



PURCHASING DEPARTMENT

Madison County Board of Supervisors
146 West Center Street
Canton, MS 39046 / 601-855-5534
kesha.jackson@madison-co.com

April 17, 2023

To: Board of Supervisors

From: Kesha Jackson, Purchasing Clerk

Subject: April 2023 Travel Card Reconciliation Report

Per Department of Finance and Administration regulations, please accept this report into your minutes and authorize payment of the same.

TRAVEL CARD RECONCILIATION

STATEMENT CLOSING DATE: 4/1/2023

<u>DEPARTMENT TRAVEL CARDS</u>	<u>CARD USER</u>	<u>PURPOSE</u>	<u>USE DATE</u>	<u>VENDOR NAME</u>	<u>AMOUNT</u>	<u>DESCRIPTION</u>
BOS1 CARD	Gerald Steen	airline/bag	3/2/2023	Delta Airline	\$40.00	meeting
	Gerald Steen	airline/bag	3/2/2023	Delta Airline	\$30.00	meeting
	Timothy Bryan	lodging	3/3/2023	Holiday Inn Express	\$130.90	training class
	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	3/3/2023	Holiday Inn Express	\$130.90	XXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	3/5/2023	Holiday Inn Express	\$437.80	XXXXXXXXXX
	Minor Norman	lodging	3/7/2023	Grand Cenitennial	\$114.00	training class
	Minor Norman	lodging	3/7/2023	Grand Cenitennial	\$228.00	training class
	Abonie Robicheaux	lodging	3/16/2023	IP Casino Biloxi	\$89.59	training class
	Albert Jones	lodging	3/16/2023	IP Casino Biloxi	\$89.59	training class
	Abonie Robicheaux	lodging	3/16/2023	IP Casino Biloxi	\$195.32	training class
	Albert Jones	lodging	3/16/2023	IP Casino Biloxi	\$195.32	training class
	Timothy Bryan	lodging	3/21/2023	Spectrum Beach Biloxi	\$99.00	training class
	William Hawkins	airline	3/22/2023	American Airline	\$862.90	training class
	Casey Davis	lodging	3/23/2023	Hyatt Place	\$213.64	training class
BOS1 CARD TOTAL					\$2,856.96	
				<i>(vendor will credit highlighted charges back to cc)</i>		
BOS2 CARD	Paul Griffin	airline/bag	3/2/2023	Delta Airline	\$30.00	meeting
BOS2 CARD TOTAL					\$30.00	
BOS CARD						Fradulent Use (\$130.34)
BOS CARD TOTAL						See Dispute Email & Form (\$130.34)
HR CARD	NO ACTIVITY					
HR CARD TOTAL						
EMA CARD	NO ACTIVITY					
EMA CARD TOTAL						
SO1 CARD	Chuck Harris	lodging	3/9/2023	Winstar World Casino	\$199.98	training class
SO1 CARD TOTAL					\$199.98	
SO2 CARD	NO ACTIVITY					
SO2 CARD TOTAL						
TOTAL TO PAY					\$3,086.94	



Summary of Account Activity

Previous Balance	\$7,122.00
Payments/Debits	-\$0.00
Other Credits	-\$130.34
Purchases	+\$3,217.28
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$10,208.94

Payment Information

New Balance	\$10,208.94
Minimum Payment Due	\$10,208.94
Payment Due Date	04/24/23
Past Due Amount	\$6,991.66
Minimum Payment Due includes Past Due Amount and/or Overlimit Amount.	

Account Name
MADISON COUNTY BOS
Payment Reference Number
80000018751
Account Number
XXXX XXXX XXXX 7611
Page 1 of 4

Credit Limit	\$20,000.00
Available Credit	\$9,791.06
Cash Advance Limit	\$3,500.00
Available for Cash Advance	\$3,500.00
Statement Closing Date	04/01/23
Days in Billing Cycle	31

Payment Address:
CARD SERVICES
PO BOX 875852
KANSAS CITY MO 64187585252

Contact Us:
Lost/Stolen and
General Inquiries: 888-494-5141
Alternate Number: 816-843-2000

Telephoning about billing errors will not preserve your rights under federal law.

IMPORTANT - You've missed a payment

Your account is past due. Please submit a payment equal to or greater than the Minimum Amount Due immediately. Disregard this notice if a payment has already been made.

If you are experiencing financial difficulties due to the current health pandemic, please contact us at 888.494.5141 to discuss payment options best suited to your needs. We are here to help.

Electronic statements will simplify your life, help you become more organized and are good for the environment. Sign up for eStatements today! Visit www.umb.com or use your mobile app, log in, click your credit card account tile, select **Settings** from the menu and then **Statement Preferences**. Set your preference to **Electronic Delivery**. We make up to 18 months of eStatements available to you at no cost. Your electronic **Account Statements** are accessible under the **Services** menu option.

Late Payment Warning:

If we do not receive your minimum payment by the Payment Due Date, you may have to pay a late fee up to \$39.00.

If you are experiencing financial difficulties due to a recent natural disaster, please contact us at 888.494.5141 to discuss payment options best suited to your needs. We are here to help.

Corporate Transaction Information

Transaction Date	Posting Date	Reference Number	Description	Amount
No activity this statement period.				



CARD CENTER
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number	XXXX XXXX XXXX 7611
New Balance	\$10,208.94
Payment Due Date	04/24/23
Past Due Amount	\$6,991.66
Minimum Payment	\$10,208.94
Amount Enclosed	

Please send address change requests to commercial.bankcards@umb.com. If you have any questions please contact 888-494-5141.

MADISON COUNTY BOS
COMMERCIAL CARD
146 WEST CENTER ST
CANTON MS 39046

***N0028806

CARD SERVICES
PO BOX 875852
KANSAS CITY MO 64187-5852





Account Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7611

Cardholder Transaction Information

Transaction Date	Posting Date	Reference Number	Description	Amount
MADISON COUNTY BOS XXXX XXXX XXXX 7579				
03/02	03/05	24717053062870621403678	DELTA AIR Baggage Fee WASHINGTON DC	40.00
03/02	03/05	24717053062870621405822	DELTA AIR Baggage Fee WASHINGTON DC	30.00
03/03	03/05	24943003063708334732712	HOLIDAY INN EXPRESS STAR STARKVILLE MS	130.90
03/03	03/05	24943003063708334744477	HOLIDAY INN EXPRESS STAR STARKVILLE MS	130.90
03/05	03/07	24943003065708338993037	HOLIDAY INN EXPRESS STAR STARKVILLE MS	437.80
03/07	03/09	24013393067000839395401	GRAND CENTENNIAL HOTEL 228-2065990 MS	114.00
03/07	03/12	24013393070001174193158	GRAND CENTENNIAL HOTEL GULFPORT MS	228.00
03/16	03/17	24943003075968320248836	IP-MS ADV DEPOSIT 6014364555 MS	89.59
03/16	03/17	24943003075968320249057	IP-MS ADV DEPOSIT 6014364555 MS	89.59
03/16	03/17	24943003075968320297346	IP-MS ADV DEPOSIT 6014364555 MS	195.32
03/16	03/17	24943003075968320295035	IP-MS ADV DEPOSIT 6014364555 MS	195.32
03/21	03/22	24445003080300560475224	FSP*SPECTRUM BEACH CLUB MGULF SHORES AL	99.00
03/22	03/23	24943003081634001158635	AMERICAN AIR0012380640031FORT WORTH TX	862.90
03/23	03/26	24692163083100372335668	HYATT PLACE COLUMBUS MS	213.64
MADISON COUNTY BOS XXXX XXXX XXXX 7595				
03/02	03/05	24717053062870621405848	DELTA AIR Baggage Fee WASHINGTON DC	30.00
MADISON CO SHERIFF 1 XXXX XXXX XXXX 9039				
03/10	03/12	24138293070968515259850	WINSTAR WORLD HOTEL II THACKERVILLE OK	199.98
MADISON COUNTY BOS XXXX XXXX XXXX 2740				
03/16	03/20	F5580002F000IXFRL	AMERICAN AI 0010617298117800-433-7300 TX	- 130.34
03/20	03/20	F5580002F000SA09T	SECURITY ADJUSTMENT (SA)	130.34

80580900 - 028806 - 0001 - 0002 -

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
PURCHASES	0.00%	\$3,217.28	\$0.00

(v) = Variable Rate

Do you need to dispute a transaction?

If you believe that your statement is incorrect or would like additional information about a transaction on your statement, please contact us at 888-494-5141 for assistance. You must notify us within sixty (60) days from the transaction date to dispute any erroneous transactions.

Commercial Card Services:

888-494-5141

24/7/365

When you wish to dispute a Card transaction, you must provide us with the following information: (i) User ID (if applicable); (ii) Card account number; (iii) the dollar amount of any billing dispute or suspected error; (iv) reason that you believe the bill is incorrect; and (v) a summary of the steps that you may have already taken with the merchant in question to resolve the matter.

We will investigate the disputed amount and determine whether, in our view, the amount was properly billed to your account. Until we complete our investigation and determine whether the amount was properly billed, you will not be liable for the amount of the disputed transaction.

Has a Card been lost, stolen or otherwise compromised?

You must notify us at once if a Card is lost or stolen. You should also notify us if you think someone used one of your Cards without authorization. Please contact our Commercial Card Services team immediately if you believe a Card belonging to you is lost, stolen or has been compromised in any way.

Commercial Card Services:

888-494-5141

24/7/365



Summary of Account Activity

Total Activity \$2,856.96

Credit Limit \$20,000.00

Cash Advance Limit \$3,500.00

Statement Closing Date 04/01/23

Days in Billing Cycle 31

Cardholder Name
MADISON COUNTY BOS

Account Number
XXXX XXXX XXXX 7579

Page 1 of 4

**Not an invoice.
For your records only.**

Contact Us:

Lost/Stolen and
General Inquiries:888-494-5141
Alternate Number:816-843-2000

If you are experiencing financial difficulties due to the current health pandemic, please contact us at 888.494.5141 to discuss payment options best suited to your needs. We are here to help.

Late Payment Warning:

If we do not receive your minimum payment by the Payment Due Date, you may have to pay a late fee up to \$39.00.

If you are experiencing financial difficulties due to a recent natural disaster, please contact us at 888.494.5141 to discuss payment options best suited to your needs. We are here to help.

UMB will begin using text messaging to confirm suspicious transactions for credit cardholders with mobile phone numbers on record. Learn more about how UMB looks out for our customers by visiting UMB.com/fraudalerts.

Transaction Information - Notice Memo Item(s) Listed Below

Transaction Date	Posting Date	Reference Number	Description	Amount
03/02	03/05	24717053062870621403678	DELTA AIR Baggage Fee WASHINGTON DC	40.00
03/02	03/05	24717053062870621405822	DELTA AIR Baggage Fee WASHINGTON DC	30.00
03/03	03/05	24943003063708334732712	HOLIDAY INN EXPRESS STAR STARKVILLE MS	130.90
03/03	03/05	24943003063708334744477	HOLIDAY INN EXPRESS STAR STARKVILLE MS	130.90
03/05	03/07	24943003065708338993037	HOLIDAY INN EXPRESS STAR STARKVILLE MS	437.80
03/07	03/09	24013393067000839395401	GRAND CENTENNIAL HOTEL 228-2065990 MS	114.00
03/07	03/12	24013393070001174193158	GRAND CENTENNIAL HOTEL GULFPORT MS	228.00
03/16	03/17	24943003075968320248836	IP-MS ADV DEPOSIT 6014364555 MS	89.59
03/16	03/17	24943003075968320249057	IP-MS ADV DEPOSIT 6014364555 MS	89.59
03/16	03/17	24943003075968320297346	IP-MS ADV DEPOSIT 6014364555 MS	195.32
03/16	03/17	24943003075968320295035	IP-MS ADV DEPOSIT 6014364555 MS	195.32

Not Paid Charge

CARD CENTER
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 7579
New Balance \$2,856.96
Statement Date 04/01/23

MADISON COUNTY BOS
MADISON COUNTY BOS
MADISON COUNTY BOS
PO BOX 608
CANTON MS 39046-0608

***N0028804

**Not an invoice.
For your records only.**





Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7579

Transaction Information - Notice Memo Item(s) Listed Below Continued

Transaction Date	Posting Date	Reference Number	Description	Amount
03/21	03/22	24445003080300560475224	FSP*SPECTRUM BEACH CLUB MGULF SHORES AL	99.00
03/22	03/23	24943003081634001158635	AMERICAN AIR0012380640031FORT WORTH TX	862.90
03/23	03/26	24692163083100372335668	HYATT PLACE COLUMBUS MS	213.64

80580900 - 028804 - 0001 - 0002 -

Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7579

Do you need to dispute a transaction?

If you believe that your statement is incorrect or would like additional information about a transaction on your statement, please contact us at 888-494-5141 for assistance. You must notify us within sixty (60) days from the transaction date to dispute any erroneous transactions.

Commercial Card Services:

888-494-5141
24/7/365

When you wish to dispute a Card transaction, you must provide us with the following information: (i) User ID (if applicable); (ii) Card account number; (iii) the dollar amount of any billing dispute or suspected error; (iv) reason that you believe the bill is incorrect; and (v) a summary of the steps that you may have already taken with the merchant in question to resolve the matter.

We will investigate the disputed amount and determine whether, in our view, the amount was properly billed to your account. Until we complete our investigation and determine whether the amount was properly billed, you will not be liable for the amount of the disputed transaction.

Has a Card been lost, stolen or otherwise compromised?

You must notify us at once if a Card is lost or stolen. You should also notify us if you think someone used one of your Cards without authorization. Please contact our Commercial Card Services team immediately if you believe a Card belonging to you is lost, stolen or has been compromised in any way.

Commercial Card Services:

888-494-5141
24/7/365



STEIN/GERALD
*NOT VALID FOR**
TRANSPORTATION

DLA DL ATL DL JAN
FE E 40.00
DC 40.00

USD 40.00

USD40.00

1

VIXXXXXXXXXXXXX7579/002188

PASSENGER RECEIPT 00
02MAR23 0066 US
DL/JA DCA FTO

PSGR TICKET 0062168727947

GE5U6R /DL

EXCESS BAGGAGE
TICKET

THIS IS YOUR RECEIPT

NON REFUNDABLE/
NO CHANGES/NON TR
ANSFERABLE/NOT
VALID FOR TRAVEL

NOT VALID FOR TRAVE

0 006 4254641581 4

0 006 4254641581 4



PASSENGER RECEIPT

00
US

EXCESS BAGGAGE
TICKET

02MAR23 0066

DL/JA

DCA FTO

THIS IS YOUR RECEIPT

STEEN/GERALD
NOT VALID FOR
TRANSPORTATION

PSGR TICKET 0062168727947

GE5UGR /DL

NON REFUNDABLE/
NO CHANGES/NON TR
ANSFERABLE/NOT
VALID FOR TRAVEL

DLA DL ATL DL JAN
ECE 30.00
C 30.00

NOT VALID FOR TRAVEL

SD 30.00

VXXXXXXXXXXXX7579/002797

0 006 4254213239 6

0 006 4254213239 6

USD30.00

1



39

03-03-23

Timothy Bryan Canton MS 39046 United States	Folio No. :	Room No. : 432
	A/R Number :	Arrival : 03-02-23
	Group Code : ITA	Departure : 03-03-23
	Company :	Conf. No. : 24754428
	Membership No. :	Rate Code :
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
03-02-23	*Accommodation	119.00	
03-02-23	State Tax - Room	8.33	
03-02-23	Occupancy Room Tax	2.38	
03-02-23	STARKVILLE PARKS AND RE	1.19	
03-03-23	Visa XXXXXXXXXXXXX7579		130.90
Total		130.90	130.90
Balance		0.00	<i>[Signature]</i>

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 Hotel and Suites Starkville
 110 B Hwy 12 West
 Starkville, MS 39759
 Telephone: (662) 324-0076 Fax: (662) 338-5190

Kesha Jackson

From: HIE Starkville, MS <holidayinnexpress.starkville@gmail.com>
Sent: Wednesday, April 12, 2023 2:41 PM
To: Kesha Jackson
Subject: REFUNDED CHARGES

CAUTION! External Content. Please use caution when opening attachments and links. Do not provide your username and password if requested.

Good afternoon Ms.Kesha, this is Justin reaching out just to ensure you we have refunded those charges back to your card like we had discussed earlier! If you have any questions please don't hesitate to give us a call!.

Have a great rest of your day!

-Justin

--

Holiday Inn Express - Starkville
662-324-0076
holidayinnexpress.starkville@gmail.com



Minor Norman
 PO Box 608
 Canton MS 39046
 United States

Room No. : 2111
 Arrival : 03-07-23
 Departure : 03-10-23
 Folio No. :
 Invoice No. :
 AR No. :
 Conf. No. : 127619545
 Cashier No. : 9501
 Custom Ref. :

Company Name: Fire Instruction Association
 Group Name: Fire Instruction Association

Date	Description	Charges	Credits
03-07-23	Visa XXXXXXXXXXXX7579 XX/XX		114.00
03-07-23	Room Rate	114.00	
03-08-23	Room Rate	114.00	
03-09-23	Room Rate	114.00	
03-10-23	Visa XXXXXXXXXXXX7579 XX/XX		228.00
		Total Charges	342.00
		Total Credits	342.00
		Balance	0.00



Minor Norman
PO Box 608
Canton MS 39046
United States

Room No. : 2111
Arrival : 03-07-23
Departure : 03-10-23
Folio No. :
Invoice No. :
AR No. :
Conf. No. : 127619545
Cashier No. : 9501
Custom Ref. :

Company Name: Fire Instruction Association
Group Name: Fire Instruction Association

Date	Description	Charges	Credits
03-07-23	Visa XXXXXXXXXXXX7579 XX/XX		114.00
03-07-23	Room Rate	114.00	
03-08-23	Room Rate	114.00	
03-09-23	Room Rate	114.00	
03-10-23	Visa XXXXXXXXXXXX7579 XX/XX		228.00
		Total Charges	342.00
		Total Credits	342.00
		Balance	0.00

Credit Card Payment Receipt
Duplicate

BCIRECTFPG FOPRT08

IP CASINO RESORT SPA
850 BAYVIEW AVE

BILOXI MS 39530
228 436-3000 888 946-2847

ABONIE ROBICHEAUX

PO BOX 608

CANTON MS 39046
USA

601 855-5534

Printed Date 04/12/2023
Printed Time 02:02 PM
Invoice# 1456658
Currency Code USA

Wing/Room IP
Confirmation# JDBPK
Reservation # 449993084275
Arrival 05/16/2023
Departure 05/19/2023

TRANSACTION INFORMATION

Credit Card Type Last 4 Sett Date Sett Time Sett Amount
RESERVATIONS VISA 7579 03/15/2023 11:49 AM 89.59

Trans Type Last 4 Auth Date Auth Time Auth Amount Code Capture Mtd

Signature _____

Credit Card Payment Receipt
Duplicate

BCIRECTFPG FOPRT08

IP CASINO RESORT SPA
850 BAYVIEW AVE

BILOXI MS 39530
228 436-3000 888 946-2847

ALBERT JONES

PO BOX 608

CANTON MS 39046
USA

601 855-5534

Printed Date 04/12/2023
Printed Time 02:01 PM
Invoice# 1456657
Currency Code USA

Wing/Room IP
Confirmation# 2ZS3D
Reservation # 449993084110
Arrival 05/16/2023
Departure 05/19/2023

TRANSACTION INFORMATION

Credit Card Type Last 4 Sett Date Sett Time Sett Amount
RESERVATIONS VISA 7579 03/15/2023 11:48 AM 89.59

Trans Type Last 4 Auth Date Auth Time Auth Amount Code Capture Mtd

Signature _____

Credit Card Payment Receipt
Duplicate

BCIRECTFPG FOPRT08

IP CASINO RESORT SPA
850 BAYVIEW AVE

BILOXI MS 39530
228 436-3000 888 946-2847

ABONIE ROBICHEAUX

PO BOX 608

CANTON MS 39046
USA

601 855-5534

Printed Date 04/12/2023
Printed Time 02:02 PM
Invoice# 1457003
Currency Code USA

Wing/Room IP
Confirmation# JDBPK
Reservation # 449993084275
Arrival 05/16/2023
Departure 05/19/2023

TRANSACTION INFORMATION

Credit Card Type RESERVATIONS VISA
Last 4 7579
Sett Date 03/15/2023
Sett Time 05:18 PM
Sett Amount 195.32



Trans Type Last 4 Auth Date Auth Time Auth Amount Code Capture Mtd

Signature _____

Credit Card Payment Receipt
Duplicate

BCIRECTFPG FOPRT08

IP CASINO RESORT SPA
850 BAYVIEW AVE

BILOXI MS 39530
228 436-3000 888 946-2847

ALBERT JONES

PO BOX 608

CANTON MS 39046
USA

601 855-5534

Printed Date 04/12/2023
Printed Time 02:01 PM
Invoice# 1457000
Currency Code USA

Wing/Room IP
Confirmation# 2Z83D
Reservation # 449993084110
Arrival 05/16/2023
Departure 05/19/2023

TRANSACTION INFORMATION
Credit Card Type Last 4 Sett Date Sett Time Sett Amount
RESERVATIONS VISA 7579 03/15/2023 05:17 PM 195.32

Trans Type Last 4 Auth Date Auth Time Auth Amount Code Capture Mtd

Signature _____



Spectrum Resorts

1-888-260-7263

www.spectrumresorts.com

GUEST FOLIO

Tim Bryan
PO box 608
Canton, Mississippi
39046
United States

Account Name **Bryan, Tim**
Account No. **IN 363831**
Folio Type **Anticipated**
Unit No.: **Doral 0102**

Arrival **05/31/23**
Departure **06/02/23**
Guests **1**

This bill is in currency : USD

Seq.	Date	Transaction Description
1	03/21/23	Visa Payment Processed

Reference
Aut#: 021268

Unit No.	Q	Amount
BCD-0102	1	(99.00)
BALANCE OWED		(99.00)

Kesha Jackson

From: American Airlines <no-reply@info.email.aa.com>
Sent: Wednesday, March 22, 2023 3:47 PM
To: Kesha Jackson
Subject: Your trip confirmation (JAN - TPA)

CAUTION! External Content. Please use caution when opening attachments and links. Do not provide your username and password if requested.



Issued: March 22, 2023

Your trip confirmation and receipt

We charged \$862.90 to your card ending in 7579 for your ticket purchase.

You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Record Locator: YGHCXU

Sunday, April 30, 2023

≅ **JAN**

Jackson
5:15 AM

AA 3621

Operated by Envoy Air as
American Eagle


○ **DFW**

Dallas/Fort Worth
7:02 AM

Seat: **18D**
Class: **Economy (G)**
Meals:

≧ **DFW**

Dallas/Fort Worth
8:48 AM

AA 1271 

○ **TPA**

Tampa
12:19 PM

Seat: 26C
Class: **Economy (V)**
Meals: **Refreshment**

Thursday, May 4, 2023

≧ **TPA**

Tampa
11:50 AM

AA 2516 

○ **CLT**

Charlotte
1:37 PM

Seat: 22D
Class: **Economy (V)**
Meals:

≧ **CLT**

Charlotte
2:41 PM

AA 5333
Operated by Psa Airlines as
American Eagle

○ **JAN**

Jackson
3:42 PM

Seat: 18C
Class: **Economy (V)**
Meals:

[Manage your trip](#)

Earn 10,000 bonus miles

Plus \$50 back and no annual fee. Terms Apply.

[Learn more](#)



Your purchase

William Hawkins
Join the AAdvantage® Program

New ticket (0012380640031) \$862.90
[\$759.07+ Taxes & carrier-imposed fees
\$103.83]

Total cost **\$862.90**

Your payment

Visa (ending 7579) \$862.90

Total paid **\$862.90**



Bag information

Checked Bag (Airport)

1st bag \$30.00
2nd bag \$40.00

Checked Bag (Online*)

1st bag \$30.00
2nd bag \$40.00

Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)

Maximum weight: 50 pounds or 23 kilograms

For information regarding American Airlines checked baggage policies, please visit: Bag and optional fees

Bag fees apply at each Check-in location. Additional allowances and/or discounts may apply. Bag and optional fees

If your flight is operated by a partner airline, see the other airline's website for carry-on and checked bag policies.

*Online payment available beginning 24 hours (and up to 4 hours) before departure.

Carry-on bags

1st carry-on Includes purse, briefcase, laptop bag, or similar item that must fit under the seat in front of you.

2nd carry-on Maximum dimensions not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm).



HYATT PLACE™

Hyatt Place Columbus MS
101 Hospital Road Extended
Columbus, MS 39701
Tel: 662-370-1800
Fax: 866-497-3416
columbus.place.hyatt.com

INVOICE

Casey Davis
Collect
Canton MS 39046
United States

Room No. 0332
Arrival 03-21-23
Departure 03-23-23
Folio Window 1
Folio No. 101320

Confirmation No. 4927987501

Group Name

Date	Description	Charges	Credits
03-21-23	Accommodation	98.00	
03-21-23	State Occupancy Tax	6.86	
03-21-23	City Occupancy Tax	1.96	
03-22-23	Accommodation	98.00	
03-22-23	State Occupancy Tax	6.86	
03-22-23	City Occupancy Tax	1.96	
03-23-23	Visa	XXXXXXXXXXXX7579 XX/XX	213.64

Total 213.64 **213.64**

Guest Signature

Balance 0.00

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

World of Hyatt Summary

Membership: XXXXXX851Z
Bonus Codes:
Qualifying Nights: 2
Eligible Spend: 196.00
Redemption Eligible: 0.00

Thank you for choosing Hyatt Place Columbus. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your visit.

Please remit payment to:
Hyatt Place Columbus
101 Hospital Road Extended
Columbus, MS 39701

Summary Invoice, please see front desk for eligibility details.



Summary of Account Activity

Total Activity	\$30.00
Credit Limit	\$5,000.00
Cash Advance Limit	\$1,250.00
Statement Closing Date	04/01/23
Days in Billing Cycle	31

**Not an invoice.
For your records only.**

Cardholder Name
MADISON COUNTY BOS

Account Number
XXXX XXXX XXXX 7595

Page 1 of 4

Contact Us:

Lost/Stolen and
General Inquiries:888-494-5141
Alternate Number:816-843-2000

If you are experiencing financial difficulties due to the current health pandemic, please contact us at 888.494.5141 to discuss payment options best suited to your needs. We are here to help.

Late Payment Warning:

If we do not receive your minimum payment by the Payment Due Date, you may have to pay a late fee up to \$39.00.

If you are experiencing financial difficulties due to a recent natural disaster, please contact us at 888.494.5141 to discuss payment options best suited to your needs. We are here to help.

UMB will begin using text messaging to confirm suspicious transactions for credit cardholders with mobile phone numbers on record. Learn more about how UMB looks out for our customers by visiting UMB.com/fraudalerts.

Transaction Information - Notice Memo Item(s) Listed Below

Transaction Date	Posting Date	Reference Number	Description	Amount
03/02	03/05	24717053062870621405848	DELTA AIR Baggage Fee WASHINGTON DC	30.00



CARD CENTER
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 7595
New Balance \$30.00
Statement Date 04/01/23

MADISON COUNTY BOS
MADISON COUNTY BOS
MADISON COUNTY BOS
PO BOX 608
CANTON MS 39046-0608

***N0028805

**Not an invoice.
For your records only.**





Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7595

80580500 - 028805 - 0001 - 0002 -

Do you need to dispute a transaction?

If you believe that your statement is incorrect or would like additional information about a transaction on your statement, please contact us at 888-494-5141 for assistance. You must notify us within sixty (60) days from the transaction date to dispute any erroneous transactions.

Commercial Card Services:

888-494-5141

24/7/365

When you wish to dispute a Card transaction, you must provide us with the following information: (i) User ID (if applicable); (ii) Card account number; (iii) the dollar amount of any billing dispute or suspected error; (iv) reason that you believe the bill is incorrect; and (v) a summary of the steps that you may have already taken with the merchant in question to resolve the matter.

We will investigate the disputed amount and determine whether, in our view, the amount was properly billed to your account. Until we complete our investigation and determine whether the amount was properly billed, you will not be liable for the amount of the disputed transaction.

Has a Card been lost, stolen or otherwise compromised?

You must notify us at once if a Card is lost or stolen. You should also notify us if you think someone used one of your Cards without authorization. Please contact our Commercial Card Services team immediately if you believe a Card belonging to you is lost, stolen or has been compromised in any way.

Commercial Card Services:

888-494-5141

24/7/365



PASSENGER RECEIPT 00
02MAR23 0066 US
DL/KA DCA FTO

EXCESS BAGGAGE
TICKET

GRIFFIN/PAUL
**NOT VALID FOR
TRANSPORTATION

THIS IS YOUR RECEIPT

PSGR TICKET 00621687270-5

DCA DL AIT DL JAN
PIECE 30.00
EBC 30.00

GESUGR /DL

NON REFUNDABLE/
NO CHANGES/NON TR
ANSFERABLE/NOT
VALID FOR TRAVEL

USD 30.00

VTXXXXXXXXXXXX7595/002552

NOT VALID FOR TRAVEL

USD30 00

0 006 4254641598 0

0 006 4254641598 0



Summary of Account Activity

Total Activity	\$199.98
Credit Limit	\$10,000.00
Cash Advance Limit	\$0.00
Statement Closing Date	04/01/23
Days in Billing Cycle	31

Cardholder Name
MADISON CO SHERIFF 1

Account Number
XXXX XXXX XXXX 9039

Page 1 of 4

**Not an invoice.
For your records only.**

Contact Us:

Lost/Stolen and
General Inquiries:888-494-5141
Alternate Number:816-843-2000

If you are experiencing financial difficulties due to the current health pandemic, please contact us at 888.494.5141 to discuss payment options best suited to your needs. We are here to help.

Late Payment Warning:

If we do not receive your minimum payment by the Payment Due Date, you may have to pay a late fee up to \$39.00.

If you are experiencing financial difficulties due to a recent natural disaster, please contact us at 888.494.5141 to discuss payment options best suited to your needs. We are here to help.

UMB will begin using text messaging to confirm suspicious transactions for credit cardholders with mobile phone numbers on record. Learn more about how UMB looks out for our customers by visiting UMB.com/fraudalerts.

Transaction Information - Notice Memo Item(s) Listed Below

Transaction Date	Posting Date	Reference Number	Description	Amount
03/10	03/12	24138293070968515259850	WINSTAR WORLD HOTEL II THACKERVILLE OK	199.98



CARD CENTER
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 9039
New Balance \$199.98
Statement Date 04/01/23

MADISON CO SHERIFF 1
MADISON COUNTY BOS
MADISON COUNTY BOS
PO BOX 608
CANTON MS 39046-0608

***N0028828

**Not an invoice.
For your records only.**





Cardholder Name: MADISON CO SHERIFF 1

Account Number: XXXX XXXX XXXX 9039

Do you need to dispute a transaction?

If you believe that your statement is incorrect or would like additional information about a transaction on your statement, please contact us at 888-494-5141 for assistance. You must notify us within sixty (60) days from the transaction date to dispute any erroneous transactions.

Commercial Card Services:

888-494-5141

24/7/365

When you wish to dispute a Card transaction, you must provide us with the following information: (i) User ID (if applicable); (ii) Card account number; (iii) the dollar amount of any billing dispute or suspected error; (iv) reason that you believe the bill is incorrect; and (v) a summary of the steps that you may have already taken with the merchant in question to resolve the matter.

We will investigate the disputed amount and determine whether, in our view, the amount was properly billed to your account. Until we complete our investigation and determine whether the amount was properly billed, you will not be liable for the amount of the disputed transaction.

Has a Card been lost, stolen or otherwise compromised?

You must notify us at once if a Card is lost or stolen. You should also notify us if you think someone used one of your Cards without authorization. Please contact our Commercial Card Services team immediately if you believe a Card belonging to you is lost, stolen or has been compromised in any way.

Commercial Card Services:

888-494-5141

24/7/365

NAME: MCSO - card 1
CARD NUMBER: XXXX 9039
BILLING PERIOD: Mar-23

DATE	VENDOR	AMOUNT	USER	PRODUCT(S)	FUND	DEPT.	PURPOSE	RECEIPT
3/9/2023	Winstar World Casino Hotel	\$199.98	Chuck Harris	hotel	001	200	480	Y

TOTAL **\$199.98**



Summary of Account Activity

Total Activity \$199.98

Credit Limit \$10,000.00

Cash Advance Limit \$0.00

Statement Closing Date 04/01/23

Days in Billing Cycle 31

**Not an invoice.
For your records only.**

Cardholder Name
MADISON CO SHERIFF 1

Account Number
XXXX XXXX XXXX 9039

Page 1 of 4

Contact Us:

Lost/Stolen and
General Inquiries:888-494-5141
Alternate Number:816-843-2000

If you are experiencing financial difficulties due to the current health pandemic, please contact us at 888.494.5141 to discuss payment options best suited to your needs. We are here to help.

Late Payment Warning:

If we do not receive your minimum payment by the Payment Due Date, you may have to pay a late fee up to \$39.00.

If you are experiencing financial difficulties due to a recent natural disaster, please contact us at 888.494.5141 to discuss payment options best suited to your needs. We are here to help.

UMB will begin using text messaging to confirm suspicious transactions for credit cardholders with mobile phone numbers on record. Learn more about how UMB looks out for our customers by visiting UMB.com/fraudalerts.

Transaction Information - Notice Memo Item(s) Listed Below

Transaction Date	Posting Date	Reference Number	Description	Amount
03/10	03/12	24138293070968515259850	WINSTAR WORLD HOTEL II THACKERVILLE OK	199.98

*97wid.
302
4-11-23*



CARD CENTER
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 9039

New Balance \$199.98

Statement Date 04/01/23

MADISON CO SHERIFF 1
MADISON COUNTY BOS
MADISON COUNTY BOS
PO BOX 608
CANTON MS 39046-0608

***N0028828

**Not an invoice.
For your records only.**





Cardholder Name: MADISON CO SHERIFF 1

80380900 - 0001 - 0002

Winstar World Casino Hotel
21444 World Way Drive
Thackerville OK, 73459
866/946-7787

03/09/2023
06:40:38
CI: ACASTANOS
CO: MVENEGAS

JOSH FISH

Wing/Room W2 20720

2941 HWY51

No Party 2

MS39046

Resv No 449693178554
Page 1 03/09/2023 06:40:00
Arrival 03/08/2023
Departure 03/09/2023
Bill code
Group OBN0323

Thank you for staying with us

DATE	REFERENCE	DESCRIPTION	\$ CHARGES	CREDITS	\$ BALANCE
03/08/2023	449929100053	RESORT FEE WC	10.70		10.70
		RESORT FEE			
03/08/2023	449929101714	ROOM CHARGE W220720	169.00		
		TAX2	20.28		
		Calendar OBN0323			
03/09/2023	449936308004	TOWER 2 FRONT DESK VIS		199.98	
		*****9039			
		Balance Due			.00

Please disregard if you are not the intended recipient.



Summary of Account Activity

Total Activity	\$0.00
Credit Limit	\$20,000.00
Cash Advance Limit	\$3,500.00
Statement Closing Date	04/01/23
Days in Billing Cycle	31

Cardholder Name
MADISON COUNTY BOS

Account Number
XXXX XXXX XXXX 2740

Page 1 of 4

**Not an invoice.
For your records only.**

Contact Us:

Lost/Stolen and
General Inquiries:888-494-5141
Alternate Number:816-843-2000

If you are experiencing financial difficulties due to the current health pandemic, please contact us at 888.494.5141 to discuss payment options best suited to your needs. We are here to help.

Late Payment Warning:

If we do not receive your minimum payment by the Payment Due Date, you may have to pay a late fee up to \$39.00.

If you are experiencing financial difficulties due to a recent natural disaster, please contact us at 888.494.5141 to discuss payment options best suited to your needs. We are here to help.

UMB will begin using text messaging to confirm suspicious transactions for credit cardholders with mobile phone numbers on record. Learn more about how UMB looks out for our customers by visiting UMB.com/fraudalerts.

Transaction Information - Notice Memo Item(s) Listed Below

Transaction Date	Posting Date	Reference Number	Description	Amount
03/16	03/20	F5580002F000IXFRL	AMERICAN AI 0010617298117800-433-7300 TX	-130.34
03/20	03/20	F5580002F000SA09T	SECURITY ADJUSTMENT (SA)	130.34



CARD CENTER
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 2740
New Balance \$0.00
Statement Date 04/01/23

MADISON COUNTY BOS
MADISON COUNTY BOS
MADISON COUNTY BOS
PO BOX 608
CANTON MS 39046-0608

***N0029319

**Not an invoice.
For your records only.**





Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 2740

80580500 - 029319 - 0001 - 0002 -

Do you need to dispute a transaction?

If you believe that your statement is incorrect or would like additional information about a transaction on your statement, please contact us at 888-494-5141 for assistance. You must notify us within sixty (60) days from the transaction date to dispute any erroneous transactions.

Commercial Card Services:

888-494-5141

24/7/365

When you wish to dispute a Card transaction, you must provide us with the following information: (i) User ID (if applicable); (ii) Card account number; (iii) the dollar amount of any billing dispute or suspected error; (iv) reason that you believe the bill is incorrect; and (v) a summary of the steps that you may have already taken with the merchant in question to resolve the matter.

We will investigate the disputed amount and determine whether, in our view, the amount was properly billed to your account. Until we complete our investigation and determine whether the amount was properly billed, you will not be liable for the amount of the disputed transaction.

Has a Card been lost, stolen or otherwise compromised?

You must notify us at once if a Card is lost or stolen. You should also notify us if you think someone used one of your Cards without authorization. Please contact our Commercial Card Services team immediately if you believe a Card belonging to you is lost, stolen or has been compromised in any way.

Commercial Card Services:

888-494-5141

24/7/365

Kesha Jackson

From: Demetra Hayes <Demetra.Hayes@dfa.ms.gov>
Sent: Wednesday, April 12, 2023 2:53 PM
To: Kesha Jackson
Subject: RE: <EXTERNAL>: Charges to Travel Card
Attachments: Visa Dispute Form.pdf

CAUTION! *External Content. Please use caution when opening attachments and links. Do not provide your username and password if requested.*

Good afternoon,

Please be advised that any fraudulent activities you will need to send a Visa Dispute Form and please send the form to the bank and cc a copy of the form to me. Please make sure these charges need to be reviewed because once under review we cannot reopen until the investigation is completed. We have been having technical issues with the bank so it will take longer than normal for this process at his time to find out the outcome. I will give the updates on the account as I receive the information. Please fill out the form in its entirety. Once this card is under investigation they will suspend the card until further notice. So this means you will not be able to use the card until the investigation has been resolved See attachment:

Thanks

From: Kesha Jackson <Kesha.Jackson@madison-co.com>
Sent: Wednesday, April 12, 2023 1:45 PM
To: Demetra Hayes <Demetra.Hayes@dfa.ms.gov>
Cc: tyler.simpson@umb.com
Subject: <EXTERNAL>: Charges to Travel Card

Good afternoon,

Please see attached statement regarding a charge that was with American Airline (I'm assuming) we did not make for \$130.34. This charge looks to be made in Texas and not Mississippi. Please advise on how to handle this fraudulent charge.

Thanks,

Kesha Jackson

MADISON COUNTY BOARD OF SUPERVISORS
Administrative Assistant & Purchase Clerk
146 West Center Street
P.O. Box 608
Canton, MS 39046
(601) 855-5534 (direct)
(601) 790-2590 (BOS office)
(601) 859-5875 (fax)



VISA PURCHASING CARD DISPUTE FORM

ACCOUNT INFORMATION

Madison Co. Board of Supervisors

Name:

XXXX XXXX XXXX 2740

Account Number:

Madison County Board of Supervisors

Company Name:

601-855-5534

Business Phone:

TRANSACTION INFORMATION

American Airline

Merchant Name:

\$130.34

Amount of Dispute

3/16/2023 - 3/20/2023

Date of Transaction:

F55800002F000IXFRL / F55800002F000SA09T

Reference Number of Transaction from Statement

DISPUTE DETAILS

Please mark the appropriate dispute reason listed below and if indicated, provide the requested documentation.

- Need a copy of the transaction in order to submit payment.
- I do not recognize the above merchant. I am asking that the merchant provide me with more information to help identify whether or not the charge is valid. All valid cards issued to this account are in my possession.
- Although I did engage in the above transaction, I am disputing \$ _____ of the above charge. I have contacted the merchant and attempted to resolve the matter. I have provided the details below.
- Amount is to be billed to a different UMB card number. UMB card number: _____
- Incorrect Amount. *Must provide copy of receipt.* I was billed \$ _____ but should have been billed \$ _____
- Duplicate Posting. The original transaction posted to my statement for \$ _____ on _____ date.
- I returned the merchandise to the merchant on _____ date. The reason for return is listed below. *Must provide proof of return.*
- I have a credit slip and the credit has not posted to my account. *Must provide copy of credit slip.*
- To best of my knowledge I, nor anyone authorized by me, received the goods or services represented by the charge. I also certify that I, nor anyone with my permission, engaged with the above merchant in any manner.
- I have not received the merchandise and it was to be delivered on _____ date.
Must give dates when the merchant was contacted to check on the status of the order & their response below.
- I cancelled a guaranteed late arrival hotel reservation on _____ date at _____ time & cancellation # is: _____
- Other. Details of the dispute have been provided below.

ADDITIONAL INFORMATION REGARDING THE DISPUTED CHARGE

We (Madison County Board of Supervisors) did not make the fraudulent charge to our County's

Travel on the dates of 3/16/2023 and 3/20/2023

Please see attached statement charges

SEND THIS FORM TO:
 UMB Bank Card Center
 ATTN: PURCHASING CARD DISPUTES
 P.O. BOX 419734
 KANSAS CITY, MO 64141
 FAX: 816-843-2485

Kesha Jackson 4/12/2023
 Cardholder's Signature & Today's Date