                 |        |      |                 |
|                              | 001-1111-6411-4070-00216-1: |     | \$15.30                 |        |      |                 |
|                              | 001-1111-6411-4080-00216-1: |     | \$17.87                 |        |      |                 |
|                              | 001-1111-6411-4090-00216-1: |     | \$17.41                 |        |      |                 |
|                              | 001-1111-6411-5000-00216-1: |     | \$16.52                 |        |      |                 |
|                              | 001-1111-6411-5040-00216-1: |     | \$16.75                 |        |      |                 |
|                              | 001-1111-6411-5060-00216-1: |     | \$15.73                 |        |      |                 |
|                              | 001-1111-6411-5080-00216-1: |     | \$18.48                 |        |      |                 |
|                              | 001-1111-6411-6000-00216-1: |     | \$15.49                 |        |      |                 |
| <b>Order Total -----&gt;</b> |                             |     |                         |        |      | <b>\$165.00</b> |

CARD SERVICES  
 PO BOX 419734  
 KANSAS CITY MO 64141-6734

Account Number Ending In: [REDACTED]



Please Detach And Enclose Top Portion With Payment

|             |                  |                 |                 |                 |               |
|-------------|------------------|-----------------|-----------------|-----------------|---------------|
| New Balance | Payment Due Date | Past Due Amount | Minimum Payment | Amount Enclosed |               |
| 165.00      | 03/26/21         | 0.00            | 165.00          |                 | \$ [REDACTED] |

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

ANTHONY MOORE  
 RAYTOWN SCHOOL DISTRICT  
 10750 E 350 HWY  
 RAYTOWN MO 64138



XXXXXXXXXXXX [REDACTED]

Account Number Ending In: XXXX XXXX XXXX [REDACTED]

| Summary of Account Activity |    |               |
|-----------------------------|----|---------------|
| Previous Balance            | \$ | 0.00          |
| Payments                    | -  | 0.00          |
| Other Credits               | -  | 0.00          |
| Purchases/Debits            | +  | 165.00        |
| Cash Advances               | +  | 0.00          |
| Finance Charges             | +  | 0.00          |
| <b>New Balance</b>          |    | <b>165.00</b> |
| Credit Limit                |    | 3,000.00      |
| Available Credit            |    | 2,835.00      |

| Payment Information    |          |
|------------------------|----------|
| Statement Closing Date | 03/01/21 |
| New Balance            | 165.00   |
| Minimum Payment Due    | 165.00   |
| Payment Due Date       | 03/26/21 |
| 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 |
|------------------|--------------|-------------------|---|--------|
| 02/01            | 02/02        | 244921510JHN0ZHVH | SP * EJI MARKET HTTPSSUPPORTE AL<br>MCC: 5691 MERCHANT ZIP: 36104<br>SALES TAX: \$ 0.00 TAX INCLUDED: 2 | 165.00 |

**Interest Charge Calculation**

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

| Current Billing Period | Annual Percentage Rate (APR) | Balance Subject to Interest Rate | Interest Charge |
|------------------------|------------------------------|----------------------------------|-----------------|
| Type of Balance        |                              |                                  |                 |
| 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.

