

**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**

18 August 2017

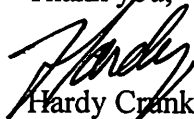
District 1 Supervisor Sheila Jones  
District 2 Supervisor Trey Baxter  
District 3 Supervisor Gerald Steen  
District 4 Supervisor David Bishop  
District 5 Supervisor Paul Griffin

Subject: Place August 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 Crank  
Purchasing Clerk

CARD SERVICES  
 PO BOX 419734  
 KANSAS CITY MO 64141-6734

Account Number Ending In: XXXX XXXX 8100 7611



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed
839.97	08/26/17	110.15	839.97	\$ <span style="border: 1px solid black; display: inline-block; width: 50px; 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  
 MADISON COUNTY BOS  
 PO BOX 608  
 CANTON MS 39046-0608

3999  
 A208



4715621981007611 0083997 0083997

Account Number Ending In: XXXX XXXX 8100 7611

Summary of Account Activity		
Previous Balance	\$	7,687.96
Payments	-	7,577.81
Other Credits	-	0.00
Purchases/Debits	+	729.82
Cash Advances	+	0.00
Finance Charges	+	0.00
<b>New Balance</b>		<b>839.97</b>
Credit Limit		20,000.00
Available Credit		19,160.00

Payment Information	
Statement Closing Date	08/01/17
New Balance	839.97
Minimum Payment Due	839.97
Payment Due Date	08/26/17
Past Due Amount	110.15

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
07/20	07/20	74715628AEHM94XS3	TOTAL XXXX XXXX 8100 7611 CK PAYMENT THANK YOU KANSAS CITY MO	7,577.81-
07/07	07/09	24692165W2X53J7Y6	MADISON CO SHERIFF 2 TOTAL XXXX XXXX 8100 9047 COURTYARD STARKVILLE STARKVILLE MS MCC: 3690 MERCHANT ZIP: 39759 LODGING CHECK-IN DATE: 07/07/17 SALES TAX: \$ 0.00 TAX INCLUDED: 2 CUSTOMER CODE: 0000000000000000	108.82
07/11	07/12	244310660LATNGVG4	IP-MS ADV DEPOSIT 6014364555 MS MCC: 7011 MERCHANT ZIP: 39539 LODGING CHECK-IN DATE: 07/11/17 SALES TAX: \$ 0.00 TAX INCLUDED:	267.00
07/14	07/16	240179464LAX0BPAP	PALACE CASINO RESORT 2284328888 MS MCC: 7011 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 07/14/17 SALES TAX: \$ 0.00 TAX INCLUDED:	356.00

**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	4,781.43	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.

**Additional Account Information**

YOUR ACCOUNT IS NOW PAST DUE. PLEASE REMIT THE NOW DUE AMOUNT IMMEDIATELY. IF PAYMENT HAS BEEN MADE PLEASE DISREGARD THIS NOTICE.

CARD SERVICES  
 PO BOX 419734  
 KANSAS CITY MO 64141-6734

Account Number Ending In: XXXX XXXX 8100 9047



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed
0.00	08/26/17	0.00	0.00	\$ <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

MADISON CO SHERIFF 2 4000  
 MADISON COUNTY BOS A208  
 PO BOX 608  
 CANTON MS 39046-0608



4715621981009047 000000 000000

Account Number Ending In: XXXX XXXX 8100 9047

2-1

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		10,000.00

Payment Information	
Statement Closing Date	08/01/17
New Balance	0.00
Minimum Payment Due	0.00
Payment Due Date	08/26/17
Past Due Amount	0.00

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

PAYMENT ADDRESS  
 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
07/07	07/09	24692165W2X53J7Y6	COURTYARD STARKVILLE STARKVILLE MS MCC: 3880 MERCHANT ZIP: 39759 LODGING CHECK-IN DATE: 07/07/17 SALES TAX: \$ 0.00 TAX INCLUDED: 2 CUSTOMER CODE: 0000000000000000	106.82
07/11	07/12	244310680LATNGVG4	IP-MS ADV DEPOSIT 6014364555 MS MCC: 7011 MERCHANT ZIP: 39539 LODGING CHECK-IN DATE: 07/11/17 SALES TAX: \$ 0.00 TAX INCLUDED:	267.00
07/14	07/16	240179464LAX0BPAP	PALACE CASINO RESORT 2284326888 MS MCC: 7011 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 07/14/17 SALES TAX: \$ 0.00 TAX INCLUDED:	356.00
08/01	08/01	000000000000COMPC	TOTAL PURCHASES \$729.82 TOTAL \$729.82	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.



Courtyard MSU at The Mill Conference Center

100 Mercantile Street  
Starkville, MS 39759  
T 662.338.3116

B. Sullivan

Room: 323

Room Type: GENR

Number of Guests: 1

Rate: \$98.00

Clerk:

Arrive: 05Jul17

Time: 08:48PM

Depart: 06Jul17

Time:

Folio Number: 78652

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Date	Description	Charges	Credits
05Jul17	Room Charge	98.00	
05Jul17	State Sales Tax	6.86	
05Jul17	County Tax	1.96	
06Jul17	Visa		106.82
	<i>Card #: VXXXXXXXXXXXXXXXXX9047XXXX</i>		
	<i>Amount: 106.82 Auth: 005193 Signature on File</i>		
	<i>This card was electronically swiped on 05Jul17</i>		
	<b>Balance:</b>	<b>0.00</b>	

As a Rewards Member, you could have earned points toward your free dream vacation today. Start earning points and elite status, plus enjoy exclusive member offers. Enroll today at the front desk.

As requested, a final copy of your bill will be emailed to you at: BXXXXX@GMAIL.COM. See "Internet Privacy Statement" on Marriott.com.



Credit Card Authorization Form

I, (print name) Randall Tucker, authorize IP Casino Resort & Spa to charge my credit card ending in (enter your last 4 numbers on your credit card) 9047, (exp. date) 01/21 in the amount of \$ 267.00 Plus a \$10.00 Resort Fee per night per room, immediately upon receipt of this form.

Please initial 1 of the following options.

I authorize IP Casino Resort & Spa to use the above card for the security deposit in the amount of \$100 upon check-in. In addition, I authorize IP Casino Resort & Spa to charge my credit card for food, beverage, spa services, in-room movies and other amounts charged to this room.

I DO NOT authorize the above card to be used for the security deposit. Guest will need to provide a credit card at check-in.

The following individuals are authorized to charge items to this room:

(Print name) Russell Kirby, (Print name) \_\_\_\_\_,  
(Print name) Mike Chapman, (Print name) \_\_\_\_\_

Further, if there is damage to this room, to items in this room or if items are missing from this room upon checkout, I authorize IP Casino Resort & Spa to charge my credit card for the cost of repairs and cost of replacement of such items.

Guest Name: Russell Kirby

Confirmation Number: 43JJQ

Guest Arrival Date: 9/17/2017

Guest Depart Date: 9/20/2017

Number of Rooms: 1

Number of Guests: 2

Comments: Please be sure to FILL IN ALL BLANKS.

We will need a copy of the DRIVERS LICENSE submitted with this form.

DO NOT send a copy of your credit card or the full credit card number.

Phone Number: 601-859-2345

Fax Number: 601-859-9163

Return E-Mail: Biloxifrontdesk@Boydgaming.com

Return Fax: 228-432-3262

Card Holder Signature: X Randall Tucker  
(Authorized Signature required for billing purposes)

CANCELLATION: In order to avoid a cancellation charge (one night stay), you must cancel this reservation at least 48 hours prior to arrival date.  
ADDITIONAL CHARGES TO ROOM: Any charges made to this room (for food, beverage, in-room movies, or damage to the room) will be charged to the credit card used to pay the security deposit even if those amounts exceed \$100.



Guest Name: Radford Shearrill  
D.A.R.E.

Room #: 808  
Folio #: RPCR0E5A2

Bill To: 2941 Hwy. 51  
Canton, MS 39046 USA

Group #: 462  
Guests: 1  
Clerk: WISEB

Arrive: 07/16/17 Time: 06:14 PM Depart: 07/20/17 Time: 09:02 AM Status: HIST

Date	Description	Reference	Comment	Charges	Credits
07/14/2017	DEP VISA	07148030	*****9047 014844	\$0.00	(\$356.00)
07/16/2017	ROOM CHARGE	808		\$89.00	\$0.00
07/17/2017	ROOM CHARGE	808		\$89.00	\$0.00
07/18/2017	ROOM CHARGE	808		\$89.00	\$0.00
07/19/2017	ROOM CHARGE	808		\$89.00	\$0.00

Folio Balance: \$0.00

Signature \_\_\_\_\_