

**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

Tax Exempt Number:
12495239

Purchase Order No:	23-0000-0682
Page No:	1
P.O.Date:	07/13/22
Delivery Date:	ASAP
Bid/Quote No:	
Requisition No:	
Purchase Order No:	23-0000-0682

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

Terms:	Ship Via:	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.
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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.	SALT & SMOKE PROFESSIONAL MEETING DINNER-6/11/22 001-2321-6343-0000-00000-1	25.06	0.00	25.06
2.	1.00	Ea.	EMBASSY SUITES PROFESSIONAL MEETING HOTEL STAY-MSBA IGNITING GREAT IDEAS SUMMIT-6/1022-6/12/22 001-2321-6343-0000-00000-1	639.22	0.00	639.22
3.	1.00	Ea.	FRANKIE PROFESSIONAL MEETING LUNCH-6/12/22 001-2321-6343-0000-00000-1	26.00	0.00	26.00
Order Total ----->						\$690.28

Angie L. Gibson

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	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed	\$
690.28	07/26/22	0.00	690.28		

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

ELIZABETH PLANK
 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	+	690.28
Cash Advances	+	0.00
Finance Charges	+	0.00
New Balance		690.28
Credit Limit		3,000.00
Available Credit		2,309.00

Payment Information	
Statement Closing Date	07/01/22
New Balance	690.28
Minimum Payment Due	690.28
Payment Due Date	07/26/22
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
06/11	06/13	2469216HK2X4XG6Y3	TST* Salt and Smoke - St. Saint Charles MO MCC: 5812 MERCHANT ZIP: 63301 SALES TAX: \$ 0.00 TAX INCLUDED:	25.06
06/12	06/14	2490604HL16PT1QT2	EMBASSY SUITES ST LUIS ST CHARLES MO MCC: 3695 MERCHANT ZIP: 63303 LODGING CHECK-IN DATE: 06/10/22 SALES TAX: \$ 0.00 TAX INCLUDED:	639.22
06/12	06/15	2414572HMS66DM56T	FRANKIE TOCCO'S PIZZERIA 636-9477007 MO MCC: 5812 MERCHANT ZIP: 63301 SALES TAX: \$ 1.69 TAX INCLUDED: 1 CUSTOMER CODE: 0000055992	26.00

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.