

**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**

10 October 2017

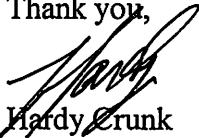
District 1 Supervisor Sheila Jones  
District 2 Supervisor Trey Baxter  
District 3 Supervisor Gerald Steen  
District 4 Supervisor David Bishop  
District 5 Supervisor Paul Griffin

Subject: Place October 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,

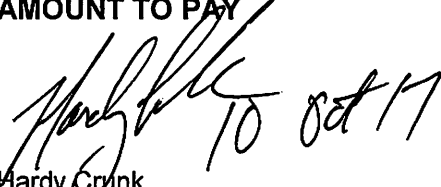


Hardy Crunk  
Purchasing Clerk

**TRAVEL CARD RECONCILIATION**

STATEMENT CLOSING DATE: 10/02/17

CARD	CARD USER	PURPOSE	USE DATE	VENDOR NAME	AMOUNT	DESCRIPTION
BOS1 CARD						
	SHEILA JONES	LODGING	9/14/2017	COURTYARD MAR	\$215.82	COURSE
BOS1 CARD TOTAL					\$215.82	
BOS2 CARD						
BOS2 CARD TOTAL					\$0.00	
HR CARD						
HR CARD TOTAL					\$0.00	
EMA CARD						
EMA CARD TOTAL					\$0.00	
SO1 CARD						
SO1 CARD TOTAL					\$0.00	
SO2 CARD						
	WAYNE WELLS	LODGING	14-Sep-17	HOLIDAY INN	\$106.92	EXTRADITION
SO2 CARD TOTAL					\$106.92	
AMOUNT TO PAY					<b>\$322.74</b>	

  
Hardy Crunk  
Purchase Clerk



Please Detach And Enclose Top Portion With Payment

New Balance 3,026.74      Payment Due Date 10/27/17      Past Due Amount 2,704.00      Minimum Payment 3,026.74      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

CONTROL ACCOUNT 5474  
 MADISON COUNTY BOS A210  
 PO BOX 608  
 CANTON MS 39046-0608



4715621981007611 0302674 0302674

Account Number Ending In: XXXX XXXX 8100 7611

Summary of Account Activity	
Previous Balance	\$ 4,636.00
Payments	- 1,932.00
Other Credits	- 0.00
Purchases/Debits	+ 322.74
Cash Advances	+ 0.00
Finance Charges	+ 0.00
<b>New Balance</b>	<b>3,026.74</b>
Credit Limit	20,000.00
Available Credit	16,973.00

Payment Information	
Statement Closing Date	10/02/17
New Balance	3,026.74
Minimum Payment Due	3,026.74
Payment Due Date	10/27/17
Past Due Amount	2,704.00

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
			TOTAL XXXX XXXX 8100 7611	\$1,932.00-
09/22	09/22	74715628BEHM92VE7	CK PAYMENT THANK YOU KANSAS CITY MO	1,932.00-
			MADISON COUNTY BOS	
			TOTAL XXXX XXXX 8100 7579	\$215.82
09/14	09/15	2469216912X9024DM	COURTYARD BY MARRIOTT HATTIESBURG MS	215.82
			MCC: 3690 MERCHANT ZIP: 39401	
			LODGING CHECK-IN DATE: 09/14/17	
			SALES TAX: \$ 0.00 TAX INCLUDED: 2	
			CUSTOMER CODE: 000000000000000000	
			MADISON CO SHERIFF 2	
			TOTAL XXXX XXXX 8100 9047	\$106.92
09/14	09/17	244310682LKY28AQ9	HOLIDAY INN HOTEL & SUIT STOCKBRIDGE GA	106.92
			MCC: 3501 MERCHANT ZIP: 30281	
			LODGING CHECK-IN DATE: 09/13/17	
			SALES TAX: \$ 0.00 TAX INCLUDED:	

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	4,130.94	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.

**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.



Please Detach And Enclose Top Portion With Payment  
 New Balance 0.00    Payment Due Date 10/27/17    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    5473  
 MADISON COUNTY BOS    A210  
 PO BOX 608  
 CANTON MS 39046-0608



4715621981007579 0000000 0000000

Account Number Ending In: XXXX XXXX 8100 7579

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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	10/02/17
New Balance	0.00
Minimum Payment Due	0.00
Payment Due Date	10/27/17
Past Due Amount	0.00

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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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**Transaction Information**

Transaction Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount
09/14	09/15	2469216812X9024DM	COURTYARD BY MARRIOTT HATTIESBURG MS MCC: 3690 MERCHANT ZIP: 39401 LODGING CHECK-IN DATE: 09/14/17 SALES TAX: \$ 0.00 TAX INCLUDED: 2 CUSTOMER CODE: 0000000000000000	215.82
10/02	10/02	000000000000COMPC	TOTAL PURCHASES \$215.82 TOTAL \$215.82	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

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Courtyard Hattiesburg

119 Grand Drive  
Hattiesburg, MS 39401  
T 601.268.3050

S. Jones

Room: 233

Room Type: QNQN

Number of Guests: 1

Rate: \$99.00

Clerk:

Arrive: 11Sep17

Time: 07:26PM

Depart: 13Sep17

Time:

Folio Number: 60364

Date	Description	Charges	Credits
11Sep17	Room Charge	99.00	
11Sep17	State Occupancy Tax	8.91	
12Sep17	Room Charge	99.00	
12Sep17	State Occupancy Tax	8.91	
13Sep17	Visa		215.82
	<i>Card #: VXXXXXXXXXXXX7579/XXXX</i>		
	<i>Amount: 215.82 Auth: 011633 Signature on File</i>		
	<i>This card was electronically swiped on 11Sep17</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: HXXXX@MADISON-CO.COM. See "Internet Privacy Statement" on Marriott.com.

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 0.00    Payment Due Date 10/27/17    Past Due Amount 0.00    Minimum Payment 0.00    Amount Enclosed \$

Make Check Payable To:  
 Card Services

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Card Services  
 PO Box 875852  
 Kansas City MO 64187-5852

MADISON CO SHERIFF 2    5475  
 MADISON COUNTY BOS    A210  
 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
<b>New Balance</b>	<b>0.00</b>
Credit Limit	10,000.00
Available Credit	10,000.00

Payment Information	
Statement Closing Date	10/02/17
New Balance	0.00
Minimum Payment Due	0.00
Payment Due Date	10/27/17
Past Due Amount	0.00

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**Transaction Information**

Transaction Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount
09/14	09/17	244310682LKY28AQ9	HOLIDAY INN HOTEL & SUIT STOCKBRIDGE GA MCC: 3501 MERCHANT ZIP: 30281 LODGING CHECK-IN DATE: 09/13/17 SALES TAX: \$ 0.00 TAX INCLUDED:	106.92
10/02	10/02	000000000000COMPC	TOTAL PURCHASES \$106.92 TOTAL \$106.92	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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# Holiday Inn

09-14-17

Wayne Wells 2941 Hwy 51 Canton 39046 United States	Folio No. :		Room No. :	422
	A/R Number :		Arrival :	09-13-17
	Group Code :		Departure :	09-14-17
	Company :	Government	Conf. No. :	60762124
	Membership No. :	PC 907675888	Rate Code :	IMGOV
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
09-13-17	*Accommodation	91.00	
09-13-17	State Tax	6.37	
09-13-17	Occupancy Tax	4.55	
09-13-17	Georgia State Hotel Motel Fee	5.00	
09-13-17	Visa		106.92
<b>Total</b>		<b>106.92</b>	<b>106.92</b>
<b>Balance</b>		<b>0.00</b>	

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.ihg.com/reviews](http://www.ihg.com/reviews). We look forward to welcoming you back soon.

Guest Signature: 

I have received the goods and / or services in the amount shown hereon. 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.