Vendor

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

(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

Tax Exempt Number:

12495239

Bid/Quote No:

Requisition No:

Purchase Order No:

Page No:

P.O.Date:

Delivery Date:

25-8110-3780 Purchase Order No:

25-8110-3780

10/16/24

ASAP

1

Ship to: FACILITY OPERATIONS

5911 Blue Ridge

RAYTOWN, MO 64133 Phone: (816) 268-7160 Fax: (816) 268-7165

CARD SERVICES

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

KANSAS CITY MO 64187-5852

PO BOX 875852

Vendor:

Terms:			Ship Via:	and mailing other	duplicate, enclosing on copy to central office (' purchases, serial numb	BILL TO' address ab	ove).
Line	Qty	Unit	Part No. and Description		Unit Price	Adjustment	Amount
Note:			ALL INVOICES TO THE "SHIP TO" ADDRESS of this purchase order (PO) including packing slip a		uin this		
			rder to receive payment.				
1.	1.00	Ea.	NOTERY BOND INSURANCE AND STAMP FOR	CARRIE	73.95	0.00	73.95
2.	1.00	Ea.	CAIRNS 001-2542-6391-8110-000 RENEWAL STORAGE TANK INSURANCE FUND STATION		200.00	0.00	200.00
			001-2542-6391-8110-000	000-1			
			٥	order Total	>		\$273.95







Summary of Account Activity

Previous Balance	\$2,556.70
Payments/Debits	-\$2,556.70
Other Credits	-\$0.00
Purchases	+\$273.95
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$273.95
Credit Limit	\$3,000.00
Available Credit	\$2,726.05
Cash Advance Limit	\$0.00
Available for Cash Advance	\$0.00
Statement Closing Date	10/01/24
Days in Billing Cycle	30

Payment Information

New Balance	\$273.95
Minimum Payment Due	\$273.95
Payment Due Date	10/28/24

Cardholder Name
JOSH HUSTAD
Payment Reference Number
00000588442
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:	888-494-5141
	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.

Transaction Information

Transaction Date	Posting Date	Reference Number	Description	Amount
09/05	09/06	24057814250000013815223	MISSOURI PSTIF 712-25240	041 IA 200.00
		8699: MEMBERSHIP ORGANI	ZATIONS NOT ELSEWHERE CLASS	SIFIED 000051101
09/22	09/22	74314474266000163922596	CHECK PAYMENT THANK YOU	- 2,556.70
09/24	09/25	24323004269043423132917	NOTARY PUBLIC UNDERWRITE 8	50-656-3028 FL 73.95
		5111: STATIONERY, OFFICE S	JPPLIES,PRINTING AND WRITING	PAPER 000032311

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.

JOSH HUSTAD RAYTOWN SCHOOL DISTRICT 5911 BLUE RIDGE BLVD RAYTOWN MO 64133 RAYTOWN MO 64133-3932 Account Number
New Balance
Payment Due Date
Minimum Payment
Amount Enclosed

\$273.95 10/28/24 \$273.95

CARD SERVICES PO BOX 875852 KANSAS CITY MO 64187-5852

Account Number: XXXX XXXX XXXX

Interest Charge Calculation

Cardholder Name: JOSH HUSTAD

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