

**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

Tax Exempt Number:
12495239

Purchase Order No:	24-0000-6256
Page No:	1
P.O.Date:	01/18/24
Delivery Date:	ASAP
Bid/Quote No:	
Requisition No:	
Purchase Order No:	24-0000-6256

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

Ship to: RAYTOWN ADMINISTRATION BU
6608 RAYTOWN ROAD
RAYTOWN, MO 64133
Phone: (816) 268-7000
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.
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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.	NWMS COLLEGE RECRUITMENT FAIR 001-2642-6343-0000-00222-1	100.00	0.00	100.00
2.	1.00	Ea.	HYVEE MEETING SUPPLIES 001-2642-6411-0000-00222-1	29.63	0.00	29.63
3.	1.00	Ea.	MO DEPT OF HEALTH BACKGROUND CHECK 001-2642-6391-0000-00222-1	15.55	0.00	15.55
4.	1.00	Ea.	MO DEPT OF HEALTH BACKGROUND CHECK 001-2642-6391-0000-00222-1	15.55	0.00	15.55
5.	1.00	Ea.	MO DEPT OF ELEM SUB CERTIFICATE- GRANT 001-2642-6391-0000-42404-4	51.25	0.00	51.25
6.	1.00	Ea.	MO DEPT OF HEALTH BACKGROUND CHECK 001-2642-6391-0000-00222-1	15.55	0.00	15.55
7.	1.00	Ea.	MO DEPT OF HEALTH BACKGROUND CHECK 001-2642-6391-0000-00222-1	15.55	0.00	15.55
8.	1.00	Ea.	MO DEPT OF ELEM SUB CERTIFICATE- GRANT 001-2642-6391-0000-42404-4	51.25	0.00	51.25
9.	1.00	Ea.	MO DEPT OF ELEM SUB CERTIFICATE- GRANT 001-2642-6391-0000-42404-4	51.25	0.00	51.25
10.	1.00	Ea.	MO DEPT OF HEALTH BACKGROUND CHECK 001-2642-6391-0000-00222-1	15.55	0.00	15.55
11.	1.00	Ea.	MO DEPT OF HEALTH BACKGROUND CHECK 001-2642-6391-0000-00222-1	15.55	0.00	15.55
12.	1.00	Ea.	MO DEPT OF HEALTH BACKGROUND CHECK 001-2642-6391-0000-00222-1	15.55	0.00	15.55
13.	1.00	Ea.	MO DEPT OF HEALTH BACKGROUND CHECK 001-2642-6391-0000-00222-1	15.55	0.00	15.55
14.	1.00	Ea.	MO DEPT OF ELEM SUB CERTIFICATE-GRANT 001-2642-6391-0000-42404-4	51.25	0.00	51.25
Order Total ----->						\$459.03





Summary of Account Activity

Previous Balance	\$550.00
Payments/Debits	-\$0.00
Other Credits	-\$0.00
Purchases	+\$459.03
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$1,009.03

Payment Information

New Balance	\$1,009.03
Minimum Payment Due	\$1,009.03
Payment Due Date	01/29/24
Past Due Amount	\$550.00
Minimum Payment Due includes Past Due Amount and/or Overlimit Amount.	

Cardholder Name	CARL CALCARA
Payment Reference Number	0000588501
Account Number	XXXX XXXX XXXX [REDACTED]
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Credit Limit	\$3,000.00
Available Credit	\$1,990.97
Cash Advance Limit	\$750.00
Available for Cash Advance	\$750.00
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.

IMPORTANT - You've missed a payment

Your account is past due. Please submit a payment equal to or greater than the Minimum Amount Due immediately. Disregard this notice if a payment has already been made.

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 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.



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	XXXX XXXX XXXX [REDACTED]
New Balance	\$1,009.03
Payment Due Date	01/29/24
Past Due Amount	\$550.00
Minimum Payment	\$1,009.03
Amount Enclosed	

CARD SERVICES
 PO BOX 875852
 KANSAS CITY MO 64187-5852



Cardholder Name: CARL CALCARA

Account Number: XXXX XXXX XXXX

Transaction Information

Transaction Date	Posting Date	Reference Number	Description	Amount
12/04	12/05	24717053338273381833184	NORTHWEST MISSOURI STATE 660-5621106 MO 8220: COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLS AND JUNIOR COLLEGES 000064468	100.00
12/11	12/12	24137463346001671930854	HY-VEE RAYTOWN 1542 RAYTOWN MO 5411: GROCERY STORES, SUPERMARKETS 000064133	29.63
12/12	12/13	24540453346204600171028	MO DEPT OF HEALTH HTTP://HEALTHMO 9399: GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED 000065102	15.55
12/12	12/13	24540453346204600171218	MO DEPT OF HEALTH HTTP://HEALTHMO 9399: GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED 000065102	15.55
12/12	12/13	24540453346204600152804	MO DEPT OF ELEM HTTP://DESE.MMO 9399: GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED 000065102	51.25
12/14	12/15	24540453348204600214768	MO DEPT OF HEALTH HTTP://HEALTHMO 9399: GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED 000065102	15.55
12/14	12/15	24540453348204600213307	MO DEPT OF HEALTH HTTP://HEALTHMO 9399: GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED 000065102	15.55
12/14	12/15	24540453348204600193186	MO DEPT OF ELEM HTTP://DESE.MMO 9399: GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED 000065102	51.25
12/14	12/15	24540453348204600193020	MO DEPT OF ELEM HTTP://DESE.MMO 9399: GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED 000065102	51.25
12/14	12/15	24540453348204600213802	MO DEPT OF HEALTH HTTP://HEALTHMO 9399: GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED 000065102	15.55
12/15	12/17	24540453349204700331974	MO DEPT OF HEALTH HTTP://HEALTHMO 9399: GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED 000065102	15.55
12/15	12/17	24540453349204700331982	MO DEPT OF HEALTH HTTP://HEALTHMO 9399: GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED 000065102	15.55
12/15	12/17	24540453349204700332469	MO DEPT OF HEALTH HTTP://HEALTHMO 9399: GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED 000065102	15.55
12/18	12/19	24540453352204600212344	MO DEPT OF ELEM HTTP://DESE.MMO 9399: GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED 000065102	51.25

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%	\$459.03	\$0.00

(v) = Variable Rate