

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

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

12 June 2018

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 2018 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 XXXX 7611



Please Detach And Enclose Top Portion With Payment
 New Balance 2,378.42 Payment Due Date 06/26/18 Past Due Amount 0.00 Minimum Payment 2,378.42 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 12954
 MADISON COUNTY BOS 0106
 PO BOX 608
 CANTON MS 39046-0608



4715621981007611 0237842 0237842

Account Number Ending In: XXXX XXXX XXXX 7611

| Summary of Account Activity | | |
|-----------------------------|----|-----------------|
| Previous Balance | \$ | 3,290.82 |
| Payments | - | 3,290.82 |
| Other Credits | - | 25.00 |
| Purchases/Debits | + | 2,403.42 |
| Cash Advances | + | 0.00 |
| Finance Charges | + | 0.00 |
| New Balance | | 2,378.42 |
| Credit Limit | | 20,000.00 |
| Available Credit | | 17,621.00 |

| Payment Information | |
|------------------------|----------|
| Statement Closing Date | 06/01/18 |
| New Balance | 2,378.42 |
| Minimum Payment Due | 2,378.42 |
| Payment Due Date | 06/26/18 |
| 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
 800-821-6184
 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 XXXX 7611 \$3,290.82- | |
| 05/24 | 05/24 | 7471582H3EHM94AMM | OK PAYMENT THANK YOU KANSAS CITY MO | 3,290.82- |
| | | | MADISON COUNTY BOS | |
| | | | TOTAL XXXX XXXX XXXX 7679 \$433.44 | |
| 05/30 | 05/31 | 2443106H6LAEX74DW | GNBX - HOTEL 2284355400 MS MCC: 3561 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/29/18 SALES TAX: \$ 0.00 TAX INCLUDED: | 144.48 |
| 05/30 | 05/31 | 2443106H6LAEX74XB | GNBX - HOTEL 2284355400 MS MCC: 3561 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/29/18 SALES TAX: \$ 0.00 TAX INCLUDED: | 144.48 |
| 05/30 | 05/31 | 2443106H6LAEX741B | GNBX - HOTEL 2284355400 MS MCC: 3561 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/29/18 SALES TAX: \$ 0.00 TAX INCLUDED: | 144.48 |
| | | | MADISON COUNTY BOS | |
| | | | TOTAL XXXX XXXX XXXX 7695 \$307.70 | |
| 04/30 | 05/02 | 2424760G9EJAA5B7T | NATCHEZ GRAND HOTEL NATCHEZ MS MCC: 7011 MERCHANT ZIP: 39120 LODGING CHECK-IN DATE: 04/29/18 SALES TAX: \$ 0.00 TAX INCLUDED: | 143.00 |
| 05/02 | 05/09 | 2424760GGEJ9XLRD7 | NATCHEZ GRAND HOTEL NATCHEZ MS MCC: 7011 MERCHANT ZIP: 39120 LODGING CHECK-IN DATE: 05/01/18 SALES TAX: \$ 0.00 TAX INCLUDED: | 163.80 |
| | | | MADISON CO SHERIFF 2 | |
| | | | TOTAL XXXX XXXX XXXX 9047 \$240.90 | |
| 05/09 | 05/11 | 2443106GJLKD142QE | HOLIDAY INN LOUISVILLE LOUISVILLE KY MCC: 3501 MERCHANT ZIP: 40209 LODGING CHECK-IN DATE: 05/08/18 SALES TAX: \$ 0.00 TAX INCLUDED: | 126.62 |
| 05/10 | 05/13 | 2443106GKLD2BESB | HOLIDAY INN EXPRESS & SU DAYTON OH MCC: 3501 MERCHANT ZIP: 45469 LODGING CHECK-IN DATE: 05/09/18 SALES TAX: \$ 0.00 TAX INCLUDED: | 114.39 |
| | | | MADISON COUNTY BOS | |
| | | | TOTAL XXXX XXXX XXXX 9270 \$1,396.38 | |
| 05/14 | 05/16 | 2469216GP2XTH4X4K | UNITED 0162609758681800-932-2732 TX MCC: 3000 MERCHANT ZIP: 77002 SALES TAX: \$ 0.00 TAX INCLUDED: | 25.00 |
| 05/15 | 05/16 | 7469216GP2XTH6BZ3 | UNITED 0162609758681800-932-CREDIT MCC: 3000 MERCHANT ZIP: 77002 SALES TAX: \$ 0.00 TAX INCLUDED: | 25.00- |

Continued on next page

Transaction Information Continued

| Transaction Date | Posting Date | Reference Number | Purchases, Cash Advances, Payments, Credits and Adjustments since last statement | Amount |
|------------------|--------------|-------------------|---|----------|
| 05/19 | 05/21 | 2429910GW03VH04H1 | 91441 - JACKSON AIRPORT G JACKSON MS MCC: 7523 MERCHANT ZIP: 39208 SALES TAX: \$ 2.79 TAX INCLUDED: 1 CUSTOMER CODE: P26003228 | 93.00 |
| 05/19 | 05/21 | 2469216GW2XAY7NPP | UNITED 0162600102406800-932-2732 TX MCC: 3000 MERCHANT ZIP: 77002 SALES TAX: \$ 0.00 TAX INCLUDED: | 25.00 |
| 05/20 | 05/21 | 2469216GW2XBVNY1K | GAYLORD NATIONAL F/D 866-435-7627 MD MCC: 3608 MERCHANT ZIP: 20745 LODGING CHECK-IN DATE: 05/14/18 SALES TAX: \$ 0.00 TAX INCLUDED: 2 CUSTOMER CODE: 0000000000000000 | 1,278.38 |

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 |
|-------------------------|------------------------------|----------------------------------|-----------------|
| <u>Type of Balance</u> | | | |
| 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 |
| <u>Type of Balance</u> | | | |
| 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.

2-1

TRAVEL CARD RECONCILIATION

STATEMENT CLOSING DATE: 06/01/18

| CARD | CARD USER | PURPOSE | USE DATE | VENDOR NAME | AMOUNT | DESCRIPTION |
|------------------------|-----------------|----------------|-----------|-----------------|-------------------|----------------|
| BOS1 CARD | | | | | | |
| | SHELTON VANCE | LODGING | 30-May-18 | GNBX | \$144.48 | HERITAGE TRUST |
| | DANNY LEE | LODGING | 30-May-18 | GNBX | \$144.48 | HERITAGE TRUST |
| | SHEILA JONES | LODGING | 30-May-18 | GNBX | \$144.48 | HERITAGE TRUST |
| BOS1 CARD TOTAL | | | | | \$433.44 | |
| HR CARD | | | | | | |
| NO ACTIVITY | | | | | | |
| HR CARDS TOTAL | | | | | | |
| EMA CARD | | | | | | |
| | JENNIFER KNIGHT | LODGING | 30-Apr-18 | NATCHEZ GRAND I | \$143.90 | EMA CONF |
| | JENNIFER KNIGHT | LODGING | 2-May-18 | NATCHEZ GRAND I | \$163.80 | EMA CONF |
| EMA CARD TOTAL | | | | | \$307.70 | |
| SO1 CARD | | | | | | |
| NO ACTIVITY | | | | | | |
| SO1 CARD TOTAL | | | | | | |
| SO2 CARD | | | | | | |
| | KEVIN MOFFETT | LODGING | 9-May-18 | HOLIDAY INN KY | \$126.52 | EXTRADITION |
| | KEVIN MOFFETT | LODGING | 10-May-18 | HOLIDAY INN OH | \$114.38 | EXTRADITION |
| SO2 CARD TOTAL | | | | | \$240.90 | |
| BOS2 CARD | | | | | | |
| | MYRTIS SIMS | BAGGAGE | 14-May-18 | UNITED | \$25.00 | TRAINING |
| | MYRTIS SIMS | BAGGAGE CREDIT | 15-May-18 | UNITED | -\$25.00 | TRAINING |
| | MYRTIS SIMS | PARKING | 19-May-18 | JAX AIRPORT | \$93.00 | TRAINING |
| | MYRTIS SIMS | BAGGAGE | 19-May-18 | UNITED | \$25.00 | TRAINING |
| | MYRTIS SIMS | LODGING | 20-May-18 | GAYLORD HOTEL | \$1,278.38 | TRAINING |
| BOS2 CARD TOTAL | | | | | \$1,396.38 | |

TOTAL TO PAY

\$2,378.42

[Handwritten Signature]
06/12/18

CARD SERVICES
 PO BOX 419734
 KANSAS CITY MO 64141-6734

Account Number Ending In: XXXX XXXX XXXX 7579



Please Detach And Enclose Top Portion With Payment

| | | | | |
|-------------|------------------|-----------------|-----------------|-----------------|
| New Balance | Payment Due Date | Past Due Amount | Minimum Payment | Amount Enclosed |
| 0.00 | 06/26/18 | 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 12512
 MADISON COUNTY BOS 0106
 PO BOX 608
 CANTON MS 39046-0608



4715621981007579 0000000 0000000

Account Number Ending In: XXXX XXXX XXXX 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 |
| New Balance | | 0.00 |
| Credit Limit | | 20,000.00 |
| Available Credit | | 20,000.00 |

| Payment Information | |
|------------------------|----------|
| Statement Closing Date | 06/01/18 |
| New Balance | 0.00 |
| Minimum Payment Due | 0.00 |
| Payment Due Date | 06/26/18 |
| 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 876852 | 800-821-6184 | 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 | |
| 05/30 | 05/31 | 2443106H6LAEX74DW | GNBX - HOTEL 2284355400 MS MCC: 3561 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/29/18 SALES TAX: \$ 0.00 TAX INCLUDED: | 144.48 | |
| 05/30 | 05/31 | 2443106H6LAEX74XB | GNBX - HOTEL 2284355400 MS MCC: 3561 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/29/18 SALES TAX: \$ 0.00 TAX INCLUDED: | 144.48 | |
| 05/30 | 05/31 | 2443106H6LAEX7418 | GNBX - HOTEL 2284355400 MS MCC: 3561 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/29/18 SALES TAX: \$ 0.00 TAX INCLUDED: | 144.48 | |
| 06/01 | 06/01 | 000000000000COMPC | TOTAL PURCHASES \$433.44 TOTAL \$433.44 | 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 |

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.

Hardy Crunk

From: Golden Nugget Reservations <donotreply@gnbxm.com>
Sent: Tuesday, May 29, 2018 12:14 PM
To: Hardy Crunk
Subject: Your Reservation at The Golden Nugget Biloxi



Dear Shelton Vance,

Thank you for choosing the Golden Nugget Biloxi! We are pleased to confirm your reservation as follows:

NAME: Shelton Vance
ARRIVAL DATE: Thursday, June 7, 2018
DEPARTURE DATE: Friday, June 8, 2018
ROOM DESCRIPTION: Luxury King
CHECK-IN TIME: 4:00 PM
CHECK-OUT TIME: 11:00 AM
CONFIRMATION NUMBER: VRWKK

1/8/19
2 GUARDS

An advanced deposit in the amount of \$144.48, which includes room rate and applicable room tax for the first night has been charged to the credit card provided.

If you are interested in upgrading to one of our Terrace or Junior Suite rooms and would like to find out if you qualify for any special discounts or wish to hear about other options, please email bxreservations@gnbxm.com and include your existing confirmation number, or click on the photo of your room choice below.



Terrace Room



Junior Suite

Hardy Crunk

From: Golden Nugget Reservations <donotreply@gnbxm.com>
Sent: Tuesday, May 29, 2018 12:14 PM
To: Hardy Crunk
Subject: Your Reservation at The Golden Nugget Biloxi



Dear Danny Lee,

Thank you for choosing the Golden Nugget Biloxi! We are pleased to confirm your reservation as follows:

NAME: Danny Lee
ARRIVAL DATE: Thursday, June 7, 2018
DEPARTURE DATE: Friday, June 8, 2018
ROOM DESCRIPTION: Luxury King
CHECK-IN TIME: 4:00 PM
CHECK-OUT TIME: 11:00 AM
CONFIRMATION NUMBER: NVWDQ

An advanced deposit in the amount of \$144.48, which includes room rate and applicable room tax for the first night has been charged to the credit card provided.

If you are interested in upgrading to one of our Terrace or Junior Suite rooms and would like to find out if you qualify for any special discounts or wish to hear about other options, please email bxreservations@gnbxm.com and include your existing confirmation number, or click on the photo of your room choice below.



Terrace Room



Junior Suite

Hardy Crunk

From: Golden Nugget Reservations <donotreply@gnbxxm.com>
Sent: Tuesday, May 29, 2018 12:14 PM
To: Hardy Crunk
Subject: Your Reservation at The Golden Nugget Biloxi



Dear Sheila Jones,

Thank you for choosing the Golden Nugget Biloxi! We are pleased to confirm your reservation as follows:

NAME: Sheila Jones
ARRIVAL DATE: Thursday, June 7, 2018
DEPARTURE DATE: Friday, June 8, 2018
ROOM DESCRIPTION: Luxury King
CHECK-IN TIME: 4:00 PM
CHECK-OUT TIME: 11:00 AM
CONFIRMATION NUMBER: QKSXJ

An advanced deposit in the amount of \$144.48, which includes room rate and applicable room tax for the first night has been charged to the credit card provided.

If you are interested in upgrading to one of our Terrace or Junior Suite rooms and would like to find out if you qualify for any special discounts or wish to hear about other options, please email bxreservations@gnbxxm.com and include your existing confirmation number, or click on the photo of your room choice below.



Terrace Room



Junior Suite

GARD SERVICES
 PO BOX 419734
 KANSAS CITY MO 64141-6734

Account Number Ending In: XXXX XXXX XXXX 7595



Please Detach And Enclose Top Portion With Payment

| | | | | |
|-------------|------------------|-----------------|-----------------|-----------------|
| New Balance | Payment Due Date | Past Due Amount | Minimum Payment | Amount Enclosed |
| 0.00 | 06/26/18 | 0.00 | 0.00 | \$ |

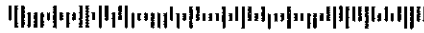
Make Check Payable To:
 Card Services

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
 MADISON COUNTY BOS
 PO BOX 608
 CANTON MS 39046-0608

12513
 0186



4715621981007595 0000000 0000000

Account Number Ending In: XXXX XXXX XXXX 7595

| 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 | 06/01/18 |
| New Balance | 0.00 |
| Minimum Payment Due | 0.00 |
| Payment Due Date | 06/26/18 |
| 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 |
|------------------|--------------|-------------------|--|--------|
| 04/30 | 05/02 | 2424780G9EJAA5B7T | NATCHEZ GRAND HOTEL NATCHEZ MS MCC: 7011 MERCHANT ZIP: 39120 LODGING CHECK-IN DATE: 04/29/18 SALES TAX: \$ 0.00 TAX INCLUDED: | 143.90 |
| 05/02 | 05/09 | 2424760GGEJ9XLRD7 | NATCHEZ GRAND HOTEL NATCHEZ MS MCC: 7011 MERCHANT ZIP: 39120 LODGING CHECK-IN DATE: 05/01/18 SALES TAX: \$ 0.00 TAX INCLUDED: | 163.80 |
| 06/01 | 06/01 | 000000000000COMPC | TOTAL PURCHASES \$307.70 TOTAL \$307.70 | 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 |

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.



Natchez Grand Hotel and Suites
 111 Broadway Street
 Natchez, MS, USA 39120

Check-out receipt

Name: Jennifer Carpenter
 Check-in: Wednesday May 2, 2018
 Check-out: Friday May 4, 2018
 Confirmation #: 17674189
 Invoice number: 180222
 Invoice date: 05/04/2018

Unit assignment: 414

Attn: Jennifer Carpenter
 Emergency Services Administrative Professionals (j)
 Po Box 608
 Canton MS 39046
 United States

| Date | Description of services | Cost(USD) |
|--|--|-----------|
| 05/02/2018 | Unit 414: King Junior Suite - Emergency Services Administrative Professionals (jb) | 129.00 |
| 05/02/2018 | Value Package | 9.95 |
| 05/03/2018 | Unit 414: King Junior Suite - Emergency Services Administrative Professionals (jb) | 129.00 |
| 05/03/2018 | Value Package | 9.95 |
| Sub-total | | 277.90 |
| State | | 18.06 |
| Occ Tax | | 4.00 |
| City | | 7.74 |
| Total | | 307.70 |
| VISA: Apr 30, 2018 - XXXX XXXX XXXX 7595 | | 143.90 |
| VISA: May 2, 2018 - XXXX XXXX XXXX 7595 | | 163.80 |
| Amount owing (USD) | | 0.00 |

Safety deposit boxes are available for deposit of valuables. The Natchez Grand Hotel cannot be responsible for valuables not deposited. Rates do not include applicable sales, occupancy, or other taxes. At check-in, we will require a credit card but at check out you may pay with cash. 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 the full amount of these charges. I agree to depart accommodations by 11:00 AM on the date indicated above. \$250 fee will be applied for smoking in our guest rooms. Additionally, there will be a \$250 fee for unauthorized pets. The hotel also enforces an early departure fee of one night room and tax.

Customer signature: _____

CARD SERVICES
 PO BOX 419734
 KANSAS CITY MO 64141-6734

Account Number Ending In: XXXX XXXX XXXX 9047



Please Detach And Enclose Top Portion With Payment

| | | | | |
|-------------|------------------|-----------------|-----------------|-----------------|
| New Balance | Payment Due Date | Past Due Amount | Minimum Payment | Amount Enclosed |
| 0.00 | 06/26/18 | 0.00 | 0.00 | \$ |

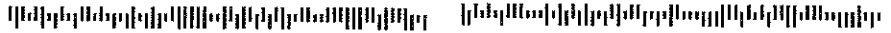
Make Check Payable To:
 Card Services

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
 MADISON COUNTY BOS
 PO BOX 608
 CANTON MS 39046-0608

12514
 0106



4715623981009047 0000000 0000000

Account Number Ending In: XXXX XXXX XXXX 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 | 06/01/18 |
| New Balance | 0.00 |
| Minimum Payment Due | 0.00 |
| Payment Due Date | 06/26/18 |
| 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 |
|------------------|--------------|-------------------|--|--------|
| 05/09 | 05/11 | 2443106GJLKD142QE | HOLIDAY INN LOUISVILLE LOUISVILLE KY MCC: 3601 MERCHANT ZIP: 40209 LODGING CHECK-IN DATE: 05/08/18 SALES TAX: \$ 0.00 TAX INCLUDED: | 126.52 |
| 05/10 | 05/13 | 2443106GKLD2BESB | HOLIDAY INN EXPRESS & SU DAYTON OH MCC: 3601 MERCHANT ZIP: 45469 LODGING CHECK-IN DATE: 05/08/18 SALES TAX: \$ 0.00 TAX INCLUDED: | 114.38 |
| 06/01 | 06/01 | 000000000000COMPC | TOTAL PURCHASES \$240.90 TOTAL | 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 |

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.



Holiday Inn

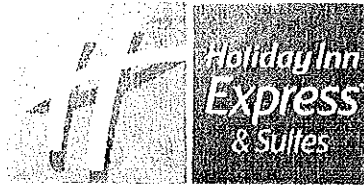
05-09-18

| | | |
|--|--|-----------------------------|
| Kevin Moffett 118 Harrington Dr Canton MS 39046 United States | Folio No. : | Room No. : 424 |
| | A/R Number : | Arrival : 05-08-18 |
| | Group Code : | Departure : 05-09-18 |
| | Company : Madison County Sherriff | Conf. No. : 64023408 |
| | Membership No. : | Rate Code : IGCOR |
| | Invoice No. : | Page No. : 1 of 1 |

| Date | Description | Charges | Credits |
|----------------|--------------------------|---------------|---------------|
| 05-08-18 | *Accommodation | 109.00 | |
| 05-08-18 | State Tax - Room | 6.54 | |
| 05-08-18 | Occupancy Tax | 0.62 | |
| 05-08-18 | State Transient Room Tax | 1.09 | |
| 05-08-18 | Metro Tax | 9.27 | |
| 05-09-18 | Visa | | 126.52 |
| Total | | 126.52 | 126.52 |
| Balance | | 0.00 | |

Your credit card we have on file brings your account balance to 0.00. Please call the front desk when you are departing. Thank you.

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.



48

05-09-18

| | | |
|---|---|-----------------------------|
| Kevin Moffett 118 Harrington Drive Canton MS 39046 United States | Folio No. : | Room No. : 219 |
| | A/R Number : | Arrival : 05-09-18 |
| | Group Code : | Departure : 05-10-18 |
| | Company : Madison County Sheriff | Conf. No. : 65982279 |
| | Membership No. : | Rate Code : IMGOV |
| | Invoice No. : | Page No. : 1 of 1 |

| Date | Description | Charges | Credits |
|----------------|--------------------|---------------|---------------|
| 05-09-18 | *Accommodation | 101.00 | |
| 05-09-18 | State Tax - 7.25% | 7.32 | |
| 05-09-18 | Occupancy Tax - 3% | 3.03 | |
| 05-09-18 | Local Tax- 3% | 3.03 | |
| 05-09-18 | Visa | | 114.38 |
| Total | | 114.38 | 114.38 |
| Balance | | 0.00 | |

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.

Holiday Inn Express & Suites Dayton South
 Primary Dayton Inkeepers, LLC dba
 7701 Washington Village Drive
 Dayton, OH 45459

CARD SERVICES
 PO BOX 419734
 KANSAS CITY MO 64141-8734

Account Number Ending In: XXXX XXXX XXXX 9270



Please Detach And Enclose Top Portion With Payment

| | | | | |
|-------------|------------------|-----------------|-----------------|-----------------|
| New Balance | Payment Due Date | Past Due Amount | Minimum Payment | Amount Enclosed |
| 0.00 | 06/26/18 | 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 12525
 MADISON COUNTY BOS 0186
 PO BOX 608
 CANTON MS 39046-0608



4715621981999270 0000000 0000000

Account Number Ending In: XXXX XXXX XXXX 9270

| 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 | 06/01/18 |
| New Balance | 0.00 |
| Minimum Payment Due | 0.00 |
| Payment Due Date | 06/26/18 |
| 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 64141-8734

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 |
| 05/14 | 05/16 | 2469216GP2XTH4X4K | UNITED | 0162609758681800-932-2732 TX | | 25.00 |
| | | | MCC: 3000 | MERCHANT ZIP: 77002 | | |
| | | | SALES TAX: \$ | 0.00 TAX INCLUDED: | | |
| 05/15 | 05/16 | 7469216GP2XTH6BZ3 | UNITED | 0162609758681800-932-2732 TX | | 25.00 |
| | | | MCC: 3000 | MERCHANT ZIP: 77002 | | |
| | | | SALES TAX: \$ | 0.00 TAX INCLUDED: | | |
| 05/19 | 05/21 | 2429910GW03VH94H1 | 91441 - JACKSON AIRPORT GJACKSON MS | | | 93.00 |
| | | | MCC: 7523 | MERCHANT ZIP: 39208 | | |
| | | | SALES TAX: \$ | 2.79 TAX INCLUDED: 1 | | |
| | | | CUSTOMER CODE: P26003228 | | | |
| 05/19 | 05/21 | 2469216GW2XAY7NPP | UNITED | 0162600102406900-932-2732 TX | | 25.00 |
| | | | MCC: 3000 | MERCHANT ZIP: 77002 | | |
| | | | SALES TAX: \$ | 0.00 TAX INCLUDED: | | |
| 05/20 | 05/21 | 2469216GW2XBVNY1K | GAYLORD NATIONAL F/D | 866-435-7627 MD | | 1,278.38 |
| | | | MCC: 3608 | MERCHANT ZIP: 20745 | | |
| | | | LODGING CHECK-IN DATE: 05/14/18 | | | |
| | | | SALES TAX: \$ | 0.00 TAX INCLUDED: 2 | | |
| | | | CUSTOMER CODE: 0000000000000000 | | | |
| 06/01 | 06/01 | 000000000000COMPC | TOTAL PURCHASES | \$1,421.38 | | 0.00 |
| | | | TOTAL RETURNS | \$25.00 | | |
| | | | TOTAL | \$1,396.38 | | |

| 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.

Do not expose to excessive heat or direct sunlight.

STAPLE
HERE

REV. 11/12
PRINTED IN U.S.A. BY MAGNETIC TICKET AND LABEL CORP., DALLAS, TX CS1987

UNITED 

CUSTOMER REFUND RECEIPT

ISS. AGENT ID: TL/PLACE OF ISSUE: JAN

REG LOG: B18NE4
CUSTOMER NAME: SIMS/MYRTISL

ORIG-DEST: JAN-DCA

DATE: 14MAY18

DOCUMENT NUMBER: 0162609758681 6

REASON: REFUND - FIRST CHECKED BAG

QUANTITY: 1

PRICE: -25.00

TOTAL: -25.00

TOTAL: -USD25.00

TICKET TOTAL: -USD25.00

REFUND TYPE: CC

VXXXXXXXXXXXX9270/XXXX
A STAR ALLIANCE MEMBER ☆

Jackson-Medgar Wiley
Evers International
Airport Parking

CASHIER 103
RECEIPT: 83656
PERSONELL: 13
TRANSACTION: 53804
SNR: 01 111 0032774
IN: 14.05.18 05:37
P.AT: 19.05.18 14:21
HOURLY TICKET
FEE: 93.00 USD
PAID: 93.00 USD

Sale
Amount: 93.00 USD

Cardholder copy
Date: 05/19/18 19:47
Term ID: 00012320
Card Type: VS
PAN xxxxxxxxxxxxx9270
Entry Type: Swipe
Req Ref: 00012320-00
Trans Ref: 53804
Auth Code: 019544
Result: 00

APPROVED

Signature verified

5T 8:44

Above amount
includes sales tax.
Thank you for your
business.
Please Drive Safely!

Do not expose to excessive heat or direct sunlight.

STAPLE
HERE

PRINTED IN U.S.A. BY MAGNETIC TICKET AND LABEL CORP., DALLAS, TX. CSM987 REV. 1/12



PASSENGER RECEIPT

19MAY18

1 OF 1

US

EXCESS BAGGAGE
TICKET

SIMS/MYRTISL

NOT VALID FOR
TRANSPORTATION

PSGR TICKET 01623893024644

DCA UA IAH UA JAN

B18NE4

THIS IS YOUR RECEIPT

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

1 FIRST CHECKED BAG 25.00

NOT VALID FOR TRAVEL

USD 25.00

VIXXXXXXXXXXXXX9270/XXXX/019070

1 016 2600102406 0

USD 25.00

A STAR ALLIANCE MEMBER



GAYLORD
HOTELS*

GAYLORD NATIONAL HOTEL

GUEST FOLIO

| | | | | | | |
|-------|-------------|--------------------|----------|-------|-------|-------|
| 12311 | SIMS/MYRTIS | 254.00 | 05/19/18 | 05:49 | 5319 | 12747 |
| ROOM | NAME | RATE | DEPART | TIME | ACCT# | GROUP |
| T2 | ATTENDEE | | 05/14/18 | 17:03 | | |
| TYPE | ADDRESS | | ARRIVE | TIME | | |
| 248 | 20745 | | | | | |
| ROOM | | VSXXXXXXXXXXXX9270 | | | RWD#: | |
| CLERK | ADDRESS | PAYMENT | | | | |

| DATE | REFERENCES | CHARGES | CREDITS | BALANCES DUE |
|-------|----------------------------|------------------|---------|--------------|
| 05/09 | ADVDP-CA FROM: APA/DEPO | GL 328 | | 299.72 |
| 05/14 | GP ROOM | 7020, 1 | 254.00 | |
| 05/14 | STATETAX | 7020, 1 | 15.24 | |
| 05/14 | OCC TAX | 7020, 1 | 17.78 | |
| 05/14 | LOCALTAX | 7020, 1 | 12.70 | |
| 05/14 | RSRT FEE | RESORT F | 15.00 | |
| 05/14 | SALESTX | RESORT F | .90 | |
| 05/15 | GP ROOM | 12311, 1 | 254.00 | |
| 05/15 | STATETAX | 12311, 1 | 15.24 | |
| 05/15 | OCC TAX | 12311, 1 | 17.78 | |
| 05/15 | LOCALTAX | 12311, 1 | 12.70 | |
| 05/15 | RSRT FEE | RESORT F | 15.00 | |
| 05/15 | SALESTX | RESORT F | .90 | |
| 05/16 | GP ROOM | 12311, 1 | 254.00 | |
| 05/16 | STATETAX | 12311, 1 | 15.24 | |
| 05/16 | OCC TAX | 12311, 1 | 17.78 | |
| 05/16 | LOCALTAX | 12311, 1 | 12.70 | |
| 05/16 | RSRT FEE | RESORT F | 15.00 | |
| 05/16 | SALESTX | RESORT F | .90 | |
| 05/17 | GP ROOM | 12311, 1 | 254.00 | |
| 05/17 | STATETAX | 12311, 1 | 15.24 | |
| 05/17 | OCC TAX | 12311, 1 | 17.78 | |
| 05/17 | LOCALTAX | 12311, 1 | 12.70 | |
| 05/17 | RSRT FEE | RESORT F | 15.00 | |
| 05/17 | SALESTX | RESORT F | .90 | |
| 05/18 | GP ROOM | 12311, 1 | 254.00 | |
| 05/18 | STATETAX | 12311, 1 | 15.24 | |
| 05/18 | OCC TAX | 12311, 1 | 17.78 | |
| 05/18 | LOCALTAX | 12311, 1 | 12.70 | |
| 05/18 | RSRT FEE | RESORT F | 15.00 | |
| 05/18 | SALESTX | RESORT F | .90 | |
| 05/19 | CCARD-VS | | | 1278.38 |
| | PAYMENT RECEIVED BY: VISA | XXXXXXXXXXXX9270 | | |
| | | | | .00 |

See our "Privacy & Cookie Statement" on Marriott.com



GAYLORD
HOTELS*

GAYLORD NATIONAL HOTEL
201 WATERFRONT ST
NATIONAL HARBOR, MD 20745
PH# 301-965-2000 FAX# 301-965-2039

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X