

**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>24-8110-6151</b>
Page No:	1
P.O.Date:	01/11/24
Delivery Date:	ASAP
Bid/Quote No:	
Requisition No:	
<b>Purchase Order No:</b>	<b>24-8110-6151</b>

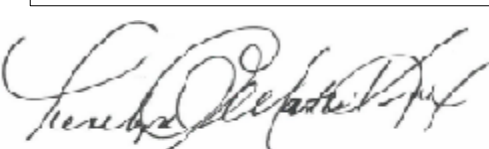
**Vendor:** CARD SERVICES  
PO BOX 875852  
KANSAS CITY MO 64187-5852

**Ship to:** FACILITY OPERATIONS  
5911 Blue Ridge  
RAYTOWN, MO 64133  
Phone: (816) 268-7160  
Fax: (816) 268-7165

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>
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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.	SHIPPING POSTAGE 001-2542-6411-8110-00000-1	9.65	0.00	9.65
2.	1.00	Ea.	CONFERENCE FEES 001-2542-6391-8110-00000-1	90.00	0.00	90.00
<b>Order Total -----&gt;</b>						<b>\$99.65</b>





### Summary of Account Activity

Previous Balance	\$548.61
Payments/Debits	-\$548.61
Other Credits	-\$0.00
Purchases	+\$99.65
Cash Advances	+\$0.00
<b>Fees Charged</b>	+\$0.00
<b>Interest Charged</b>	+\$0.00
<b>New Balance</b>	= \$99.65

### Payment Information

New Balance	\$99.65
Minimum Payment Due	\$99.65
Payment Due Date	01/29/24

Cardholder Name	JOSH HUSTAD
Payment Reference Number	0000588442
Account Number	XXXX XXXX XXXX [REDACTED]
Page 1 of 4	

Credit Limit	\$3,000.00
Available Credit	\$2,900.35
Cash Advance Limit	\$0.00
Available for Cash Advance	\$0.00
Statement Closing Date	01/01/24
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.

If you are experiencing financial difficulties due to the current health pandemic, please contact us at 888.494.5141 to discuss payment options best suited to your needs. We are here to help.

Electronic statements will simplify your life, help you become more organized and are good for the environment. Sign up for eStatements today! Visit [www.umb.com](http://www.umb.com) or use your mobile app, log in, click your credit card account tile, select **Settings** from the menu and then **Statement Preferences**. Set your preference to **Electronic Delivery**. We make up to 18 months of eStatements available to you at no cost. Your electronic **Account Statements** are accessible under the **Services** menu option.

**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
12/04	12/04	74314473338000141396414	CHECK PAYMENT THANK YOU	- 519.00
12/08	12/10	24137463343001767413040	USPS PO 2845970064 LEES SUMMIT MO 9402: POSTAGE STAMPS 000064064	9.65



CARD CENTER  
 PO BOX 419734  
 KANSAS CITY MO 64141-6734

Account Number	XXXX XXXX XXXX [REDACTED]
New Balance	\$99.65
Payment Due Date	01/29/24
Minimum Payment	\$99.65
Amount Enclosed	

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

CARD SERVICES  
 PO BOX 875852  
 KANSAS CITY MO 64187-5852



Cardholder Name: JOSH HUSTAD

Account Number: XXXX XXXX XXXX [REDACTED]

### Transaction Information Continued

Transaction Date	Posting Date	Reference Number	Description	Amount
12/21	12/21	24692163355104079369104	MU EXT CONF & EVENTS 573-882-6496 MO	90.00
		8999: PROFESSIONAL SERVICES NOT ELSEWHERE CLASSIFIED 000065211		
12/23	12/24	74314473358000112636884	CHECK PAYMENT THANK YOU	-29.61

### 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%	\$99.65	\$0.00

(v) = Variable Rate

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