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

Tax Exempt Number: Raytown, MO 64133-5265 12495239 Phone: (816) 268-7000

Fax: (816) 268-7063

KANSAS CITY MO 64187-5852

Email: financegroup@raytownschools.org

Purchase Order No: 23-0000-5603 Page No: 1 12/09/22 P.O.Date: **ASAP** Delivery Date: Bid/Quote No: Requisition No: 23-0000-5603 Purchase Order No:

Ship to: Raytown C-2

Attn: TERRY GIBSON 6608 Raytown Road Raytown, MO 64133-5265 Phone: (816) 268-7000 Fax: (816) 268-7063

Vendor: CARD SERVICES PO BOX 875852

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 Part No. and Description Unit Price Qty 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. 1.00 Ea. MOASBO CONFERENCE MEAL FROM PIZZA HUT FOR TERRY 30.39 0.00 30.39 GIBSON 001-2525-6411-0000-00000-1 \$30.39 Order Total ---->

Teny I. Gilen

CARD SERVICES PO BOX 419734 KANSAS CITY MO 64141-6734



Please Detach And Enclose Top Portion With Payment

New Balance 30.39 Payment Due Date 12/26/22 Past Due Amount 0.00 Minimum Payment 30.39

ent 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

TERRY GIBSON
RAYTOWN SCHOOL DISTRICT
6608 RAYTOWN ROAD
RAYTOWN MO 64133

իժանիկանինի կառելանի անկաների անկանարան անկանարերի հանական անկան անկան անկան անկան անկան անկան անկան անկան անկ

XXXXXXXXXXX

Account Number Ending In: XXXX XXXX XXXX

Summary of Account Activity				
Previous Balance	\$	0.00		
Payments	-	0.00		
Other Credits	-	0.00		
Purchases/Debits	+	30.39		
Cash Advances	+	0.00		
Finance Charges	+	0.00		
New Balance		30.39		
Credit Limit		10,000.00		
Available Credit		9,969.00		

Payment Information	
Statement Closing Date	12/01/22
New Balance Minimum Payment Due	30.39 30.39
Payment Due Date	12/26/22
Past Due Amount	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 ACCOUNT INQUIRIES AND LOST OR STOLEN CARDS 888-494-5141 CARD SERVICES PO BOX 419734 KANSAS CITY MO 64141-6734

KANSAS CITY, MO 64187-5852

Telephoning about billing errors will not preserve your rights under federal law. See the Billing Rights Summary on the reverse side.

			Transaction Information	
Transaction Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount
11/16	11/18	2494300NHBM4K4VAQ	PIZZA HUT 023458 LAKE OZARK MO MCC: 5812 MERCHANT ZIP: 65049 SALES TAX: \$ 0.00 TAX INCLUDED:	30.39

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)	<u>Interest Rate</u>	<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.