

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

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

7 February 2017

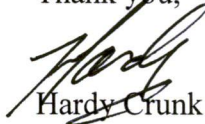
District 1 Supervisor Sheila Jones
District 2 Supervisor Trey Baxter
District 3 Supervisor Gerald Steen
District 4 Supervisor David Bishop
District 5 Supervisor Paul Griffin

Subject: Place February 2017 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: 02/01/17

CARD	CARD USER	PURPOSE	USE DATE	VENDOR NAME	AMOUNT	DESCRIPTION
BOS1 CARD						
NO ACTIVITY						
BOS1 CARD TOTAL						
	TIM BRYAN	LODGING	19-Jan-17	STAYBRIDGE	\$147.06	CONFERENCE
BOS2 CARD					\$147.06	
BOS2 CARD TOTAL					\$0.00	
HR CARD						
NO ACTIVITY						
HR CARD TOTAL					\$0.00	
EMA CARD						
NO ACTIVITY						
EMA CARD TOTAL					\$0.00	
SO1 CARD						
NO ACTIVITY						
SO1 CARD TOTAL					\$0.00	
SO2 CARD						
NO ACTIVITY						
SO2 CARD TOTAL					\$0.00	
CONTROL ACCOUNT TOTAL CHARGES					\$147.06	
AMOUNT TO PAY					\$147.06	


Hardy Crunk
Purchase Clerk



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed
147.06	02/26/17	0.00	147.06	\$

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
MADISON COUNTY BOS
PO BOX 608
CANTON MS 39046-0608

4938
A202



4715621981007611 0014706 0014706

Account Number Ending In: XXXX XXXX 8100 7611

1-2

Summary of Account Activity		
Previous Balance	\$	2,888.44
Payments	-	2,888.44
Other Credits	-	0.00
Purchases/Debits	+	147.06
Cash Advances	+	0.00
Finance Charges	+	0.00
New Balance		147.06
Credit Limit		20,000.00
Available Credit		19,852.00

Payment Information	
Statement Closing Date	02/01/17
New Balance	147.06
Minimum Payment Due	147.06
Payment Due Date	02/26/17
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
01/20	01/20	74715620NEHM92XAG	TOTAL XXXX XXXX 8100 7611 \$2,888.44- CK PAYMENT THANK YOU KANSAS CITY MO	2,888.44-
01/19	01/22	24755420L4BWB29NS	MADISON COUNTY BOS TOTAL XXXX XXXX 8100 7587 \$147.06 STAYBRIDGE SUITES BATON ROUGE LA MCC: 3791 MERCHANT ZIP: 70808 LODGING CHECK-IN DATE: 01/18/17 SALES TAX: \$ 0.00 TAX INCLUDED: 0 CUSTOMER CODE: 14330449	147.06

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	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed	
0.00	02/26/17	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 4937
 MADISON COUNTY BOS A202
 PO BOX 608
 CANTON MS 39046-0608



4715621981007587 000000 000000

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	02/01/17
New Balance	0.00
Minimum Payment Due	0.00
Payment Due Date	02/26/17
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
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Transaction Information

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01/19	01/22	24755420L4BWB29NS	STAYBRIDGE SUITES BATON ROUGE LA MCC: 3791 MERCHANT ZIP: 70808 LODGING CHECK-IN DATE: 01/18/17 SALES TAX: \$ 0.00 TAX INCLUDED: 0 CUSTOMER CODE: 14330449	147.06
02/01	02/01	000000000000COMPC	TOTAL PURCHASES \$147.06 TOTAL \$147.06	0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account			
	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Current Billing Period			
Type of Balance			
Purchases	0.00	0.00	0.00
Cash Advances	0.00	0.00	0.00
Previous Billing Period			
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.



BATON ROUGE STAYBRIDGE AT SOUTHGATE

4001 Nicholson Dr
 Baton Rouge LA 70808
 United States

01-19-17

Tim Bryan United States	Folio No. :		Room No. :	612
	A/R Number :		Arrival :	01-18-17
	Group Code :	DSI	Departure :	01-19-17
	Company :	ITE	Conf. No. :	66926101
	Membership No. :	PC 598774720	Rate Code :	
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
01-18-17	Room Charge	129.00	
01-18-17	State Sales Tax	6.45	
01-18-17	Parish Accommodation Sales Tax	6.45	
01-18-17	Parish Hotel Tax	5.16	
01-19-17	Visa		147.06
Total		147.06	147.06
Balance		0.00	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihgrewardsclub.com/review. We look forward to welcoming you back soon.

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. 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 associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.