

Purchasing Department
Madison County Board of Supervisors
146 West Center Street
Canton, Mississippi 39046

601-855-5503
hardy@madison-co.com

7 June 2016


District 1 Supervisor Sheila Jones
District 2 Supervisor Trey Baxter
District 3 Supervisor Gerald Steen
District 4 Supervisor David Bishop
District 5 Supervisor Paul Griffin

Subject: Place June 2016 Travel Card Reconciliation Report on minutes and authorize payment of same

Dear Board Members:

Per Department of Finance and Administration regulations, please place the attached Travel Card Reconciliation Report on the minutes and authorize payment of same.

Thank you,


Hardy Crunk
Purchasing Clerk

TRAVEL CARD RECONCILIATION

STATEMENT CLOSING DATE: 06/01/16

CARD	CARD USER	PURPOSE	USE DATE	VENDOR NAME	AMOUNT	DESCRIPTION
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BOS1 CARD

NO ACTIVITY

BOS1 CARD TOTAL

BOS2 CARD

TOM LOGUE	LODGING	13-May-16	HYATT PLACE	\$267.00	CONFERENCE
GINA WALKER	LODGING	13-May-16	HYATT PLACE	\$267.00	CONFERENCE
ANGELICA WILSON	LODGING	18-May-16	BEST WESTERN	\$1.96	CONFERENCE
KAY LITTLE	LODGING	26-May-16	IP BILOXI	\$209.42	CONFERENCE

BOS2 CARD TOTAL

\$745.38

HR CARD

CLARE LATIKER	LODGING	18-May-16	BEAU RIVAGE	\$310.36	CONFERENCE
LORETTA PHILLIPS	LODGING	18-May-16	BEAU RIVAGE	\$477.35	CONFERENCE
LORETTA PHILLIPS	LODGING	18-May-16	BEAU RIVAGE	-\$166.99	CONFERENCE

HR CARD TOTAL

\$620.72

EMA CARD

NO ACTIVITY

EMA CARD TOTAL

SO1 CARD

NO ACTIVITY

SO1 CARD TOTAL

SO2 CARD

NO ACTIVITY

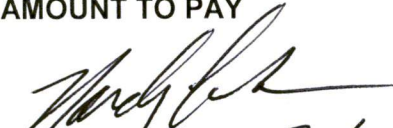
SO2 CARD TOTAL

CONTROL ACCOUNT TOTAL CHARGES

\$1,366.10

AMOUNT TO PAY

\$1,366.10


Hardy Crunk
Purchase Clerk

7 June 2016



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed
1,366.10	06/26/16	0.00	1,366.10	

\$ 1,366.10

Make Check Payable To:
 Card Services

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

Card Services
 PO Box 875852
 Kansas City MO 64187-5852

CONTROL ACCOUNT 5716
MADISON COUNTY BOS A206
 PO BOX 608
 CANTON MS 39046-0608



4715621981007611 0136610 0136610

Account Number Ending In: XXXX XXXX 8100 7611

1-2

Summary of Account Activity		
Previous Balance	\$	3,089.47
Payments	-	3,089.47
Other Credits	-	166.99
Purchases/Debits	+	1,533.09
Cash Advances	+	0.00
Finance Charges	+	0.00
New Balance		1,366.10
Credit Limit		20,000.00
Available Credit		18,633.00

Payment Information	
Statement Closing Date	06/01/16
New Balance	1,366.10
Minimum Payment Due	1,366.10
Payment Due Date	06/26/16
Past Due Amount	0.00

An amount followed by a minus (-) is a credit or a credit balance, unless otherwise indicated.

PAYMENT ADDRESS	ACCOUNT INQUIRIES AND	CARD SERVICES
CARD SERVICES	LOST STOLEN CARDS	PO BOX 419734
PO BOX 875852	800-821-5184	KANSAS CITY MO 64141-6734
KANSAS CITY, MO 64187-5852	816-843-2000 IN KANSAS CITY	

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
05/19	05/19	7471562GXEHM9EDTY	MADISON COUNTY BOS TOTAL XXXX XXXX 8100 7579 \$1,345.48- CK PAYMENT THANK YOU KANSAS CITY MO <i>Bos 1</i>	1,345.48-
05/13	05/17	2476062GTQ6G67SFZ	MADISON COUNTY BOS TOTAL XXXX XXXX 8100 7587 \$127.41- HYATT PLACE COLUMBUS COLUMBUS MS MCC: 3812 MERCHANT ZIP: 39701 LODGING CHECK-IN DATE: 05/10/16 SALES TAX: \$ 0.00 TAX INCLUDED: <i>Bos 2</i>	267.00
05/13	05/17	2476062GTQ6G67SGN	HYATT PLACE COLUMBUS COLUMBUS MS MCC: 3812 MERCHANT ZIP: 39701 LODGING CHECK-IN DATE: 05/10/16 SALES TAX: \$ 0.00 TAX INCLUDED:	267.00
05/19	05/19	7471562GXEHM98AF1	CK PAYMENT THANK YOU KANSAS CITY MO	872.79-
05/18	05/20	2405679GWS66FP19A	BEST WESTERN PLUS PALM BEACH GA FL MCC: 3502 MERCHANT ZIP:	1.96
05/26	05/29	2461043H403RQ38MY	IP-MS LODGING BILOXI MS MCC: 7011 MERCHANT ZIP: 39530 SALES TAX: \$ 0.00 TAX INCLUDED: 0	209.42
05/19	05/19	7471562GXEHM9EDTE	MADISON COUNTY BOS TOTAL XXXX XXXX 8100 7603 \$299.52 CK PAYMENT THANK YOU KANSAS CITY MO	321.20-
05/18	05/20	2443106GWLA20SA77	BEAU RIVAGE - FRONT DESK BILOXI MS MCC: 3764 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/16/16 SALES TAX: \$ 0.00 TAX INCLUDED:	310.36
05/18	05/20	2443106GWLA20S2X3	BEAU RIVAGE - FRONT DESK BILOXI MS MCC: 3764 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/18/16 SALES TAX: \$ 0.00 TAX INCLUDED: <i>HR</i>	477.35
05/18	05/20	7443106GWLA20XJF6	BEAU RIVAGE - FRONT DESK 85527557 CREDIT MCC: 3764 MERCHANT ZIP: 39530 SALES TAX: \$ 0.00 TAX INCLUDED:	166.99-
05/19	05/19	7471562GXEHM9EDRY	MADISON CO SHERIFF 2 TOTAL XXXX XXXX 8100 9047 \$550.00- CK PAYMENT THANK YOU KANSAS CITY MO	550.00-

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Current Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Type of Balance	0.00	0.00	0.00
Purchases			

Continued on next page

Interest Charge Calculation (Continued)			
Current Billing Period	Annual	Balance Subject to	Interest
<u>Type of Balance</u>	<u>Percentage</u>	<u>Interest Rate</u>	<u>Charge</u>
Cash Advances	0.00	0.00	0.00
Previous Billing Period	Annual	Balance Subject to	Interest
<u>Type of Balance</u>	<u>Percentage</u>	<u>Interest Rate</u>	<u>Charge</u>
Purchases	0.00	0.00	0.00
(v) = Variable Rate			

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.



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed
0.00	06/26/16	0.00	0.00	\$

Make Check Payable To:
 Card Services

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

Card Services
 PO Box 875852
 Kansas City MO 64187-5852

MADISON COUNTY BOS 5791
 MADISON COUNTY BOS A206
 PO BOX 608
 CANTON MS 39046-0608



4715621981007579 0000000 0000000

Account Number Ending In: XXXX XXXX 8100 7579

1-2

Summary of Account Activity		
Previous Balance	\$	0.00
Payments	-	0.00
Other Credits	-	0.00
Purchases/Debits	+	0.00
Cash Advances	+	0.00
Finance Charges	+	0.00
New Balance		0.00
Credit Limit		20,000.00
Available Credit		20,000.00

Payment Information	
Statement Closing Date	06/01/16
New Balance	0.00
Minimum Payment Due	0.00
Payment Due Date	06/26/16
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 KANSAS CITY, MO 64187-5852	ACCOUNT INQUIRIES AND LOST STOLEN CARDS 800-821-5184 816-843-2000 IN KANSAS CITY	CARD SERVICES PO BOX 419734 KANSAS CITY MO 64141-6734
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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
05/19	05/20	7471562GXEHM9EDTY	CK PAYMENT THANK YOU KANSAS CITY MO	1,345.48-
06/01	06/01	000000000000COMPC	TOTAL PAYMENTS	\$1,345.48
			TOTAL	\$1,345.48-

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Current Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Type of Balance			
Purchases	0.00	0.00	0.00
Cash Advances	0.00	0.00	0.00
Previous Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Type of Balance			
Purchases	0.00	0.00	0.00

(v) = Variable Rate

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.

CARD SERVICES
 PO BOX 419734
 KANSAS CITY MO 64141-6734

Account Number Ending In: XXXX XXXX 8100 7587



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed
0.00	06/26/16	0.00	0.00	\$

Make Check Payable To:
 Card Services

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

Card Services
 PO Box 875852
 Kansas City MO 64187-5852

MADISON COUNTY BOS 5792
 MADISON COUNTY BOS A206
 PO BOX 608
 CANTON MS 39046-0608



4715621981007587 0000000 0000000

Account Number Ending In: XXXX XXXX 8100 7587

1-2

Summary of Account Activity		
Previous Balance	\$	0.00
Payments	-	0.00
Other Credits	-	0.00
Purchases/Debits	+	0.00
Cash Advances	+	0.00
Finance Charges	+	0.00
New Balance		0.00
Credit Limit		20,000.00
Available Credit		20,000.00

Payment Information	
Statement Closing Date	06/01/16
New Balance	0.00
Minimum Payment Due	0.00
Payment Due Date	06/26/16
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 KANSAS CITY, MO 64187-5852	ACCOUNT INQUIRIES AND LOST STOLEN CARDS 800-821-5184 816-843-2000 IN KANSAS CITY	CARD SERVICES PO BOX 419734 KANSAS CITY MO 64141-6734
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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
05/13	05/17	2476062GTQ6G67SFZ	HYATT PLACE COLUMBUS COLUMBUS MS MCC: 3812 MERCHANT ZIP: 39701 LODGING CHECK-IN DATE: 05/10/16 SALES TAX: \$ 0.00 TAX INCLUDED:	267.00
05/13	05/17	2476062GTQ6G67SGN	HYATT PLACE COLUMBUS COLUMBUS MS MCC: 3812 MERCHANT ZIP: 39701 LODGING CHECK-IN DATE: 05/10/16 SALES TAX: \$ 0.00 TAX INCLUDED:	267.00
05/18	05/20	2405679GWS66FP19A	BEST WESTERN PLUS PALM BEACH GAFL MCC: 3502 MERCHANT ZIP:	1.96
05/19	05/20	7471562GXEHM98AF1	CK PAYMENT THANK YOU KANSAS CITY MO	872.79-
05/26	05/29	2461043H403RQ39MY	IP-MS LODGING BILOXI MS MCC: 7011 MERCHANT ZIP: 39530 SALES TAX: \$ 0.00 TAX INCLUDED: 0	209.42
06/01	06/01	000000000000COMP	TOTAL PURCHASES \$745.38 TOTAL PAYMENTS \$872.79 TOTAL \$127.41-	0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Current Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Type of Balance			
Purchases	0.00	0.00	0.00
Cash Advances	0.00	0.00	0.00
Previous Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Type of Balance			
Purchases	0.00	0.00	0.00

(v) = Variable Rate

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.



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed
0.00	06/26/16	0.00	0.00	\$

Make Check Payable To:
 Card Services

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

Card Services
 PO Box 875852
 Kansas City MO 64187-5852

MADISON COUNTY BOS 5793
 MADISON COUNTY BOS A206
 PO BOX 608
 CANTON MS 39046-0608



4715621981007603 000000 000000

Account Number Ending In: XXXX XXXX 8100 7603

2-2

Summary of Account Activity		
Previous Balance	\$	0.00
Payments	-	0.00
Other Credits	-	0.00
Purchases/Debits	+	0.00
Cash Advances	+	0.00
Finance Charges	+	0.00
New Balance		0.00
Credit Limit		5,000.00
Available Credit		5,000.00

Payment Information	
Statement Closing Date	06/01/16
New Balance	0.00
Minimum Payment Due	0.00
Payment Due Date	06/26/16
Past Due Amount	0.00

An amount followed by a minus (-) is a credit or a credit balance, unless otherwise indicated.

PAYMENT ADDRESS	ACCOUNT INQUIRIES AND	CARD SERVICES
CARD SERVICES	LOST STOLEN CARDS	PO BOX 419734
PO BOX 875852	800-821-5184	KANSAS CITY MO 64141-6734
KANSAS CITY, MO 64187-5852	816-843-2000 IN KANSAS CITY	

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
05/18	05/20	2443106WLA20SA77	BEAU RIVAGE - FRONT DESK BILOXI MS MCC: 3764 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/16/16 SALES TAX: \$ 0.00 TAX INCLUDED:	310.36
05/18	05/20	2443106WLA20S2X3	BEAU RIVAGE - FRONT DESK BILOXI MS MCC: 3764 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/16/16 SALES TAX: \$ 0.00 TAX INCLUDED:	477.35
05/18	05/20	7443106WLA20XJF6	BEAU RIVAGE - FRONT DESK 8552755733 MS MCC: 3764 MERCHANT ZIP: 39530 SALES TAX: \$ 0.00 TAX INCLUDED:	166.99-
05/19	05/20	7471562GXEHM9EDTE	CK PAYMENT THANK YOU KANSAS CITY MO	321.20-
06/01	06/01	000000000000COMP	TOTAL PURCHASES \$787.71 TOTAL RETURNS \$166.99 TOTAL PAYMENTS \$321.20 TOTAL \$299.52	0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Current Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Type of Balance			
Purchases	0.00	0.00	0.00
Cash Advances	0.00	0.00	0.00
Previous Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Type of Balance			
Purchases	0.00	0.00	0.00

(v) = Variable Rate

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.



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed
0.00	06/26/16	0.00	0.00	\$

Make Check Payable To:
 Card Services

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

Card Services
 PO Box 875852
 Kansas City MO 64187-5852

MADISON CO SHERIFF 2 5794
 MADISON COUNTY BOS A206
 PO BOX 608
 CANTON MS 39046-0608



4715621981009047 0000000 0000000

Account Number Ending In: XXXX XXXX 8100 9047

1-2

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

Payment Information	
Statement Closing Date	06/01/16
New Balance	0.00
Minimum Payment Due	0.00
Payment Due Date	06/26/16
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, KANSAS CITY, MO 64187-5852
 ACCOUNT INQUIRIES AND LOST STOLEN CARDS: 800-821-5184, 816-843-2000 IN KANSAS CITY
 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 Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount
05/19	05/20	7471562GXEHM9EDRY	CK PAYMENT THANK YOU KANSAS CITY MO	550.00-
06/01	06/01	000000000000COMPC	TOTAL PAYMENTS	\$550.00
			TOTAL	\$550.00-

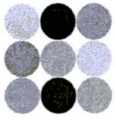
Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Current Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	0.00	0.00	0.00
Cash Advances	0.00	0.00	0.00
Previous Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	0.00	0.00	0.00

(v) = Variable Rate

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.



HYATT PLACE™

Hyatt Place Columbus
101 Hospital Road Extended
Columbus, MS 39701
Phone: 662-370-1800
Fax: 866-497-3416
columbus.place.hyatt.com

INFORMATION INVOICE

Payee DR Tom Logue
Po Box 608
Canton MS 39046
United States

Room No. 0231
Arrival 05-10-16
Departure 05-13-16
Page No. 1 of 1
Folio Window 1
Folio No. 13434

Confirmation No. 1619549101
Group Name

Date	Description	Charges	Credits
05-10-16	Guest Room	89.00	
05-11-16	Guest Room	89.00	
05-12-16	Guest Room	89.00	
05-13-16	Visa		267.00
	471562XXXXXX7587 04/21		
Total		267.00	267.00

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Balance

0.00

WE HOPE YOU ENJOYED YOUR STAY WITH US!

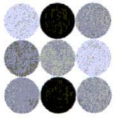
Thank you for choosing Hyatt Place Columbus. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your visit.

Hyatt Gold Passport Summary

No Membership to be credited

Join Hyatt Gold Passport today and start earning points for stays, dining and more. Visit goldpassport.com

Please remit payment to:
Hyatt Place Columbus
101 Hospital Road Extended
Columbus, MS 39701



HYATT PLACE™

Hyatt Place Columbus
101 Hospital Road Extended
Columbus, MS 39701
Phone: 662-370-1800
Fax: 866-497-3416
columbus.place.hyatt.com

INFORMATION INVOICE

Payee Gina Walker
Po Box 608
Canton MS 39046
United States

Room No. 0305
Arrival 05-10-16
Departure 05-13-16
Page No. 1 of 1
Folio Window 1
Folio No. 13413

Confirmation No. 1619525801
Group Name

Date	Description	Charges	Credits
05-10-16	Guest Room	89.00	
05-11-16	Guest Room	89.00	
05-12-16	Guest Room	89.00	
05-13-16	Visa	471562XXXXXX7587 04/21	267.00
Total		267.00	267.00

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Balance

0.00

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Columbus. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your visit.

Hyatt Gold Passport Summary

No Membership to be credited

Join Hyatt Gold Passport today and start earning points for stays, dining and more. Visit goldpassport.com

Please remit payment to:
Hyatt Place Columbus
101 Hospital Road Extended
Columbus, MS 39701

Beau Rivage

RESORT & CASINO • BILOXI

Clara Latiker
P. O. Box 608
Canton, MS 39046

ROOM # : 25058
CONF # : 758624465
ARRIVAL : 05/16/16
DEPARTURE : 05/18/16

DATE	DESCRIPTION	CHARGES	CREDITS
05/16/16	BR Room	129.00	
05/16/16	BR Room Tax - 12%	15.48	
05/16/16	BR Resort Fee	10.00	
05/16/16	BR Resort Fee Tax	0.70	
05/17/16	BR Room	129.00	
05/17/16	BR Room Tax - 12%	15.48	
05/17/16	BR Resort Fee	10.00	
05/17/16	BR Resort Fee Tax	0.70	
05/18/16	Visa		310.36
	XXXXXXXXXXXX7603 XX/XX		
	VISA CREDIT 7603 04/21		
	TOTAL USD 310.36		
	AID:A0000000031010		
	TVR:8080008000 TSI:6800		
	IAD:06030A03600000 ARC:00		
	ENTRY CODE: ICC 5E0000		
Total		310.36	310.36
Balance		0.00	

Beau Rivage

RESORT & CASINO • BILOXI

Loretta Phillips
 PO Box 608
 Canton, MS 39046

ROOM # : 25024
 CONF # : 758624464
 ARRIVAL : 05/16/16
 DEPARTURE : 05/18/16

DATE	DESCRIPTION	CHARGES	CREDITS
05/16/16	BR Room	129.00	
05/16/16	BR Room Tax - 12%	15.48	
05/16/16	BR Resort Fee	10.00	
05/16/16	BR Resort Fee Tax	0.70	
05/17/16	BR Room	129.00	
05/17/16	BR Room Tax - 12%	15.48	
05/17/16	BR Resort Fee	10.00	
05/17/16	BR Resort Fee Tax	0.70	
05/18/16	Visa XXXXXXXXXXXXX7603 XX/XX VISA CREDIT 7603 04/21 TOTAL USD 477.35 AID:A0000000031010 TVR:8080008000 TSI:6800 IAD:06030A03600000 ARC:00 ENTRY CODE: ICC 5E0000		477.35
05/18/16	Visa XXXXXXXXXXXXX7603 XX/XX VISA 7603 04/21 TOTAL USD 166.99		-166.99
Total		310.36	310.36
Balance		0.00	

SKIP BACKUP / DISPUTE CHARGE FORM

Today's Date: May 18, 2016

Room Number: 25024 7

Guest Last Name: Phillips

Arrival Date: May 16, 2016

Departure Date: May 18, 2016

Type of Account: (circle one)

- (A) Monthly Skip
- (B) Casino Skip
- (C) Special Bill
- (D) Refund
- (E) Slot Skip
- (F) Disputed Charge

Date of Charge: 5-16-2016 Confirmation Number: 758624464

Guest Signature: Louise S. Phillips

List complete explanation for Skip/Dispute Accounts including names and address

Exp: Guest stated she did not eat at Jia.

Name/Address: _____

Amount: \$ 166.99

Copy of Registration Card:

Copy of Folio(s):

Cashier's Initials: _____

Assistant Hotel Manager: _____

Best Western Plus

Palm Beach Gardens
11360 US HWY 1
Palm Beach Gardens, FL 33408

C/O 05/18/2016 03:29 PM msierra

Room # 318-A
Conf # 485593063-01
Arrival 05/16/16
Departure 05/18/16
Room Type KS-King Sofa
Guests 1 / 0
Payment Check
Acct

Registered To:

WILSON, ANGELICA
PO BOX 608
CANTON, MS 39046

(601) 855-5503

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
05/16/16	Rmattes	CK	PAYMENT CHECK			\$217.80-
05/16/16	Lblackmo	RC	ROOM CHRG REVENUE			\$98.10
05/16/16	Lblackmo	9	OCCUPANCY TAX			\$5.89
05/16/16	Lblackmo	91	STATE TAX			\$5.89
05/16/16	Lblackmo	91	STATE TAX			\$98.10
05/17/16	Lblackmo	RC	ROOM CHRG REVENUE			\$5.89
05/17/16	Lblackmo	9	OCCUPANCY TAX			\$5.89
05/17/16	Lblackmo	91	STATE TAX			\$5.89
05/17/16	Lblackmo	91	STATE TAX			\$1.96-
05/18/16	Lblackmo	VS	PAYMENT VISA/MC		7587 - 018701	
Balance Due						\$0.00

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

We are proud to be part of the Best Western worldwide chain of unique hotels. Each Best Western branded hotel is independently owned and operated.

X _____
GUEST SIGNATURE

Signature



Casino • Resort • Spa

Folio ID: 425121726690

Arrival Date: 05/23/2016

Departure Date: 05/26/2016

Name: KAY LITTLE

Room No: MT 2327

Guests: 1

Address: PO BOX 608

Group Code:

CANTON

MS 39046

DATE	REFERENCE	DESCRIPTION	CHARGES	BALANCE
05/23/2016	425121726691	APPLIED DEPOSIT *****7587	89.59-	
05/23/2016	425129100127	RESORT FEE \$9.00 RESORT FEE	10.08	
05/23/2016	425129102246	ROOM CHARGE MT 2327 TAX2	79.99 9.60	
05/24/2016	425139100153	RESORT FEE \$9.00 RESORT FEE	10.08	
05/24/2016	425139102410	ROOM CHARGE MT 2327 TAX2	79.99 9.60	
05/25/2016	425149100165	RESORT FEE \$9.00 RESORT FEE	10.08	
05/25/2016	425149102333	ROOM CHARGE MT 2327 TAX2	79.99 9.60	
05/26/2016	425151795730	FRONT DESK VISA *****7587	209.42-	
SUMMARY OF CHARGES				
		ROOM	239.97	
		MISC	27.00	
		TAX2	32.04	
I agree that my liability is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges.				
GUEST SIGNATURE:				Balance Due: .00