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:

Delivery Date:

Page No:

P.O.Date:

Purchase Order No:

Requisition No:

25-0000-4445 Purchase Order No:

25-0000-4445

11/06/24

ASAP

1

Ship to: RAYTOWN ADMINISTRATION BU

6608 RAYTOWN ROAD RAYTOWN, MO 64133 Phone: (816) 268-7000 Fax: (816) 268-7063

PO BOX 875852

Vendor:

KANSAS CITY MO 64187-5852

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

CARD SERVICES

Terms:				Ship Via:	Render Invoice in duplicate, enclosing o and mailing other copy to central office For all equipment purchases, serial num	('BILL TO' address al	oove).
ine	Qty	Unit		Part No. and Description	Unit Price	Adjustment	Amount
Note:	All refer	ences to		O THE "SHIP TO" ADDRESS. r (PO) including packing slip and nent.	invoice must contain this		
	1.00	Ea.	PAYMENT ADJUS	FMENT SEE EMAIL 001-2691-6411-0000-00222	0.60	0.00	0.60
	1.00	Ea.	INDEED	ADVERTISING 001-2642-6362-0000-00222	1587.30	0.00	1,587.3
•	1.00	Ea.	MO DEPT OF EL	EM SUB CERTIFICATE 001-2642-6391-0000-00222	51.25 -1	0.00	51.2







Summary of Account Activity

Previous Balance	\$1,864.00
Payments/Debits	-\$1,863.40
Other Credits	-\$0.00
Purchases	+\$1,638.55
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$1,639.15
Credit Limit	\$10,000.00
Available Credit	\$8,360.85

Payment Information

New Balance	\$1,639.15
Minimum Payment Due	\$1,639.15
Payment Due Date	11/27/24

Cardholder Name
CARL CALCARA
Payment Reference Number
00000588501
Account Number
XXXX XXXX XXXX
Page 1 of 4

Payment Address:

CARD SERVICES
PO BOX 875852
KANSAS CITY MO 64187-5852

Contact Us:

Telephoning about billing errors will not preserve your rights under federal law.

Late Payment Warning:

Cash Advance Limit

Available for Cash Advance

Statement Closing Date Days in Billing Cycle

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.

\$2,500.00

\$2,500.00

11/01/24

31

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
05/19	10/03	74314474140000152433664	PAYMENT ADJUSTMENT	2,326.60
05/19	10/03	74314474277277000000185	CHECK PAYMENT THANK YOU	- 2,326.00
10/01	10/02	24793384275000805335095 7311: ADVERTISING SERVICE		1,587.30
10/10	10/11	24540454284222100278079 9399: GOVERNMENT SERVIC	MO DEPT OF ELEM HTTP://DESE.MMO ES NOT ELSEWHERE CLASSIFIED 000065102	51.25
10/22	10/23	74314474297000165314555	CHECK PAYMENT THANK YOU	- 1,864.00

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.

CARL CALCARA
RAYTOWN SCHOOL DISTRICT
RAYTOWN SCHOOL DIST #2
6608 RAYTOWN ROAD
RAYTOWN MO 64133

Account Number
New Balance
Payment Due Date
Minimum Payment
Amount Enclosed

\$1,639.15 11/27/24 \$1,639.15

CARD SERVICES PO BOX 875852 KANSAS CITY MO 64187-5852

Account Number: XXXX XXXX XXXX

Interest Charge Calculation

Cardholder Name: CARL CALCARA

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