**Central Office** (DUPLICATE) Our P.O.Number must appear on all invoices, packing lists cartons, and correspondence.

Bill To: **Raytown C-2** 

Vendor:

6608 Raytown Road

CARD SERVICES

Tax Exempt Number: Raytown, MO 64133-5265

Phone: (816) 268-7000

Fax: (816) 268-7063

Email: financegroup@raytownschools.org

**Purchase Order No:** 21-0000-8085 Page No: 1 05/07/21 P.O.Date: **ASAP** Delivery Date: Bid/Quote No: Requisition No: 21-0000-8085 Purchase Order No:

Ship to: Raytown C-2

Attn: STEVE SHELTON 6608 Raytown Road Raytown, MO 64133-5265 Phone: (816) 268-7000

PO BOX 875852 KANSAS CITY MO 64187-5852

12495239

Fax: (816) 268-7063 Fax: (816) 843-2485 Vendor ID: 115223 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. Line Unit Unit Price Qty Part No. and Description 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. SUMMIT GRILL ADMIN PROFESSIONALS DAY LUNCH FOR 176.58 0.00 176.58 RECEPTIONIST, PAYROLL, FINANCE 001-2525-6411-0000-00000-1 ATTENDEES: STEVE SHELTON, JACQUI VERNON, JULIE WISHY, SUSANN BRONSON, CHRISTI ROBERTS, DIANA MCCARTHY, CLARISSA WICKER, DEBBIE HERSHEY, JENNIFER WILLIS \$176.58 Order Total ---->

Ster ? Shits

CARD SERVICES PO BOX 419734 KANSAS CITY MO 64141-6734



Please Detach And Enclose Top Portion With Payment

New Balance 176.58 Payment Due Date 05/28/21

Past Due Amount 0.00 Minimum Payment 176.58 Amount Enclosed

\$

Make Check Payable To: Card Services

Card Services
PO Box 875852

Kansas City MO 64187-5852

Please check box if making address change as indicated on the back

STEVE SHELTON
RAYTOWN CSD#2 SCHOOL DIST
6608 RAYTOWN RD
RAYTOWN MO 64133-5240

## ՈրգելՈնդիանեների գիմնացիցինի հիրաբերին բերանորդինի առվերելունականորությ

## XXXXXXXXXXX

Account Number Ending In: XXXX XXXX XXXX

0.00
0.00
0.00
6.58
0.00
0.00
6.58
0.00
23.00

Payment Information	
Statement Closing Date	05/03/21
New Balance Minimum Payment Due Payment Due Date Past Due Amount	176.58 176.58 05/28/21 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 Posting Reference Number and Adjustments since last statement

04/24 04/25 24137463J2XQMW5SB TST\* SUMMIT GRILL - LEES LEES SUMMIT MO MCC: 5812 MERCHANT ZIP: 64064
SALES TAX: \$ 0.00 TAX INCLUDED: 0

Interest Charge Calculation					
Your Annual Percentage Rate (APR) is the annual interest rate on your account					
Annual					
Current Billing Period	Percentage	Balance Subject to	Interest		
Type of Balance	Rate (APR)	Interest Rate	<u>Charge</u>		
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.