Purchasing Department

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

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

8 October 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 October 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 Crunk

Purchasing Clerk



New Balance	Ple Payment Due Date	ease Detach And Enck Past Due Amount	se Top Portion With F Minimum Payment	Payment Amount Enclosed		
2,349.73	10/26/18	0,00	2,349.73		\$	_
Make Check Pa Card Services	yabte To:		Please che	rck box if making addre	ss change as	
• • • • • • • • • • • • • • • • • • • •			CONTROL ACC	UNT	9309	,
Card Servi			MADISON COUNTY BOX 608	TY BOS	0110	
PO Box 875	5852 ty MO 64187-50	0.52	CANTON MS 39	1066-0608		
_ լիդիկորդներիկունի	Որի հետևում հումե	1885 18 18 18 18 18 18 18	- արդայիիկիկիկ	[0]	14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	

4715621981007611 0234973 0234973

Summary of Account Activity Previous Balance 1,813.24 Payments 1,813.24 Other Credits 0.00 Purchases/Debits 2,349.73 Cash Advances 0:00 Finance Charges 0,00 New Balance

2,349.73 20,000.00 17,650,00

Payment Information Statement Closing Date 10/01/18 New Balance 2,349.73 Minimum Payment Due 2.349.73 Payment Due Date 10/26/18 Past Due Amount 0.00

Account Number Ending In: XXXX XXXX XXXX 7611

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

PAYMENT ADDRESS CARD SERVICES

Credit Limit

Available Credit

ACCOUNT INQUIRIES AND LOST STOLEN CARDS 800-821-5184

CARD SERVICES PO BOX 419734 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 Purchases, Cash Advances, Payments, Credits and Adjustments since last statement Transaction Posting Reference Amount Date Oale Number TOTAL XXXX XXXX XXXX 7611 \$1,813.24-09/21 7471562LREHM94R80 CK PAYMENT THANK YOU KANSAS CITY MO 09/21 1,813,24-MADISON COUNTY BOS TOTAL XXXX XXXX XXXX 7579 UNITED 0162415632533800-932-2732 TX MCC: 3000 MERCHANT ZIP: 77002 09/04 09/06 2469216L82XMQSKXF 415.60 SALES TAX: \$ 0.00 KEMP/MENDALGENE 0.00 TAX INCLUDED: JACKSON CHICAGO CHICAGO PEORIA CHICAGO CHICAGO JACKSON SQ *DC VIP CAB WASHINGTON DC 2449215LMMH85EE9A 09/18 09/19 7.35 MCC: 4121 MERCHANT ZIP: 20018 SALES TAX: \$ 0.00 TAX INCLUDED: 2 CUSTOMER CODE: 9YCLSMGRHQZ9GLI6L SQ 'UVC WASHINGTON DC 09/18 2449215LMMHB811R5 11.39 MCG: 4121 MERCHANT ZIP: 20018 SALES TAX: \$ 0.00 TAX INCLUDED: 2 CUSTOMER CODE: A49RBKSJPI3RZBI62 SQ 'DC VIP CAB WASHINGTON DC MCC: 4121 MERCHANT ZIP: 20515 SALES TAX: \$ 0.00 TAX INCLUDED: 2 CUSTOMER CODE: I6VPFJVDKMLGRSYFX 09/18 09/19 2449215LMMJH494BG 12.63 SQ *UVC INC Washingtion DC 09/18 09/19 2469216LM2X5HNK7T 11.70 MCC: 4121 MERCHANT ZIP: 20018 SALES TAX: \$ 0.00 TAX INCLUDED: 2 CUSTOMER CODE: 00011529215082225 09/18 09/19 2469216LN2X7Q0FZF SQ *UVC Washington DC 8.85 MCC: 4121 MERCHANT ZIP: 20018 SALES TAX: \$ 0.00 TAX INCLUDED: 2 CUSTOMER CODE: 00011529216082226 HAMELTON HOTEL DC WASHINGTON DC MCC: 7011 MERCHANT ZIP: 20005 LODGING CHECK-IN DATE: 09/19/18 SALES TAX: \$ 0.00 TAX INCLUDED: 2449398I P61GX1GQK 09/19 09/20 357.03 2429910LP03NK92QJ 91441 - JACKSON AIRPORT G JACKSON MS 09/20 32.00 MCC: 7523 MERCHANT ZIP: 39208 SALES TAX: \$ 0.96 TAX INCLUDED: 1 CUSTOMER CODE: P49004694 Continued on next page

1-2

TRAVEL CARD RECONCILIATION STATEMENT CLOSING DATE: 10/01/18

CARD	CARD USER	PURPOSE	USE DATE	USE DATE VENDOR NAME	AMOUNT DESCRIPTION
BOS1 CARD	RD				
	Mendal Kemp	Airfare	9/4/2018 United	United	\$415.60 Training
	Trey Baxter	Cab fare	9/18/2018	9/18/2018 VIP CABS	\$7.35 White House trip
	Trey Baxter	Cab fare	9/18/2018 UVC	UVC	\$11.39 White House trip
	Trey Baxter	Cab fare	9/18/2018 VIP Cabs	VIP Cabs	\$12.63 White House trip
	Trev Baxter	Cab fare	9/18/2018 UVC	UVC	\$11.70 White House trip
	Trey Baxter	Cab fare	9/18/2018 UVC	UVC	\$8.85 White House trip
	Trev Baxter	Lodaina	9/19/2018	9/19/2018 Hamilton Hotel	\$357.03 White House trip
	Trev Bayter	Parking	9/20/2018	9/20/2018 Jackson Airnort	\$32 00 White House trip
BOS1 CA	BOS1 CARD TOTAL	G		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	\$856.55
BOS2 CA	BOS2 CARD TOTAL				
	Cheryl Horn	Lodging	9/8/2018	Lady Luck Vicks	\$138.00 Convention
BOS2 CA	Trey Baxter BOS2 CARD TOTAL	Airfare	9/18/2018	American	\$486.20 White House Trip \$624.20
HR CARD	_				
HR CARE	no activity HR CARDS TOTAL				\$0.00
EMA CARD			91-Sen-18	Epirfield Tipelo	\$238 16 Convention
EMA CAF	EMA CARD TOTAL			י מווינים ועסיס	\$238.16
SO1 CARD		- - - - - - - -			700 1400 1400 1400 1400 1400 1400 1400 1
Brain Me SO1 CARD TOTAL	Brain McCarty D TOTAL	Lodging	26-Sep-18	Hampton NOLA	\$87.72 Training \$87.72
SO2 CARD					enas an Training
SO2 CARD TOTAL	D TOTAL	roaging	11-0eb-10	noteis.com	\$543.10 Halling
TOTAL T					\$2.349.73
TOTAL TO PAY	OPAY / / /				\$2,349.73



Please Detach And Enclose Top Portion With Payment te Past Due Amount Minimum Payment Amou New Balance Payment Due Date 10/26/18 0.00 0.00 0.00 \$ Please check box if making address change as indicated on the back Make Check Payable To: Card Services MADISON COUNTY BOS 93 NB MADISON COUNTY BOS Card Services 0110 PO BOX 608 PO Box 875852 Kansas City MO 64187-5852 CANTON MS 39046-0608 հակքընգիկանկանիկութիկարիկանիկանիկութին իկոնիկը<u>ինի</u>յկինիսինուներիորդինիկ

4715621981007579 0000000 0000000

Summary of Account Activity Previous Balance 0.00 0.00 Payments Other Credits 0.00 Purchases/Debits 0,00 Cash Advances 0.00 Finance Charges 0.00 New Balance 0.00 20,000,00 Credit Limit

Payment Information	
Statement Closing Date	10/01/18
New Balance	0.00
Minimum Payment Due	0.00
Payment Due Date	10/26/18
Past Due Amount	0.00

Account Number Ending In: XXXX XXXX XXXX 7579

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

Available Credit

1-2

ACCOUNT INQUIRIES AND LOST STOLEN CARDS 800-821-5184 816-843-2000 IN KANSAS CITY

20,000,00

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	Posting	Reference	Purchases, Cash Advances, Payments, C	redits Amount
Date			and Adjustments since tast statement	The second secon
09/04	09/06	2469216L82XMQSKXF	UNITED 0162415632533800-932-2732	
		÷ -	MCC: 3000 MERCHANT ZIP: 77002	
			SALES TAX: \$ 0.00 TAX INCLUDED:	
			KEMP/MENDALGENE	
			JACKSON CHICAGO	
			CHICAGO PEORIA	
			PEORIA CHICAGO	
			CHICAGO JACKSON	•
09/18	09/19	2449215LMMHB6EE9A	SQ *DC VIP CAB WASHINGTON	DC 7.35
			MCC: 4121 MERCHANT ZIP: 20018	
			SALES TAX: \$ 0.00 TAX INCLUDED:	2
			CUSTOMER CODE; 9YCLSMGRHQZ9GI	_16L
09/18	09/19	2449216LMMHB811R5	SQ UVC WASHINGTON DC	11,39
- 4			MCC: 4121 MERCHANT ZIP: 20018	71.00
			SALES TAX: \$ 0.00 TAX INCLUDED:	2
			CUSTOMER CODE: A49HBKSJPI3RZBI6	
09/18	09/19	2449215LMMJH494BG	SQ 'DC VIP CAB WASHINGTON	
			MCG: 4121 MERCHANT ZIP: 20515	12.00
			SALES TAX: \$ 0.00 TAX INCLUDED:	, ·
			CUSTOMER CODE; I6VPFJVDKMLGRS	/FX
09/18	09/19	2469216LM2X5HNK7T	SQ *UVC INC Washington DC	11.70
			MCC: 4121 MERCHANT ZIP: 20018	
			SALES TAX: \$ 0,00 TAX INCLUDED:	2
		•	- CUSTOMER CODE: 00011529215082225	i .
09/18	09/19	2469216LN2X7Q0FZF	SQ *UVC Washington DC	8,85
			MCC: 4121 MERCHANT ZIP: 20018	,
			SALES TAX: \$ 0,00 TAX INCLUDED:	2 .
			CUSTOMER CODE: 00011529215082226	· -
09/19	09/20	2449398LP61GX1GQK	HAMILTON HOTEL DC WASHINGTO	N DC 357,03
			MCC: 7011 MERCHANT ZIP: 20005	
			LODGING CHECK-IN DATE: 09/19/18	
			SALES TAX: \$ 0.00 TAX INCLUDED:	
09/20	09/21	2429910LP03NK92QJ	91441 - JACKSON AIRPORT GJACKSON	I MS 32,00
			MCC: 7523 MERCHANT ZIP: 39208	oc.
			SALES TAX: \$ 0.96 TAX INCLUDED:	1
			CUSTOMER CODE: P49004694	
10/01	10/01	000000000000GOMPC	TOTAL PURCHASES \$856,55	0.00
			TOTAL \$856.55	0100

942 0001 HVH

001 7 1 181001 D

PAGE 1 of

18 5580 2180 COL

Hardy Crunk

From:

United Airlines, Inc. <unitedairlines@united.com>

Sent:

Tuesday, September 4, 2018 2:00 PM

To:

Hardy Crunk

Subject:

Your United reservation for Peoria, IL, US (PIA) is processing

Add UnitedAirlines@news.united.com to your address book. See instructions.

×

Tuesday, September 04, 2018

Thank you for choosing United



We're processing your reservation and will send you an eTicket Itinerary and Receipt email once completed. This process usually takes less than an hour, but in rare cases it could take longer. If you don't receive an eTicket Itinerary and Receipt email within 24 hours, please call the United Customer Contact Center

Confirmation number:

Jackson, MS, US (JAN) to Peoria, IL, US (PIA)

CLVRR3

Manage reservation



This Basic Economy ticket is nonrefundable and can't be changed. Learn more about our 24-hour flexible booking policy.

Purchase summary

1 adult (18-64) Taxes and fees

\$344.19

\$71.41

Total

\$415.60

Credit card payment: \$415.60 (Visa-**7579)

Trip summary

Basic Economy restrictions apply, including:



No complimentary seat selection

- Advance seat assignments may be available for purchase during booking and up until check-in opens
- Complimentary seat assigned prior to boarding
- No group or family seating
- No Premier® member seating benefits



No full-sized carry-on bag on board (This restriction does not apply to MileagePlus Premier members, primary cardmembers of qualifying MileagePlus credit cards or Star Alliance™ Gold members.)

- Check bags before airport security for the applicable fee (starting at \$25)
- Bags brought to the gate incur an additional \$25 gate handling charge (total starting at \$50)

Learn more about Basic Economy

Sun, Sep 23, 2018



Operated By AIR WISCONSIN DBA UNITED



Connection
6h 38m
total

6:45 am Jackson, MS, US (JAN)



9:00 am Chicago, IL, US (ORD -O'Hare) Duration: 2h 15m United Economy (N) Snacks for Purchase



Long layover

3h 24m Layover



Operated By AIR WISCONSIN DBA UNITED EXPRESS

Basic Bronomy

12:24 pm Chicago, IL, US (ORD - O'Hare)



1:23 pm Peoria, IL, US (PIA) Duration: 59m United Economy (N)



Long layover

≥ UA 4814

Operated By AIR WISCONSIN DBA UNITED

Essic Economy

1 Connection

> 4h 23m total

6:00 am Peoria, IL, US (PIA)



7:00 am Chicago, IL, US (ORD -O'Hare) Duration: 1h United Economy (N)

1h 14m Layover

■ UA 3779

Operated By AIR WISCONSIN DBA UNITED EXPRESS

BENGEROOM AND

8:14 am Chicago, IL, US (ORD - O'Hare)



10:23 am Jackson, MS, US (JAN) Duration: 2h 9m United Economy (N) Snacks for Purchase

Travelers

MENDAL KEMP

JAN to ORD
ORD to PIA

PIA to ORD
ORD to JAN

Email address:

HARDY@MADISON-CO.COM

Home phone:

+1 6015063707

×



Additional trip planning tools

- Baggage Policies: View current baggage acceptance allowances.
- Passport and Visa Information: International Travel Documentation requirements

Basic Economy onboard bag policy

Carry-on bags: You're allowed a small personal item that fits under the seat in front of you, such as a shoulder bag, purse, laptop bag or other small item, 9 inches x 10 inches x 17 inches (22 cm x 25 cm x

TAXI FARE RECEIPT

DIAMOND CAB
1100 Q ST., N.W.
WASHINGTON, DC 20009

LD. NO.

SIGNED

DATE

TAG NO.

SIGNED

TAG NO.

SIGNED

TAG NO.

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SIGNED

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TAG NO.

SIGNED

TOTAL

FOR ADVANCED RESERVATIONS TO NATIONAL, BWI AND DULLES AIRPORTS PLEASE CALL: 202-387-221

FOR CHARGE ACCOUNT INFORMATION, PLEASE CALL: 202-387-4011

FOR A DIRECT DELIVERY, PLEASE CALL: 202-387-2247

	TAXICAB RECEI	РŢ
	Time:	
Origin of trip:		
Destination:	5.C	
Fare:	/) Sign:	

Jackson-Medgar Wiley Evers International Airport Parking CASHIER 105 RECEIPT: 42684 PERSONELL: 20 TRANSACTION: 73840 SNR: 01 111 0054348 18.09.18 05:10 IN: P.AT: 19.09.18 21:34 HOURLY TICKET FEE: 32.00 USD

PAID: 32.00 USD 32.00 USD

Sale 32.00 USD

Cardholder copy
Date: 09/20/18 02:54
Term ID: 00012318
Card Type: VS
PAN xxxxxxxxxxxx7579
Entry Type: Swipe

Req Ref: 00012318-00 Trans Ref: 73840 Auth Code: 019738

Result: 00

APPROVED

Signature verified

1T 16:24

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

TRAVEL CARD MISSING DOCUMENT AFFIDAVIT



CARDHOLDER SIGNATURE: This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 15 day of 20/8. Notary Public CYNTHIA A. PARKER			•	
Transaction Description Date of Purchase Vendor Cost Pare 9/8/8 Vendor Cost 9/8/8 Detailed explanation of missing documentation: Coff CARDHOLDER SIGNATURE: This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 15 day of 20/8. CYNTHIA A. PARKER	Cardholder: Trey B	oxfer	, .	
Transaction Description Date of Purchase Vendor Cost All P Detailed explanation of missing documentation: Off receipt The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge: DATE: Social Signature: This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 15 day of 0 20/8. OF Mississippi CANTHIA A PARKER.	Account Number: KAXX	XXXX XXXX	7579	
Detailed explanation of missing documentation: LOGE CLIPS The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge: DATE: SOCE SIGNATURE: This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the Say of Say o	Signature of Program Coordinator:	Hode =		
Detailed explanation of missing documentation: LOGE CLIPS The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge: DATE: SOCE SIGNATURE: This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the Say of Say o	Transaction Description	Date of Purchase	Vendor	Cost
The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge: DATE: /S OC / 2018 CARDHOLDER SIGNATURE: This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the // Say of // AND OFFICIAL SEAL, this the // Sa	ah fare	9/18/18	UVC	\$11.70
The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge: DATE: /S OC / 2018 CARDHOLDER SIGNATURE: This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the // S day of // A 20 // S Notary Public CYNTHIA A PARKER	eb fere	9/18/18	UVC	\$ 8,85
The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge: DATE: \(\sqrt{5}\) OCF 2GF8 CARDHOLDER SIGNATURE: This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the \(\sqrt{5}\) day of \(\sqrt{6}\) A 20 \(\sqrt{8}\). Notary Public CYNTHIA A PARKER	Detailed explanation of missing doc	cumentation:		
The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge: DATE: \(\sqrt{5}\) OCF 2GF8 CARDHOLDER SIGNATURE: This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the \(\sqrt{5}\) day of \(\sqrt{6}\) A 20 \(\sqrt{8}\). Notary Public CYNTHIA A PARKER	I not receive	145		
CARDHOLDER SIGNATURE: This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 15 day of 0 to 20/8. Notary Public CYNTHIA A. PARKER	to the territory			
CARDHOLDER SIGNATURE: This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 15 day of 0 20/8. Notary Public CYNTHIA A. PARKER			· · · · · · · · · · · · · · · · · · ·	
CARDHOLDER SIGNATURE: This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 15 day of 0 20/8. Notary Public CYNTHIA A. PARKER				
CARDHOLDER SIGNATURE: This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 15 day of 0 20/8. Notary Public CYNTHIA A. PARKER				
CARDHOLDER SIGNATURE: This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 15 day of 0 20 /8. Notary Public CYNTHIA A. PARKER				
CARDHOLDER SIGNATURE: This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 15 day of 20/8 Notary Public CYNTHIA A. PARKER		said missing documentation hereby st	ates under oath that the above	ve facts are true and
This Date Personally Appeared Before Me, the undersigned authority, in and for County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 15 day of 20/8. Notary Public CYNTHIA A. PARKER	DATE: 15 OCT 2,018			
County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 15 day of 20 / 8. Notary Public CYNTHIA A. PARKER	CARDHOLDER SIGNATURE:		·	
Notary Public CYNTHIA A. PARKER	County, Stat	e of Mississippi, the above nar	med employee, who, be	eing first duly sworn,
Notary Public CYNTHIA A. PARKER	GIVEN UNDER MY HAND AND	OFFICIAL SEAL, this the <u>15</u>	_day of Oct_20/8.	, s. c + c + c + c + .
CYNTHIA A. PARKER	ę	agratiá	Sala is	OF M/SS/S P (ARY PUSS/S) P (D #22691 C)
• FORMUSSION FYCH GS: • 1	NOTE: This affidavit shall be attached to the		, (NTHIA A. PARKER Commission Expires

TRAVEL CARD MISSING DOCUMENT AFFIDAVIT



Cardholder: Treg	Baxter	
Account Number:	X XXXX XXXX	7579
	· · · · · · · · · · · · · · · · · · ·	
Signature of Program Coord	inator:	
Transaction Description	Date of Purchase	Vendor Cos
Cab fare	9/18/18	1/18 Cabs #7
6 fare	9/18/18	VIV Caks \$ 12.6
Detailed explanation of miss	ing documentation:	
Lost rece	15/5	
1071 100	<i>if i i i</i>	
•		
	,	
The undersigned employee respon- correct to the best of his/her knowl		y states under oath that the above facts are true and
15 AND SAID		
DATE: 15 OCT 2018		
CARDHOLDER SIGNATU	RE:	
This Date Personally	Appeared Before Me, the	* .
	above facts are true and correct to the	named employee, who, being first duly swo
		, , , , , , , , , , , , , , , , , , , ,
GIVEN UNDER MY HAND	AND OFFICIAL SEAL, this the	2 day of <u>VC/</u> 20/0.
·		5/≥ 1D #22691 C
	(lyrotia)	CYNTHIA A. PAR
	Not	tary Public



HOTEL

WASBINGTON, D.C.

Mr. Trey Baxter PO Box 608 Canton, MS 39046

Room No. : 0236 Arrival : 09-18-18 Departure : 09-19-18

United States

Page No. Folio No.

: 1 of 1 : 85748 : 98754132

Conf. No.

GUEST FOLIO

Cashier No. : 11502

Company Name:

Group Name:

Date	Description	Charges	Credits
09-18-18	Accommodation	289.00	
09-18-18	Accommodation Tax	42.77	
09-18-18	Facility Fee	22.00	
09-18-18	Facility Fee Tax	3.26	
09-19-18	Visa	5.23	357.03
	XXXXXXXXXXX7579 XX/XX		007.00

Total Charges 357.03 **Total Credits** 357.03 **Balance** 0.00

Guest Signature:

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



Please Detach And Enclose Top Portion With Payment New Balance Payment Due Date Past Due Amount Minimum Payment Amount Enclosed 0.00 10/28/18 0.00 0.00 Make Check Payable To: Please check box if making address change as indicated on the back Card Services MADISON COUNTY BOS 9398 MADISON COUNTY BOS Card Services 0118 PO BOX 608 PO Box 875852 CANTON MS 39046-0608 Kansas City MO 64187-5852 ովկինեկովիննկինութեցներիներիկարդների յապ<u>արիկինին արևինինին արևինինին իր</u>

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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 New Balance 0.00 Credit Limit 20,000.00 20,000.00 Available Credit

Account Number Ending In: XXXX XXXX XXXX 9270

Payment Information

Statement Closing Date 10/01/18

New Balance 0.00

Minimum Payment Due 0.00

Payment Due 0.00

Payment Due Date 10/26/18

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

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ACCOUNT INQUIRIES AND LOST STOLEN CARDS 800-821-5184

CARD SERVICES PO BOX 419734 KANSAS CITY MO 64141-6734

KANSAS CITY, MO 64187-5852

800-821-5184 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 Posting Reference Purchases, Cash Advances, Payments, Credits Amount Date Date Number and Adjustments since last statement 09/06 09/09 2473309LALAGFHMFH LADY LUCK VICK - HOTEL VICKSBURG MS MCC: 7011 MERCHANT ZIP: 39182 138,00 LODGING CHECK-IN DATE: 09/05/18 SALES TAX: \$ 0.00 TAX INCLUDED: 09/18 09/20 2443106LNWESNBJ4V AMERICAN AIR0012311651674FORT WORTH TX 486.20 MCC: 3001 MERCHANT ZIP; 7526 SALES TAX: \$ 0.00 TAX INCLUD 0.00 TAX INCLUDED: BAXTER/TREY WASHINGTON JACKSON 10/01 000000000000COMPC TOTAL PURCHASES \$624.20 0.00 TOTAL. \$624.20

Your Annual Percentage Rate (APR) is	the annual interest rate on your a	ccount	
Current Billing Period <u>Type of Balance</u> Purchases Cash Advances	Annual Percentage <u>Rate (APR)</u> 0,00 0.00	Balance Subject to Interest Rate 0.00 0.00	Interest <u>Charge</u> 0,00 0.00
Previous Billing Period <u>Type of Balance</u> Purchases (v) = Variable Rate	Annual Percentage <u>Rate (APR)</u> 0.00	Balance Subject to interest Rate 0.00	Interest <u>Charge</u> 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.

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PAGE 1 of 1

1 N 5588 2100 CB1

Name:

CHERYL HORN

Address:

299 COBBLEVILLE DR EAST

CANTON

MS

Arrival Date: Departure Date: 09/05/2018 CI Clerk 09/07/2018 CO Clerk HM116372

Group Code:

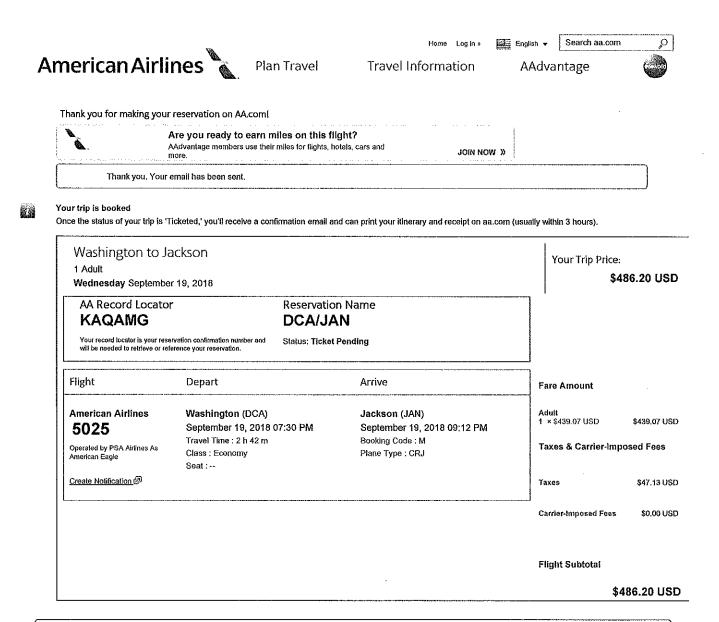
JCCMS18

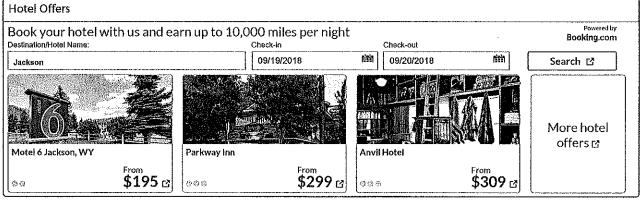
WK116442

VICKSBURG

Room #: VK 136	Rosy	433242095198	Page	1 of 1
NOOM #. VX 100	Resv	433242093196	Page	1 01 1

Date	Reference	Description	Charges	Credits	Balance
09/05/2018		FRONT DESK VISA		138.00	200000000000000000000000000000000000000
09/05/2018	VK 136	***********9270 ROOM CHARGE VK 136	69.00		69.00-
09/06/2018	VK 136	ROOM CHARGE VK 136	69.00		09.00-
			,		
	·				
		,			
	_				
		-			







Please Detach And Enclose Top Portion With Payment
Past Due Amount Minimum Payment Amou New Balance Payment Due Date Amount Enclosed 0.00 10/26/18 0.00 0.00 \$ Please check box if making address change as indicated on the back Make Check Payable To: **Card Services** MADISON COUNTY BOS 9375 MADISON COUNTY BOS Card Services 0110 PO BOX 608 PO Box 875852 CANTON MS 39046-0608 Kansas City MO 64187-5852

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Summary of Account A		
Previous Balance	\$	0.00
Payments		0.00
Other Credits	-	0.00
Purchases/Debits	4	0.00
Cash Advances	+	0.00
Finance Charges	+	0.00
New Balance		0.00
Credit Limit		5,000,00
Available Credit		5,000.00

Account Number Ending In: XXXX XXXX XXXX 7595

Payment Information

Statement Closing Date 10/01/18

New Balance 0.00

Minimum Payment Due 0.00

Payment Due Date 10/26/18

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	Postlng	Reference	Transaction Information Purchases, Cash Advances, Payments, Credits	
Date	Date	Number	and Adjustments since last statement	Amount
09/21	09/23	2469216LR2XKH543F	FAIRFIELD INN & SUITES TUPELO MS MCC: 3715 MERCHANT ZIP: 38866 LODGING CHECK-IN DATE: 09/21/18 SALES TAX: \$ 0.00 TAX INCLUDED: 2 CUSTOMER CODE: 0000000000000000	238.16
10/01	10/01	000000000000COMPC	TOTAL PURCHASES \$238,16 TOTAL \$238,16	0.00

	Interest Charge Calcu	dation	
Your Annual Percentage Rate (Al	PR) is the annual interest rate on you	account	
	Annuai		
Current Billing Period	Percentage	Balance Subject to	Interest
Type of Balance	Rate (APR)	Interest Hate	Charge
Purchases	0.00	0.00	0.00
Cash Advances	0.00	0.00	0.00
	Annual		
Previous Billing Period	Percentage	Balance Subject to	Interest
Type of Balance	Rate (APR)	Interest Rate	Charge
Purchases	0.00	0.00	0.00
(v) ≃ Varlabte 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.

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20Sep18

Fairfield Inn & Suites®

3070 Tom Watson Road Saltillo, MS 38866 662,680,6798

238.16

0.00

Balance:

Minor/Captain Norman Room: 402 Po Box 608 Room Type: KING Canton MS 39046 Number of Guests: 1 Madison County Bos Rate: \$109.00 Clerk: CEH Arrive: 18Sep18 Time: 02:47PM Depart: 20Sep18 Time: 12:37PM Folio Number: 97305 Date Description Charges Credits Room Charge 18Sep18 109.00 18Sep18 State Occupancy Tax 7.63 18Sep18 City Tax 2,45 Room Charge 19Sep18 109.00 State Occupancy Tax 19Sep18 7.63 City Tax 19Sep18 2.45

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.

Card #: VIXXXXXXXXXXXX7595/XXXX

Amount: 238.16 Auth: 018071 Signature on File This card was electronically swiped on 18Sep18

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

Visa



New Balance	Payment Due Date	Past Due Amount	9 Se top Portion With P Minimum Payment	ayment Amount Enclosed		
0.00	10/26/18	0.00	0.00		\$	
Make Check Pa Card Services	yabie To:		Please ched indicated or	ck box if making addres the back	ss change as	
	-		MADISON CO S			9376
Card Serv			MADISON COUN	TY BOS		0110
PO Box 875			PO BOX 608			
Kansas Ci	ty MO 64187-58	352	CANTON MS 39	046-0608		
Պիկիլարև	դրմա <mark>ինիկիդի</mark>	գոլիկմներընց		սիիկկվ հե	<u> իսիհենինը</u>	41111

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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 New Balance 0.00 Credit Limit 10,000.00 10,000.00 Available Credit

Account Number Ending In: XXXX XXXX XXXX 9039 Payment Information Statement Closing Date 10/01/18 New Balance 0.00 Minimum Payment Due 0.00 Payment Due Date 10/26/18 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 Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits Amount and Adjustments since tast statement.		
09/26	09/28	2475542LY50V38FQK	HAMPTON INNS NEW ORLEANS LA 87. MCC: 3665 MERCHANT ZIP: 70130 LODGING CHECK: IN DATE: 09/26/18 SALES TAX: \$ 0.00 TAX INCLUDED: 0 CUSTOMER CODE: 615092712500020	72	
10/01	10/01	000000000000COMPC	TOTAL PURCHASES \$87.72 0. TOTAL \$87.72	00	

	Interest Charge Calculation	the state of the s	
Your Annual Percentage Rate (APR) is th	e annual interest rate on your accou	nt	
Current Billing Period Type of Balance Purchases Cash Advances	Annual Percentage <u>Rate (APR)</u> 0.00 0.00	Balance Subject to interest Rate 0,00 0.00	Interest <u>Charge</u> 0.00 0.00
Previous Billing Period <u>Type of Balance</u> Purchases (v) ≕ Variable Rate	Annual Percentage <u>Rete (APR)</u> 0,00	Balance Subject to Interest Rate 0,00	Interest <u>Charge</u> 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.

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Hampton Inn & Suites - New Orleans Convention Center 1201 Convention Center Blvd. • New Orleans, LA 70130 Phone (504) 566-9990 • Fax (504) 566-9997

l agree to vacate my room, prior to 11:00 AM, on the specified date of departure. I also agree that the Inn may remove my belongings from said room to safe storage, if I have not vacated.

Signed:

Chapt. 3, Title 21, Sec. 75, 76.77 Louislana Rev. Statute 1950

McCarly, Brian name address UNITED STATES OF AMERICA	room number: arrival date: departure date; adult/child; room rate:	1	305/SXBL 9/24/2018 3:38:00 9/26/2018 2/0	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 inddentals, 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.
	HH# AL: Car:			
Confirmation Number: 87175078 9/26/2018	not waived and agree to to pay for any part or th	n. A satety dep o be held perso e full amount o	osit box is available for you nally liable in the event tha	lease do not leave any money or items of value in the lobby. I agree that my liability for this bill is at the indicated person, company or association fails to fan emergency, I, or someone in my party require e yes by checking here:
	signature:	was AVANCA		
0/04/04/0	on .	The state of the state of	amount	
9/24/2018 3067077 VALET PARKING 9/24/2018 3067077 VALET PARKING TAX 9/25/2018 3067333 VALET PARKING 9/25/2018 3067333 VALET PARKING TAX 9/26/2018 3067506 VS *9039 **BALANCE**			\$39.00 \$4.86 \$39.00 \$4.86 (\$87.72) \$0.00	
EXPENSE REPORT SUMMARY	L. F. S. S. S. N. N. N.	a		
MISCELLANEOUS \$39.00 \$39.00 \$7 OTHER \$4.86 \$4.86 \$9	TAYTOTAL 78.00 78.00 37.72 (3) 37.72 (4) (4)) Doese ten	fAFESERY soccephy
CARLES TOTAL Hampson	HA HA	Warkson Warkson	HOMES "	Sig Filling Sand Vacastrops
			med filosofiet state timo programme property of the processing	The second of Park 1 About of American
for reservations call 1.800 hampton or visit us online at ham				thanks.
account no.	date	of charge	folio/check no.	
card member name	autho	orization	717442 A init	tial
establishment no. and location establishment agrees to transmit to card hold	er for payment DUTCh	nases & servi	ces	
	taxes			
	ting 8	e misc.		**************************************
signature of card member				
X	total	amount	-87.72	



		ace Delact File Life	DOG TOO LOUGH AND LA	aynenn	
New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed	
0.00	10/26/18	0.00	0.00		\$
Make Check Pa Card Services	yable To:		Please chec	k box If making addre the back	ss change as
			MADISON CO S	HERIFF 2	9377
Card Servi	ices		MADISON COUN	TY BOS	0110
PO Box 875			PO BOX 608		
	ty MO 64187-58	352	CANTON MS 39	046-0608	
	lanHılıllınınblilli		լլհիլթոլՈրժ <u>ի</u> ւ	lidamentdada	Millellisteette

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Summary of Account A	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

Account Number Ending In: XXXX XXXX XXXX 9047 Payment Information Statement Closing Date 10/01/18 New Balance 0.00 Minimum Payment Due 0.00 Payment Due Date 10/26/18 Past Due Amount 0.00

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

PAYMENT ADDRESS 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.

		1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Transaction Information	
Transaction Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount
09/11	09/12	2469216LE2X5PGZYX	HOTELS.COM151847049397 HOTELS.COM WA MCC: 4722 MERCHANT ZIP: 98004 SALES TAX: \$ 0.00 TAX INCLUDED: 2 CUSTOMER CODE: 151847049397	543.10
10/01	10/01	000000000000COMPC	TOTAL PURCHASES \$543,10 TOTAL \$543,10	0,00

	Interest Charge Calcula	ition	
Your Annual Percentage Rate (APR)	is the annual Interest rate on your a	iccount	
Current Billing Period <u>Type of Balance</u> Purchases Cash Advances	Annual Percentage <u>Rate (APR)</u> 0.00 0.00	Balance Subject to Interest Rate 0.00 0.00	Interest Charge 0.00 0.00
Previous Billing Period Type of Balance Purchases (v) = Variable Rate	Annual Percentage <u>Rate (APR)</u> 0.00	Balance Subject to I <u>nterest Rate</u> 0.00	Interest <u>Charge</u> 0.00

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Leeanna Massey

From:

Hotels.com <confirmation@mail.hotels.com>

Sent:

Tuesday, September 11, 2018 1:21 PM

To:

Leeanna Massey

Subject:

Hotels.com booking confirmation 151847049397 - Hampton Inn And Suites New

Orleans Convention Center - New Orleans



Hotels.com



Dear Brian, your reservation is guaranteed and all paid for.



Manage booking



Print receipt



Book again

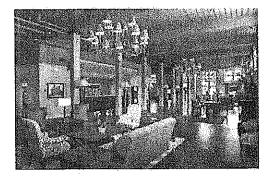
Hampton Inn And Suites New Orleans Convention Center

1201 Convention Center Blvd New Orleans 70130

LA

US

+15045669990



Hotels.com confirmation number

151847049397

Check-in

Monday, September 24, 2018 (3 PM)

Check-out

Wednesday, September 26, 2018 (11 AM)

Your stay

2 nights, 2 rooms

Cancellation policy

Free cancellation until 09/21/18 11:59 PM (GMT-06:00)

Amount paid

\$543.10

Hotels.comRewards