

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

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

11 October 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 October 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

VISA TRAVEL CARD  
XXXX XXXX XXXX 8100  
CLOSING DATE: 3-Oct-16

CARD USER	PURPOSE	DATE OF USE	VENDOR NAME	AMOUNT	DESCRIPTION
AVIS STRINGER	LODGING RESERVATION	9-Sep-16	IP BILOXI	\$67.19	CONFERENCE
WAYNE WELLS	LODGING RESERVATION	1-Oct-16	HAMPTON INN	\$136.03	EXTRADITION

TOTAL CHARGES \$203.22

**AMOUNT TO PAY \$203.22**



11 Oct 16

Hardy Crunk  
Purchase Clerk



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed	
203.22	10/28/16	0.00	203.22		\$ <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px; vertical-align: middle;"></span>

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 4516  
 MADISON COUNTY BOS A210  
 PO BOX 608  
 CANTON MS 39046-0608



4715621981007611 0020322 0020322

Account Number Ending In: XXXX XXXX 8100 7611

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Summary of Account Activity		
Previous Balance	\$	1,568.00
Payments	-	1,568.00
Other Credits	-	0.00
Purchases/Debits	+	203.22
Cash Advances	+	0.00
Finance Charges	+	0.00
<b>New Balance</b>		<b>203.22</b>
Credit Limit		20,000.00
Available Credit		19,116.00

Payment Information	
Statement Closing Date	10/03/16
New Balance	203.22
Minimum Payment Due	203.22
Payment Due Date	10/28/16
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
09/25	09/25	7471562LXEHM93X89	TOTAL XXXX XXXX 8100 7611 \$1,568.00- CK PAYMENT THANK YOU KANSAS CITY MO	1,568.00-
09/09	09/11	2443106LDLAMGY4BL	MADISON COUNTY BOS TOTAL XXXX XXXX 8100 7579 \$67.19 IP-MS ADV DEPOSIT 6014364555 MS MCC: 7011 MERCHANT ZIP: 39539 LODGING CHECK-IN DATE: 09/09/16 SALES TAX: \$ 0.00 TAX INCLUDED:	67.19
10/01	10/02	2443105M311GYNJD4	MADISON CO SHERIFF 2 TOTAL XXXX XXXX 8100 9047 \$136.03 HAMPTON INN CORYDON CORYDON IN MCC: 3665 MERCHANT ZIP: 47112 LODGING CHECK-IN DATE: 09/29/16 SALES TAX: \$ 0.00 TAX INCLUDED:	136.03

**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

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 0.00    Payment Due Date 10/28/16    Past Due Amount 0.00    Minimum Payment 0.00    Amount Enclosed \$

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  
 MADISON COUNTY BOS  
 PO BOX 608  
 CANTON MS 39046-0608

4515  
 A210



4715621981007579 000000 000000

Account Number Ending In: XXXX XXXX 8100 7579

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
<b>New Balance</b>		<b>0.00</b>
Credit Limit		20,000.00
Available Credit		20,000.00

Payment Information	
Statement Closing Date	10/03/16
New Balance	0.00
Minimum Payment Due	0.00
Payment Due Date	10/28/16
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

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**Transaction Information**

Transaction Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount
09/09	09/11	2443106L DLAMGY4BL	IP-MS ADV DEPOSIT 6014364555 MS MCC: 7011 MERCHANT ZIP: 39539 LODGING CHECK-IN DATE: 09/09/16 SALES TAX: \$ 0.00 TAX INCLUDED:	67.19
10/03	10/03	000000000000COMPC	TOTAL PURCHASES \$67.19 TOTAL \$67.19	0.00

**Interest Charge Calculation**

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

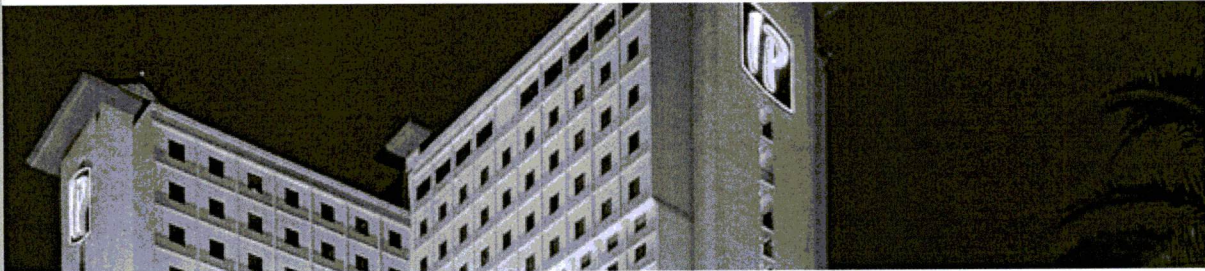
Current Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Type of Balance			
Purchases	0.00	0.00	0.00
Cash Advances	0.00	0.00	0.00
Previous Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Type of Balance			
Purchases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

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# Hardy Crunk

**From:** BILOXIRESMGMT@BOYDGAMING.COM  
**Sent:** Thursday, September 08, 2016 3:08 PM  
**To:** Hardy Crunk  
**Subject:** IP Casino Resort Spa Reservation Confirmation

THANK YOU  
FOR BOOKING WITH US



Dear AVIS STRINGER ,  
Thank you for choosing IP Casino Resort Spa for your visit to the Mississippi Gulf Coast. We are happy to confirm your hotel reservation with us and we can't wait to show you how we earned our AAA Four Diamond Award. Whether you're getting down to business or doubling down on Blackjack, you will discover excellence at every turn at IP Casino Resort Spa.

## Confirmation Information

Your confirmation number is: G3ZPC

You will be arriving on 09/29/16 and departing on 09/30/16 .

Checkin time is 4:00 p.m. and checkout time is 11:00 a.m.

*Avis Stringer*

Reservation Information	
Reservation Total:	\$59.99
Reservation Tax:	\$7.20
Resort Fee:	\$9.00
Resort Fee Tax:	\$1.08
Resort Fee Total:	\$10.08
<b>Reservation Total with Tax:</b>	<b>\$77.27</b>

*67 19*

The IP Casino Resort Spa charges the first night room rate and tax to your credit card at the time of booking. The nightly resort fee is not included in this charge but will be added to your bill after you check in. The resort fee provides free local and toll free telephone calls, complimentary admission to the fitness center, USA Today (available at the Concierge desk) and more.

Our cancellation policy requires a 24-hour notice is required to cancel reservations to avoid a penalty of the one night room rate plus tax paid at time of booking. For the Non-Refundable Discount room bookings, reservation is non-refundable and



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed	
0.00	10/28/16	0.00	0.00		\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

Make Check Payable To:  
Card Services

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**Card Services**  
PO Box 875852  
Kansas City MO 64187-5852

MADISON CO SHERIFF 2 4517  
MADISON COUNTY BOS A210  
PO BOX 608  
CANTON MS 39046-0608



4715621981009047 000000 000000

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
<b>New Balance</b>		<b>0.00</b>
Credit Limit		10,000.00
Available Credit		9,320.00

Payment Information	
Statement Closing Date	10/03/16
New Balance	0.00
Minimum Payment Due	0.00
Payment Due Date	10/28/16
Past Due Amount	0.00

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PO BOX 875852	800-821-5184	KANSAS CITY MO 64141-6734
KANSAS CITY, MO 64187-5852	816-843-2000 IN KANSAS CITY	

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**Transaction Information**

Transaction Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount
10/01	10/02	2443105M311GYNJD4	HAMPTON INN CORYDON CORYDON IN MCC: 3665 MERCHANT ZIP: 47112 LODGING CHECK-IN DATE: 09/29/16 SALES TAX: \$ 0.00 TAX INCLUDED:	136.03
10/03	10/03	000000000000COMPC	TOTAL PURCHASES \$136.03 TOTAL \$136.03	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

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2455 LANDMARK AVE.  
CORYDON, IN 47112  
TELEPHONE 812-738-6688 • FAX 812-738-6699



Official Hotel Partner

name address  room number: 313/SXBL arrival date: 9/29/2016 5:03:00 PM departure date: 9/30/2016  adult/child: 2/0 room rate: 122.55	WELLS, WAYNE 2941 S LIBERTY ST KENTON MS 39046 UNITED STATES OF AMERICA
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If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

Rate Plan: AAA  
HH #:   
AL:   
Car:

Confirmation Number: 85678566

9/30/2016

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill 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 or the full amount of these charges. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here:

signature: \_\_\_\_\_

date	reference	description	amount
9/29/2016	676112	GUEST ROOM	\$122.55
9/29/2016	676112	STATE TAX	\$8.58
9/29/2016	676112	LOCAL TAX	\$4.90
		WILL BE SETTLED TO VS*9047	\$136.03
		EFFECTIVE BALANCE OF	\$0.00

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

account no.	date of charge	folio/check no. 254813 A
card member name	authorization	initial
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services	
	taxes	
	tips & misc.	
signature of card member <b>X</b>	total amount	

