

**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>23-0000-10447</b> |
| Page No:                  | 1                    |
| P.O.Date:                 | <b>05/15/23</b>      |
| Delivery Date:            | <b>ASAP</b>          |
| Bid/Quote No:             |                      |
| Requisition No:           |                      |
| <b>Purchase Order No:</b> | <b>23-0000-10447</b> |

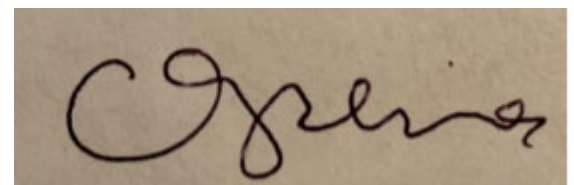
**Vendor:** CARD SERVICES  
PO BOX 875852  
KANSAS CITY MO 64187-5852

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

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

|               |                  |   |
|---------------|------------------|---|
| <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.  | BEVERLEES FORGOT SYMPATHY FLOWERS FOR ROBERT CORDELL (LOSS OF MOHTER)<br>001-2212-6411-1075-00208-1   | 59.73      | 0.00       | 59.73           |
| 2.   | 1.00 | Ea.  | MO ALT ED NETWORK CONFERENCE REGISTRATION FOR BRAD DRACE - MAEN CONFERENCE - JULY 16 & 17, 2023 @ FOUR SEASONS LAKE OF THE OZARKS<br>001-1151-6391-1050-00234-1 | 87.50      | 0.00       | 87.50           |
| 3.   | 1.00 | Ea.  | MO ALT ED NETWORK CONFERENCE REGISTRATION FOR BRAD DRACE - MAEN CONFERENCE - JULY 16 & 17, 2023 @ FOUR SEASONS LAKE OF THE OZARKS<br>001-1151-6391-1075-00234-1 | 87.50      | 0.00       | 87.50           |
| <b>Order Total -----&gt;</b>   |      |      |   |            |            | <b>\$234.73</b> |





### Summary of Account Activity

|                         |            |
|-------------------------|------------|
| Previous Balance        | \$0.00     |
| Payments/Debits         | -\$0.00    |
| Other Credits           | -\$0.00    |
| Purchases               | +\$234.73  |
| Cash Advances           | +\$0.00    |
| <b>Fees Charged</b>     | +\$0.00    |
| <b>Interest Charged</b> | +\$0.00    |
| <b>New Balance</b>      | = \$234.73 |

### Payment Information

|                     |          |
|---------------------|----------|
| New Balance         | \$234.73 |
| Minimum Payment Due | \$234.73 |
| Payment Due Date    | 05/24/23 |

|                          |                           |
|--------------------------|---------------------------|
| Cardholder Name          | CHRISTOPHER GREINER       |
| Payment Reference Number | 0000588483                |
| Account Number           | XXXX XXXX XXXX [REDACTED] |
| Page 1 of 4              |                           |

|                            |             |
|----------------------------|-------------|
| Credit Limit               | \$10,000.00 |
| Available Credit           | \$9,765.27  |
| Cash Advance Limit         | \$0.00      |
| Available for Cash Advance | \$0.00      |
| Statement Closing Date     | 05/01/23    |
| Days in Billing Cycle      | 30          |

**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 |
|------------------|--------------|-------------------------|--|--------|
| 04/05            | 04/07        | 24717053096170963965412 | TLF*BEVERLEES FORGOT ME N636-6294842 MO  | 59.73  |
| 04/28            | 04/30        | 24692163118104820364972 | SQ *MISSOURI ALTERNATIVE Blue Springs MO | 175.00 |



CARD CENTER  
 PO BOX 419734  
 KANSAS CITY MO 64141-6734

|                  |                           |
|------------------|---------------------------|
| Account Number   | XXXX XXXX XXXX [REDACTED] |
| New Balance      | \$234.73                  |
| Payment Due Date | 05/24/23                  |
| Minimum Payment  | \$234.73                  |
| Amount Enclosed  | _____                     |

Please contact your company's program administrator for address changes. If you have any questions please contact 888-494-5141.

CHRISTOPHER GREINER  
 RAYTOWN SCHOOL DISTRICT  
 RAYTOWN SCHOOL DISTRICT  
 10750 EAST STATE ROUTE 350  
 RAYTOWN MO 64138

CARD SERVICES  
 PO BOX 875852  
 KANSAS CITY MO 64187-5852

Cardholder Name: CHRISTOPHER GREINER

Account Number: XXXX XXXX XXXX [REDACTED]

### 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%                        | \$234.73                         | \$0.00          |

(v) = Variable Rate

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