



PURCHASING DEPARTMENT

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

May 15, 2023

To: Board of Supervisors

From: Kesha Jackson, Purchasing Clerk

Subject: May 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: 1/5/1/2023

<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	Lance Felton	lodging	3/30/2023	Southwest Airlines	\$533.95	meeting
	Ashley Alexander	lodging	4/4/2023	Hyatt Regency	\$129.00	meeting
	John Barnts	lodging	4/5/2023	Hyatt Regency	\$294.18	meeting
	Steven Ross	lodging	4/5/2023	Hyatt Regency	\$294.18	meeting
	Lindsey Herr	lodging	4/5/2023	Hyatt Regency	\$294.18	meeting
	Staci Oneal	lodging	4/5/2023	Hyatt Regency	\$294.18	meeting
	Avis Stringer	lodging	4/5/2023	Hyatt Regency	\$294.18	meeting
	Amy Nisbett	lodging	4/5/2023	Hyatt Regency	\$294.18	meeting
	Timothy Bryan	lodging	4/12/2023	Holiday Inn Express (credit)	(\$437.80)	meeting
	Timothy Bryan	lodging	4/12/2023	Holiday Inn Express (credit)	(\$139.90)	meeting
	Amy Nisbett	airline	4/15/2023	United Airline	(\$105.75)	meeting
	Timothy Bryan	lodging	4/16/2023	Spectrum Resorts	\$316.17	meeting
	Albert Jones	lodging	4/18/2023	Fairfield Inn & Suites	\$212.68	meeting
	Joel Evans	lodging	4/18/2023	Courtyard by Marriot	\$447.00	meeting
	Nason White	lodging	4/18/2023	Beau Rivage	\$468.16	meeting
	Mytris Hawkins	lodging	4/19/2023	AGA	\$1,125.00	meeting
	Myrtis Hawkins	airline	4/19/2023	Delta Airline	\$400.40	meeting
	Myrtis Hawkins	airline	4/19/2023	Delta Airline	\$29.99	meeting
	Myrtis Hawkins	airline	4/19/2023	Delta Airline	\$29.99	meeting
	Casey Davis	lodging	4/20/2023	Hyatt Place (credit)	(\$17.64)	meeting
	Ashley Alexander	airline	4/20/2023	United Airline (credit)	(\$765.86)	meeting
	Nason White	lodging	4/20/2023	Beau Rivage (credit)	(\$50.16)	meeting
	Steven Ross	airline	4/24/2023	United Airline (credit)	(\$118.62)	meeting
	See Missing Receipt Ltr	airline	4/24/2023	United Airline (credit)	(\$116.51)	meeting
	Nason White	lodging	4/25/2023	IP Casino Resort	\$179.19	meeting
Nason White	lodging	4/25/2023	IP Casino Resort	\$345.72	meeting	
BOS1 CARD TOTAL					\$4,230.99	
BOS2 CARD	Dispute Charges		4/22/2023	Hilton Home 2 Suites	(\$191.71)	
	Dispute Charges		4/21/2023	ACTBLUE	(\$4.00)	
	Dispute Charges		4/22/2023	Hampon Inn	(\$161.83)	
BOS2 CARD TOTAL						
BOS CARD	Dispute Charges		4/20/2023	Hampton Inn TX	(\$166.21)	
	Dispute Charges		4/22/2023	SpringHill Suites San Antonio TX	(\$139.02)	
BOS CARD TOTAL						
HR CARD	NO ACTIVITY					
HR CARD TOTAL						
EMA CARD	NO ACTIVITY					
EMA CARD TOTAL						
SO1 CARD	Richard Ladnier	lodging	4/24/2023	Residence Inn	\$231.54	meeting
SO1 CARD TOTAL					\$231.54	
SO2 CARD	NO ACTIVITY					
SO2 CARD TOTAL						
TOTAL TO PAY					\$4,462.53	



Summary of Account Activity

Previous Balance	\$10,208.94
Payments/Debits	-\$3,086.94
Other Credits	-\$1,752.24
Purchases	+\$6,876.64
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$12,246.40

Credit Limit	\$20,000.00
Available Credit	\$7,753.60
Cash Advance Limit	\$3,500.00
Available for Cash Advance	\$3,500.00
Statement Closing Date	05/01/23
Days in Billing Cycle	30

Payment Information

New Balance	\$12,246.40
Minimum Payment Due	\$12,246.40
Payment Due Date	05/24/23
Past Due Amount	\$5,369.76
Minimum Payment Due includes Past Due Amount and/or Overlimit Amount.	

Payment Address:
 CARD SERVICES
 PO BOX 875852
 KANSAS CITY MO 64187-5852

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

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

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

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
05/01	05/01	74314473121000118792315	CHECK PAYMENT THANK YOU	-3,086.94



CARD CENTER
 PO BOX 419734
 KANSAS CITY MO 64141-6734

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

***N0012406

CARD SERVICES
 PO BOX 875852
 KANSAS CITY MO 64187-5852

Account Number	XXXX XXXX XXXX 7611
New Balance	\$12,246.40
Payment Due Date	05/24/23
Past Due Amount	\$5,369.76
Minimum Payment	\$12,246.40
Amount Enclosed	



800000187511 0001224640 0001224640 9465



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				
03/30	04/02	24692163090102900408851	SOUTHWES 5262437476757800-435-9792 TX	533.95
04/04	04/05	24943003094722035331198	HYATT REGENCY MINNEAPOLI 8885874589 MN	129.00
04/05	04/07	24943003096722036000865	HYATT REGENCY MINNEAPOLI 8885874589 MN	294.18
04/05	04/07	24943003096722036001434	HYATT REGENCY MINNEAPOLI 8885874589 MN	294.18
04/05	04/07	24943003096722036006979	HYATT REGENCY MINNEAPOLI 8885874589 MN	294.18
04/05	04/07	24943003096722036348058	HYATT REGENCY MINNEAPOLI 8885874589 MN	294.18
04/05	04/07	24943003096722036355343	HYATT REGENCY MINNEAPOLI 8885874589 MN	294.18
04/05	04/07	24943003096722036835856	HYATT REGENCY MINNEAPOLI 8885874589 MN	294.18
04/12	04/14	74943003103708409549113	HOLIDAY INN EXPRESS STAR STARKVILLE MS	- 437.80
04/12	04/14	74943003103708409361972	HOLIDAY INN EXPRESS STAR STARKVILLE MS	- 139.90
04/15	04/17	74692163106105180196135	UNITED 0162467800981800-932-2732 TX	- 105.75
04/16	04/17	24445003106300610578134	FSP*SPECTRUM BEACH CLUB MGULF SHORES AL	316.17
04/18	04/21	24692163110108427030967	FAIRFIELD INN&SUITES A ATHENS AL	212.68
04/18	04/23	24692163112109991618219	COURTYARD BY MARRIOTT GULFPORT MS	447.00
04/18	04/20	24943003109846925299976	BEAU RIVAGE - ADV DEP 8552755733 MS	468.16
04/19	04/21	24071053110939142421733	AGA ALEXANDRIA VA	1,125.00
04/19	04/21	24717053110871101279077	DELTA AIR 0062102080091DELTA.COM CA	400.40
04/19	04/21	24717053110871100902703	DELTA AIR Seat Fees DELTA.COM CA	29.99
04/19	04/21	24717053110871101471518	DELTA AIR Seat Fees DELTA.COM CA	29.99
04/20	04/21	74692163110108277987824	HYATT PLACE COLUMBUS MS	- 17.64
04/20	04/23	74692163111109137201777	UNITED 0162467805006800-932-2732 TX	- 765.86
04/20	04/23	74943003111846184071968	BEAU RIVAGE - ADV DEP 8552755733 MS	- 50.16
04/24	04/26	74692163115102330875139	UNITED 0162467814823800-932-2732 TX	- 118.62
04/24	04/26	74692163115102330875147	UNITED 0162477007858800-932-2732 TX	- 116.51
04/25	04/26	24943003115968852893126	IP-MS ADV DEPOSIT 6014364555 MS	179.19
04/25	04/26	24943003115968852903891	IP-MS ADV DEPOSIT 6014364555 MS	345.72
MADISON COUNTY BOS XXXX XXXX XXXX 7595				
04/21	04/23	24492163111000036763156	ACTBLUE* DSCC-SENATEDE HTTPSSECURE.AMA	4.00
04/22	04/23	24015143112036001250174	HAMPTON INN SEA WORLD SAN ANTONIO TX	161.83
04/22	04/24	24055233113036002217684	HILTON HOME 2 SUITES SA SAN ANTONIO TX	191.71
MADISON COUNTY BOS XXXX XXXX XXXX 7603				
04/20	04/23	24755423111171110302367	HAMPTON INNS 210-5994800 TX	166.21
04/22	04/23	24692163112109990644562	SPRINGHILL SUITES SAN SAN ANTONIO TX	139.02
MADISON CO SHERIFF 1 XXXX XXXX XXXX 9039				
04/24	04/27	24692163116103166327298	RESIDENCE INN JACKSONVILLE FL	231.54

80381210 - 012406 - 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

80381210 - 012406 - 0002 - 0002

Account Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7611

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%	\$6,876.64	\$0.00

(v) = Variable Rate



Summary of Account Activity

Total Activity \$4,230.09

Credit Limit \$20,000.00

Cash Advance Limit \$3,500.00

Statement Closing Date 05/01/23

Days in Billing Cycle 30

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
03/30	04/02	24692163090102900408851	SOUTHWES 5262437476757800-435-9792 TX	533.95
04/04	04/05	24943003094722035331198	HYATT REGENCY MINNEAPOLI 8885874589 MN	129.00
04/05	04/07	24943003096722036000865	HYATT REGENCY MINNEAPOLI 8885874589 MN	294.18
04/05	04/07	24943003096722036001434	HYATT REGENCY MINNEAPOLI 8885874589 MN	294.18
04/05	04/07	24943003096722036006979	HYATT REGENCY MINNEAPOLI 8885874589 MN	294.18
04/05	04/07	24943003096722036348058	HYATT REGENCY MINNEAPOLI 8885874589 MN	294.18
04/05	04/07	24943003096722036355343	HYATT REGENCY MINNEAPOLI 8885874589 MN	294.18
04/05	04/07	24943003096722036835856	HYATT REGENCY MINNEAPOLI 8885874589 MN	294.18
04/12	04/14	74943003103708409549113	HOLIDAY INN EXPRESS STAR STARKVILLE MS	-437.80
04/12	04/14	74943003103708409361972	HOLIDAY INN EXPRESS STAR STARKVILLE MS	-139.90
04/15	04/17	74692163106105180196135	UNITED 0162467800981800-932-2732 TX	-105.75



CARD CENTER
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 7579
New Balance \$4,230.09
Statement Date 05/01/23

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

**N0012403

**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
04/16	04/17	24445003106300610578134	FSP*SPECTRUM BEACH CLUB MGULF SHORES AL	316.17
04/18	04/21	24692163110108427030967	FAIRFIELD INN&SUITES A ATHENS AL	212.68
04/18	04/23	24692163112109991618219	COURTYARD BY MARRIOTT GULFPORT MS	447.00
04/18	04/20	24943003109846925299976	BEAU RIVAGE - ADV DEP 8552755733 MS	468.16
04/19	04/21	24071053110939142421733	AGA ALEXANDRIA VA	1,125.00
04/19	04/21	24717053110871101279077	DELTA AIR 0062102080091DELTA.COM CA	400.40
04/19	04/21	24717053110871100902703	DELTA AIR Seat Fees DELTA.COM CA	29.99
04/19	04/21	24717053110871101471518	DELTA AIR Seat Fees DELTA.COM CA	29.99
04/20	04/21	74692163110108277987824	HYATT PLACE COLUMBUS MS	-17.64
04/20	04/23	74692163111109137201777	UNITED 0162467805006800-932-2732 TX	-765.86
04/20	04/23	74943003111846184071968	BEAU RIVAGE - ADV DEP 8552755733 MS	-50.16
04/24	04/26	74692163115102330875139	UNITED 0162467814823800-932-2732 TX	-118.62
04/24	04/26	74692163115102330875147	UNITED 0162477007858800-932-2732 TX	-116.51
04/25	04/26	24943003115968852893126	IP-MS ADV DEPOSIT 6014364555 MS	179.19
04/25	04/26	24943003115968852903891	IP-MS ADV DEPOSIT 6014364555 MS	345.72

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888-494-5141

24/7/365

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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.

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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



UNITED STATES DEPARTMENT OF JUSTICE

INVESTIGATION OF THE ACTS OF VIOLENCE COMMITTED BY THE ORGANIZATION OF BLACK PANTHER PARTY

MEMORANDUM FOR THE DIRECTOR, FBI

RE: [Illegible]

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

Kesha Jackson

From: Southwest Airlines <southwestairlines@ifly.southwest.com>
Sent: Monday, April 10, 2023 9:46 AM
To: Kesha Jackson
Subject: Lance Eric Felton's 06/25 Houston (Hobby) trip (469I8P): Your change is confirmed.

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

Here's your updated itinerary and trip receipt.
[View our mobile site](#) | [View in browser](#)

Southwest

[Manage Flight](#) | [Flight Status](#) | [My Account](#)



Hi Lance Eric,

We've confirmed the change to your trip. Below you'll find your updated itinerary, important travel information, and trip receipt. See you onboard soon!

JUNE 25 - JUNE 29

JAN ✈️ **HOU**

Jackson, MS to Houston (Hobby)

Confirmation # **469I8P**

Confirmation date: 04/10/2023

PASSENGER Lance Eric Felton

RAPID REWARDS # [Join or Log in](#)

TICKET # **5262441554025**

EST. POINTS EARNED **0**

Rapid Rewards® points are only estimations.

Your itinerary

Flight 1: Sunday, 06/25/2023 Est. Travel Time: 1h 20m [Business Select®](#)

FLIGHT # 2212 DEPARTS JAN 12:50PM Jackson, MS

ARRIVES HOU 02:10PM Houston (Hobby)

Flight 2: Thursday, 06/29/2023 Est. Travel Time: 1h 15m Business Select®

FLIGHT # 2323 DEPARTS HOU 04:55PM Houston (Hobby)

ARRIVES JAN 06:10PM Jackson, MS

Payment information

Total cost		Payment
Air - 469I8P		Credit from ticket: #5262437476757 to #5262441554025
Base Fare	\$ 468.98	Date: March 30, 2023
U.S. Transportation Tax	\$ 35.17	
U.S. 9/11 Security Fee	\$ 11.20	
U.S. Flight Segment Tax	\$ 9.60	
U.S. Passenger Facility Chg	\$ 9.00	
Total	\$ 533.95	

Fare rules: If you decide to make a change to your current itinerary it may result in a fare increase.

Your ticket number: 5262441554025

All your perks, all in one place. (Plus a few reminders.)



Business Select® fare: Your two bags fly free[®], no change[®] or cancel[®] fees, and A1-A15 priority boarding. If you need to cancel your flight, no worries, Business Select fares are refundable.[®] [Learn more.](#)



Don't forget about our Priority and Express Lanes! They get you to the front of the ticket counter faster and help you fly through security.[®] For priority lane access, look for "Priority Lane" or "Fly By" signs at the Southwest check-in area.



Make sure you know [when to arrive at your airport.](#) Times vary by city.



If your plans change, cancel your reservation at least 10 minutes before original scheduled departure time and request your refund. If you don't cancel your reservation in time, you'll receive a transferable flight credit.[®]

Prepare for takeoff



Hyatt Regency Minneapolis
 1300 Nicollet Mall
 Minneapolis, MN 55403
 Tel: 612-370-1234
 Fax: 612-370-1463
 minneapolis.hyatt.com

INFORMATION INVOICE

Ashley Alexander
 P.O Box 608
 Canton MS 39046
 United States

Room No.
 Arrival 04-02-23
 Departure 04-05-23
 Folio Window 2
 Folio No. 1196202

Confirmation No. 4436767601
 Group Name Juvenile Drug Treatment Court

Date	Description	Charges	Credits
04-03-23	Cancellation Fee	129.00	
04-03-23	Visa XXXXXXXXXXXX7579 XX/XX		129.00

Total 129.00 129.00

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

No Membership to be credited

Join World of Hyatt today and start earning points for stays, dining and more. Visit www.worldofhyatt.com

Thank you for choosing the Hyatt Regency Minneapolis. We enjoyed having you as our guest. If, for any reason, we fell short of your expectations we want to know about it. Please call our Quality Assurance Department at 612-596-4685 or send your comments to qualitymsprm@hyatt.com. Once again, thank you, we appreciate the opportunity to serve you.

For inquiries concerning your bill please call 405-912-4111.

Please remit payment to: Hyatt Regency Minneapolis
 PO Box 860122
 Minneapolis, MN 55486-0122



Hyatt Regency Minneapolis
 1300 Nicollet Mall
 Minneapolis, MN 55403
 Tel: 612-370-1234
 Fax: 612-370-1463
 minneapolis.hyatt.com

COPY OF INVOICE

Steven Ross
 P.O Box 608
 Canton MS 39046
 United States

Room No. 0431
 Arrival 04-03-23
 Departure 04-05-23
 Folio Window 2
 Folio No. 1196638

Confirmation No. 1155981401
 Group Name Juvenile Drug Treatment Court

Date	Description	Charges	Credits
04-03-23	Group Room	129.00	
04-03-23	Occupancy Tax	18.09	
04-04-23	Group Room	129.00	
04-04-23	Occupancy Tax	18.09	
04-05-23	Visa XXXXXXXXXXXX7579 XX/XX		294.18

Total 294.18 294.18

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

No Membership to be credited

Join World of Hyatt today and start earning points for stays, dining and more. Visit www.worldofhyatt.com

Thank you for choosing the Hyatt Regency Minneapolis. We enjoyed having you as our guest. If, for any reason, we fell short of your expectations we want to know about it. Please call our Quality Assurance Department at 612-596-4685 or send your comments to qualitymsprm@hyatt.com. Once again, thank you, we appreciate the opportunity to serve you.

For inquiries concerning your bill please call 405-912-4111.

Please remit payment to: Hyatt Regency Minneapolis
 PO Box 860122
 Minneapolis, MN 55486-0122



Hyatt Regency Minneapolis
 1300 Nicollet Mall
 Minneapolis, MN 55403
 Tel: 612-370-1234
 Fax: 612-370-1463
 minneapolis.hyatt.com

COPY OF INVOICE

Lindsey Herr
 P.O Box 608
 Canton MS 39046
 United States

Room No. 1911
 Arrival 04-03-23
 Departure 04-05-23
 Page No. 1 of 1
 Folio Window 2
 Folio No. 1196631

Guest Herr, Lindsey

Confirmation No. 3187650401
 Group Name Juvenile Drug Treatment Court

Date	Description	Charges	Credits
04-03-23	Group Room	129.00	
04-03-23	Occupancy Tax	18.09	
04-04-23	Group Room	129.00	
04-04-23	Occupancy Tax	18.09	
04-05-23	Visa	XXXXXXXXXXXX7579 XX/XX	294.18

Total 294.18 294.18

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!

Thank you for choosing the Hyatt Regency Minneapolis. We enjoyed having you as our guest. If, for any reason, we fell short of your expectations we want to know about it. Please call our Quality Assurance Department at 612-596-4685 or send your comments to qualitymsprm@hyatt.com . Once again, thank you, we appreciate the opportunity to serve you.

For inquiries concerning your bill please call 405-912-4111.

Please remit payment to: Hyatt Regency Minneapolis
 PO Box 860122
 Minneapolis, MN 55486-0122

World of Hyatt Summary

Membership: XXXXXX616F
 Bonus Codes:
 Qualifying Nights: 2
 Eligible Spend: 261.15
 Redemption Eligible: 3.50

Summary Invoice, please see front desk for eligibility details.



Hyatt Regency Minneapolis
 1300 Nicollet Mall
 Minneapolis, MN 55403
 Tel: 612-370-1234
 Fax: 612-370-1463
 minneapolis.hyatt.com

COPY OF INVOICE

Staci Oneal
 P.O Box 608
 Canton MS 39046
 United States

Room No. 1912
 Arrival 04-03-23
 Departure 04-05-23
 Folio Window 2
 Folio No. 1196640

Confirmation No. 1836412001
 Group Name Juvenile Drug Treatment Court

Date	Description	Charges	Credits
04-03-23	Group Room	129.00	
04-03-23	Occupancy Tax	18.09	
04-04-23	Group Room	129.00	
04-04-23	Occupancy Tax	18.09	
04-05-23	Visa XXXXXXXXXXXXX7579 XX/XX		294.18

Total 294.18 294.18

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

No Membership to be credited

Join World of Hyatt today and start earning points for stays, dining and more. Visit www.worldofhyatt.com

Thank you for choosing the Hyatt Regency Minneapolis. We enjoyed having you as our guest. If, for any reason, we fell short of your expectations we want to know about it. Please call our Quality Assurance Department at 612-596-4685 or send your comments to qualitymsprm@hyatt.com. Once again, thank you, we appreciate the opportunity to serve you.

For inquiries concerning your bill please call 405-912-4111.

Please remit payment to: Hyatt Regency Minneapolis
 PO Box 860122
 Minneapolis, MN 55486-0122



Hyatt Regency Minneapolis
 1300 Nicollet Mall
 Minneapolis, MN 55403
 Tel: 612-370-1234
 Fax: 612-370-1463
 minneapolis.hyatt.com

COPY OF INVOICE

Avis Stringer
 P.O Box 608
 Canton MS 39046
 United States

Room No. 0615
 Arrival 04-03-23
 Departure 04-05-23
 Folio Window 2
 Folio No. 1196554

Confirmation No. 386818001
 Group Name Juvenile Drug Treatment Court

Date	Description	Charges	Credits
04-03-23	Group Room	129.00	
04-03-23	Occupancy Tax	18.09	
04-04-23	Group Room	129.00	
04-04-23	Occupancy Tax	18.09	
04-05-23	Visa	XXXXXXXXXXXX7579 XX/XX	294.18

Total 294.18 294.18

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

No Membership to be credited

Join World of Hyatt today and start earning points for stays, dining and more. Visit www.worldofhyatt.com

Thank you for choosing the Hyatt Regency Minneapolis. We enjoyed having you as our guest. If, for any reason, we fell short of your expectations we want to know about it. Please call our Quality Assurance Department at 612-596-4685 or send your comments to qualitymsprm@hyatt.com . Once again, thank you, we appreciate the opportunity to serve you.

For inquiries concerning your bill please call 405-912-4111.

Please remit payment to: Hyatt Regency Minneapolis
 PO Box 860122
 Minneapolis, MN 55486-0122



Hyatt Regency Minneapolis
 1300 Nicollet Mall
 Minneapolis, MN 55403
 Tel: 612-370-1234
 Fax: 612-370-1463
 minneapolis.hyatt.com

COPY OF INVOICE

Amy Nisbett
 P.O Box 608
 Canton MS 39046
 United States

Room No. 1919
 Arrival 04-03-23
 Departure 04-05-23
 Page No. 1 of 1
 Folio Window 2
 Folio No. 1196636

Guest Nisbett, Amy

Confirmation No. 3538625001
 Group Name Juvenile Drug Treatment Court

Date	Description	Charges	Credits
04-03-23	Group Room	129.00	
04-03-23	Occupancy Tax	18.09	
04-04-23	Group Room	129.00	
04-04-23	Occupancy Tax	18.09	
04-05-23	Visa XXXXXXXXXXXXXXX7579 XX/XX		294.18

Total 294.18 294.18

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: XXXXXX535R
 Bonus Codes:
 Qualifying Nights: 2
 Eligible Spend: 258.00
 Redemption Eligible: 0.00

Thank you for choosing the Hyatt Regency Minneapolis. We enjoyed having you as our guest. If, for any reason, we fell short of your expectations we want to know about it. Please call our Quality Assurance Department at 612-596-4685 or send your comments to qualitymsprm@hyatt.com . Once again, thank you, we appreciate the opportunity to serve you.

For inquiries concerning your bill please call 405-912-4111.

Please remit payment to: Hyatt Regency Minneapolis
 PO Box 860122
 Minneapolis, MN 55486-0122

Summary Invoice, please see front desk for eligibility details.



Hyatt Regency Minneapolis
 1300 Nicollet Mall
 Minneapolis, MN 55403
 Tel: 612-370-1234
 Fax: 612-370-1463
 minneapolis.hyatt.com

COPY OF INVOICE

John Barnts
 P.O Box 608
 Canton MS 39046
 United States

Room No. 2019
 Arrival 04-03-23
 Departure 04-05-23
 Folio Window 2
 Folio No. 1196635

Confirmation No. 5478851001
 Group Name Juvenile Drug Treatment Court

Date	Description	Charges	Credits
04-03-23	Group Room	129.00	
04-03-23	Occupancy Tax	18.09	
04-04-23	Group Room	129.00	
04-04-23	Occupancy Tax	18.09	
04-05-23	Visa XXXXXXXXXXXXX7579 XX/XX		294.18

Total 294.18 294.18

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

No Membership to be credited

Join World of Hyatt today and start earning points for stays, dining and more. Visit www.worldofhyatt.com

Thank you for choosing the Hyatt Regency Minneapolis. We enjoyed having you as our guest. If, for any reason, we fell short of your expectations we want to know about it. Please call our Quality Assurance Department at 612-596-4685 or send your comments to qualitymsprm@hyatt.com . Once again, thank you, we appreciate the opportunity to serve you.

For inquiries concerning your bill please call 405-912-4111.

Please remit payment to: Hyatt Regency Minneapolis
 PO Box 860122
 Minneapolis, MN 55486-0122

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

Kesha Jackson

From: Kesha Jackson
Sent: Wednesday, April 12, 2023 2:44 PM
To: HIE Starkville, MS
Subject: RE: REFUNDED CHARGES

If you don't mind please place the dates and amounts along with the email.

3/3/2023 - \$139.90 ✓
3/5/2023 - \$437.80

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)



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

--

Kesha Jackson

From: Amy Nisbett
Sent: Tuesday, April 25, 2023 9:16 AM
To: Kesha Jackson
Subject: Fw: Your Refund Request

From: Amy Nisbett <adnisbett@gmail.com>
Sent: Tuesday, April 25, 2023 9:15 AM
To: Amy Nisbett <amy.nisbett@madison-co.com>
Subject: Fwd: Your Refund Request

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

----- Forwarded message -----
From: **United Refunds** <refunds@united.com>
Date: Sun, Apr 16, 2023 at 11:01 AM
Subject: Your Refund Request
To: <ADNISBETT@gmail.com>



April 16, 2023

PASSENGER: **AMYDAVENPORT**
TICKET(S): 0162467800981
REQUEST ID: 40024542

Dear Amydavenport Nisbett:

We've processed the refund today.

If your ticket was purchased using a credit card please allow 7 days for the credit to post to your account. For check payments, please allow sufficient time for the check delivery. You may also view the refund details using the Check Refund Status link below and enter the 13-digit ticket number or 8-digit Request ID listed above.

Refund Amount/Currency: 105.75 USD

Form of Payment: VI ending in 7579

Refund processed date: April 15, 2023

Thank you for flying with us! We look forward to welcoming you on board soon!

Sincerely,
United Refunds
[Check Refund Status](#)

--
Amy D. Nisbett

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



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 **05/30/23**
Departure **06/02/23**
Guests **1**

This bill is in currency : USD

Seq.	Date	Transaction Description	Reference	Unit No.	Q	Amount
1	03/21/23	Visa Payment Processed	Aut#: 021268	BCD-0102	1	(99.00)
2	04/16/23	Visa Payment Processed	Aut#: 046044	BCD-0102	1	(316.17)
3	05/09/23	Visa Payment Processed	Aut#: 02295D	BCD-0102	1	(312.93)
BALANCE OWED						(728.10)

W



Fairfield by Marriott® Athens Fairfield Inn & Suites
 21282 Athens Limestone Ln, Athens AI 35613 P 256.233.4530
 Fairfield.Marriott.com

Albert Jones		Room: 104		
Po Box 608		Room Type: KING		
Canton MS 39046		Number of Guests: 1		
Madison County Of Super		Rate: \$189.00	Clerk: GAF	
Arrive: 18Apr23	Time: 05:53PM	Depart: 19Apr23	Time: 07:00AM	Folio Number: 66510

DATE	DESCRIPTION	CHARGES	CREDITS
18Apr23	Room Charge	189.00	
18Apr23	State Occupancy Tax	13.23	
18Apr23	City Tax	9.45	
18Apr23	Convention and Tourism Tax	1.00	
19Apr23	Visa		212.68

Card #: VXXXXXXXXXXXXXXXXX7579XXXX
 Card Type: VISA Card Entry: MANUAL Approval Code: 056479

BALANCE: 0.00

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

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

COURTYARD[®]

BY MARRIOTT

Courtyard by Marriott[®] Gulfport Beachfront
 1600 East Beach Blvd, Gulfport,ms 39501 P 228.864.4310
 Marriott.com/GPTCY

J. Evans		Room: 321	Clerk:	
		Room Type: QNQN		
		Number of Guests: 1		
		Rate: \$149.00		
Arrive: 18Apr23	Time: 05:09PM	Depart: 21Apr23	Time: 11:00AM	Folio Number: 54665

DATE	DESCRIPTION	CHARGES	CREDITS
18Apr23	Room Charge	149.00	
19Apr23	Room Charge	149.00	
20Apr23	Room Charge	149.00	
21Apr23	Visa		447.00

Card #: VXXXXXXXXXXXX7579XXXX
 Amount: 447.00 Auth: 008842
 This card was electronically swiped on 18Apr23



BALANCE:	0.00
-----------------	-------------

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

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

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Bring the Courtyard sleep experience home with you. Visit ShopCourtyard.com.

Kesha Jackson

From: info@mgmresorts.com
Sent: Tuesday, April 18, 2023 2:16 PM
To: Kesha Jackson
Subject: Itinerary Details - 04/18/2023 - 04/20/2023

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

Date: 04/18/2023

Dear Nason White,

We are pleased to provide you with the details of your upcoming trip.

Room Reservations:

Room Confirmation Details:





Reservation Confirmation

APRIL 18, 2023 - APRIL 20, 2023

CONFIRMATION NUMBER M07E384C3



BEST AVAILABLE RATE

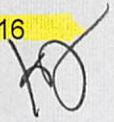
Room Rate and Tax:	04/18/2023 - \$229.00 F 04/19/2023 - \$159.00 F
Resort Fee And Tax:	04/18/2023 - \$15 Rate 04/19/2023 - \$15 Rate
Reservation Total:	\$468.16

Amount Paid:

\$468.16

Balance Due Upon Check-In:

\$0.00



Terms And Conditions :

By booking this reservation, you agree to the terms and conditions. If you do not agree to these terms and conditions, please contact Room F
Check in from anywhere with the MGM Resorts app. The most convenient, contactless way to check in is as easy as reaching for your phone
push as soon as your room is ready.

For the Hotel Reservation Terms and Conditions related to this booking, please visit <https://beaurivage.mgmresorts.com/en/terms-and-conditions>

Beau Rivage Resort & Casino, 875 Beach Blvd, Biloxi, MS 39530

Thank you for choosing MGM Resorts! Should you have any questions, please contact us toll free at 888-567-6667.

Thank You,

MGM Resorts International

[PRIVACY POLICY](#) | [MGMRESORTS.COM](#)

Copyright MGM Resorts International. All rights reserved.



Kesha Jackson

From: aganational@agacgfm.org
Sent: Wednesday, April 19, 2023 4:35 PM
To: Kesha Jackson
Subject: AGA Payment Receipt

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



Dear Myrtis,

Thank you for your payment. Your support of our organization is sincerely appreciated.

Please see the details of your payment below.

Order Number: 207888
Order Date: Apr 19, 2023 5:30 PM
Bill To: Ms. Myrtis L. Hawkins
Order Total: 1,125.00
Payment Method: VISA *****7579
Name on Card: Madison County BOS

Item	Price	Quantity	Total
2023 Professional Development Training - Ms. Myrtis L. Hawkins <i>When:</i> Jul 23, 2023 - Jul 26, 2023 <i>Where:</i> Orlando World Center Marriott 8701 World Center Dr. Orlando, 32821	1,125.00	1	1,125.00

Registration option: Jul 23, 2023 - I am registering to attend IN-PERSON

Item Total	1,125.00
Shipping	0.00
Handling	0.00
Item Grand Total	1,125.00
Transaction Grand Total	1,125.00
Payment Amount	1,125.00
Balance due	0.00

P.S. Is your profile up to date? Take a moment to review and make sure nothing has changed.



AGA
2208 Mount Vernon Avenue
Alexandria, VA 22301-1314

Kesha Jackson

From: Delta Air Lines <DeltaAirLines@t.delta.com>
Sent: Wednesday, April 19, 2023 3:56 PM
To: Kesha Jackson
Subject: Your Flight Receipt - MYRTIS SIMS 22JUL23

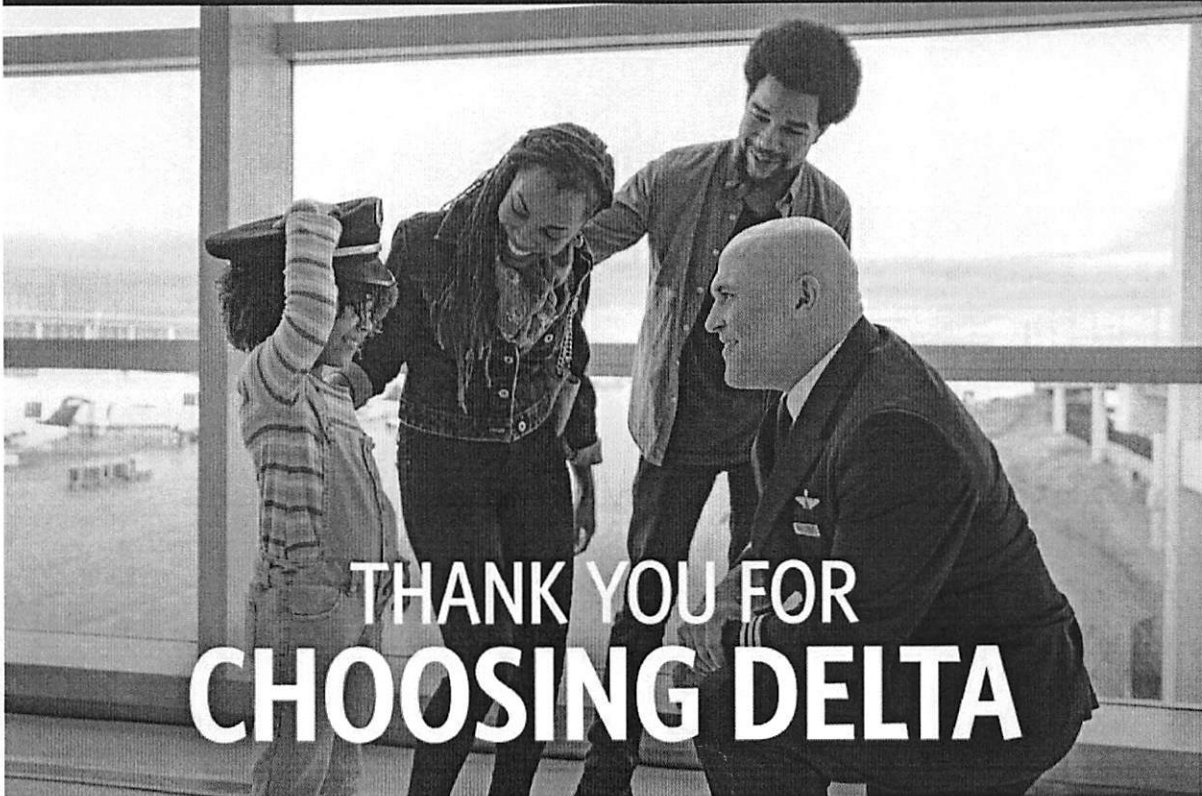
CAUTION! *External Content. Please use caution when opening attachments and links. Do not provide your username and password if requested.*

[View as a Web Page](#)



[Join SkyMiles](#)

CONFIRMATION #: JK8IM8



You're all set. If your plans change, be sure to make changes or cancel via **MyTrips** on **delta.com** before your flight departs.

Have a great trip, and thank you for choosing Delta.

Passenger Info

Name: MYRTIS SIMS

FLIGHT	SEAT
DELTA 2741	17C
DELTA 1658	21C
DELTA 2169	21C
DELTA 2817	17C

Visit **delta.com** or download the **Fly Delta app** to view, select or change your seat. If you purchased a Delta Comfort+™ seat or a Trip Extra, please visit **My Trips** to access a receipt of your purchase.

Sat, 22JUL	DEPART	ARRIVE
DELTA 2741 Main Cabin (L)	JACKSON, MS 6:00am	ATLANTA 8:20am
DELTA 1658 Main Cabin (L)	ATLANTA 9:30am	ORLANDO INTL, FL 11:00am

Thu, 27JUL	DEPART	ARRIVE
DELTA 2169 Main Cabin (X)	ORLANDO INTL, FL 5:30am	ATLANTA 6:58am
DELTA 2817 Main Cabin (X)	ATLANTA 8:10am	JACKSON, MS 8:26am

MANAGE MY TRIP

Flight Receipt

Ticket #: ~~0052102080096~~ *WAAWAA*

Place of Issue:

Issue Date: 19APR23

Expiration Date: 19APR24

METHOD OF PAYMENT	
VI*****7579	\$400.40 USD <i>✓</i>

CHARGES	
Air Transportation Charges	
Base Fare	\$327.45 USD
Taxes, Fees and Charges	
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	\$11.20 USD
United States - Transportation Tax (US)	\$24.55 USD
United States - Passenger Facility Charge (XF)	\$18.00 USD
United States - Flight Segment Tax (ZP)	\$19.20 USD
TICKET AMOUNT	\$400.40 USD

Kesha Jackson

From: Delta Air Lines <DeltaAirLines@t.delta.com>
Sent: Wednesday, April 19, 2023 3:56 PM
To: Kesha Jackson
Subject: Your Flight Receipt - MYRTIS SIMS 22JUL23

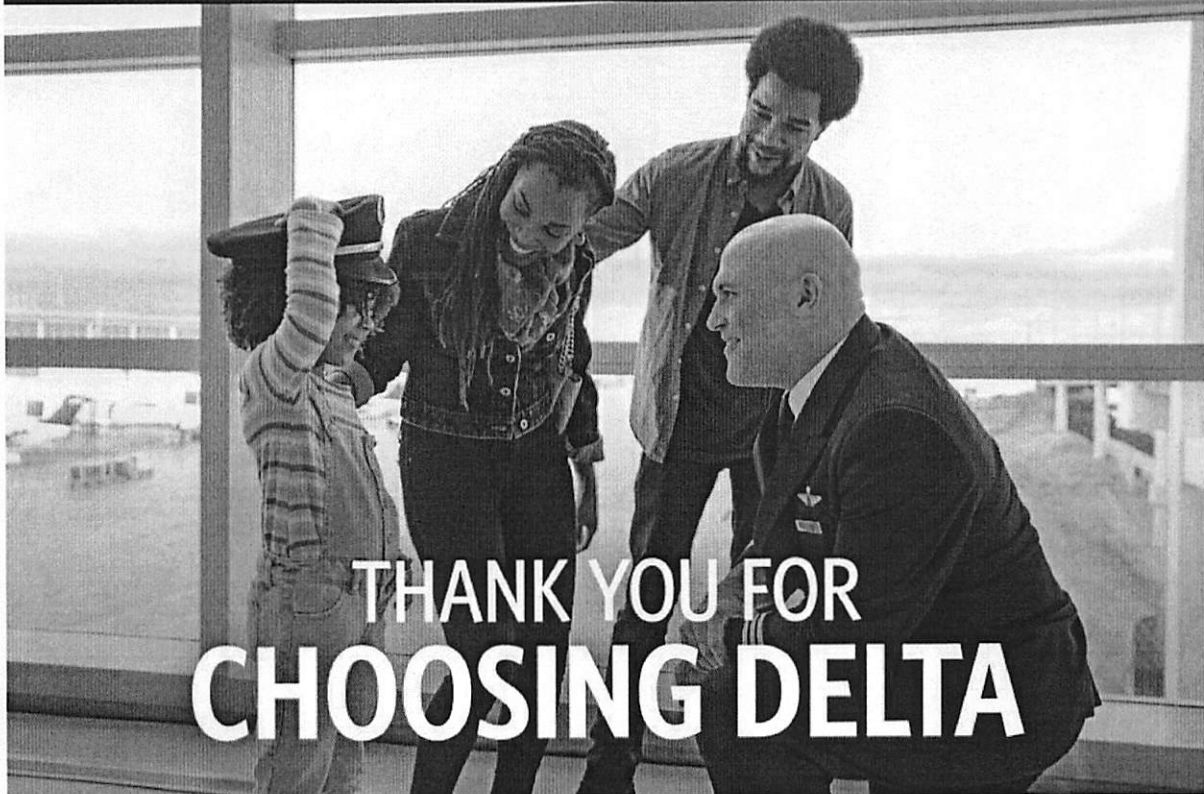
CAUTION! *External Content. Please use caution when opening attachments and links. Do not provide your username and password if requested.*

[View as a Web Page](#)



[Join SkyMiles](#)

CONFIRMATION #: JK8IM8



**THANK YOU FOR
CHOOSING DELTA**



**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

INFORMATION 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
04-19-23	State Occupancy Tax Exempt tax ex	-13.72	
04-19-23	City Occupancy Tax Exempt tax ex	-3.92	
04-19-23	Visa XXXXXXXXXXXX7579 XX/XX		-17.64
Total		196.00	196.00

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.

Kesha Jackson

From: United Airlines <Receipts@united.com>
Sent: Friday, March 31, 2023 3:34 PM
To: Kesha Jackson
Subject: Your reservation has been canceled (MWK04G)

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



Fri, Mar 31, 2023

Your reservation has been canceled.

Save this email and your confirmation number in case you need them later. You may also receive future flight credit as part of a refund. If you do, your credit can be applied at checkout when buying your next flight. All you'll need is your name and this trip's confirmation number.

Confirmation Number:

MWK04G

Flight 1 of 4 UA4348

Class: United Economy (W)

Sun, Apr 02, 2023

05:07 PM

Jackson, MS, US (JAN)

Sun, Apr 02, 2023

06:41 PM

Houston, TX, US (IAH)

Flight Operated by Commuteair dba United Express.

Flight 2 of 4 UA1491

Class: United Economy (V)

Sun, Apr 02, 2023

08:10 PM

Houston, TX, US (IAH)

Sun, Apr 02, 2023

10:56 PM

Minneapolis/St. Paul, MN, US (MSP)

Flight 3 of 4 UA2431

Class: United Economy (W)

Wed, Apr 05, 2023

03:54 PM

Minneapolis/St. Paul, MN, US (MSP)

Wed, Apr 05, 2023

06:51 PM

Houston, TX, US (IAH)

Flight 4 of 4 UA4320

Class: United Economy (W)

Wed, Apr 05, 2023

08:17 PM

Houston, TX, US (IAH)

Wed, Apr 05, 2023

09:45 PM

Jackson, MS, US (JAN)

Flight Operated by Commuteair dba United Express.

Traveler Details

ALEXANDER/ASHLEYTHOMAS

eTicket number: -----

Seats: JAN-IAH 20A
IAH-MSP 26B
MSP-IAH 29E
IAH-JAN 20C

Purchase Summary

Method of payment:

Visa ending in 7579

Date of purchase:

Thu, Feb 23, 2023

Airfare:	667.40 USD
U.S. Transportation Tax:	50.06 USD
U.S. Flight Segment Tax:	19.20 USD
September 11th Security Fee:	11.20 USD
U.S. Passenger Facility Charge:	18.00 USD

Total Per Passenger: 765.86 USD

Total: 765.86 USD

United policy changes/revisions

Any changes or revisions to our policies will not be more restrictive than the policy in effect at the time you purchased your ticket.



Ms Nason White
Canton, MS 39046

ROOM # : 05048
CONF # : 911702873
ARRIVAL : 04/18/23
DEPARTURE : 04/20/23

DATE	DESCRIPTION	CHARGES	CREDITS
04/18/23	Deposit Applied		468.16
04/18/23	Room Rate	229.00	
04/18/23	Resort Fee	15.00	
04/19/23	Room Rate	159.00	
04/19/23	Resort Fee	15.00	
04/20/23	Visa XXXXXXXXXXXX7579 XX/XX VISA XXXXXXXXXXXX7579 TOTAL USD 50.16		-50.16
Total		418.00	418.00
Balance		0.00	

If you were a guest at an MGM Resorts property within the last 14 days and have subsequently tested positive for the coronavirus (COVID-19), we ask that you contact us at covid19@mgmresorts.com so that we can provide your information to the local health department to support their contact tracing efforts.

Kesha Jackson

From: Amy Nisbett
Sent: Tuesday, April 25, 2023 11:18 AM
To: Kesha Jackson
Subject: Fw: Your Refund Request

From: Steven Ross <sross@mcjobs4youth.com>
Sent: Tuesday, April 25, 2023 10:32 AM
To: Amy Nisbett <amy.nisbett@madison-co.com>
Subject: Fw: Your Refund Request

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

Just got this. Refund is below.

Steven Ross
Career Case Manager
Madison County Jobs 4 Youth

Madison County Jobs4Youth is an Equal Opportunity employer. Qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, sexual orientation, gender identity, disability or protected veteran status.

----- Forwarded Message -----

From: United Refunds <refunds@united.com>
To: "sross@mcjobs4youth.com" <sross@mcjobs4youth.com>
Sent: Tuesday, April 25, 2023 at 10:17:54 AM CDT
Subject: Your Refund Request



April 25, 2023

PASSENGER: STEVENMICHAEL
TICKET(S): 0162467814823
REQUEST ID: 40124277

Dear Stevenmichael Ross:

We've processed the refund today.

If your ticket was purchased using a credit card please allow 7 days for the credit to post to your account. For check payments, please allow sufficient time for the check delivery. You may also view the refund details using the Check Refund Status link below and enter the 13-digit ticket number or 8-digit Request ID listed above.

Refund Amount/Currency: 118.62 USD



Form of Payment: VI ending in 7579

Refund processed date: April 24, 2023

Thank you for flying with us! We look forward to welcoming you on board soon!

Sincerely,

United Refunds

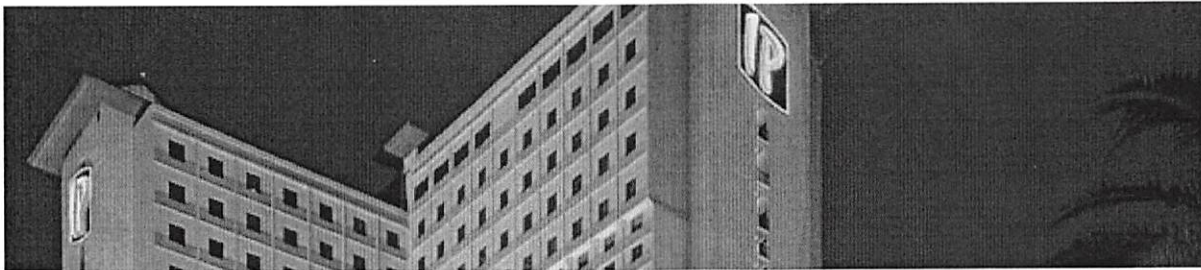
[Check Refund Status](#)

Kesha Jackson

From: IP Casino Resort Spa <donotreply@boydgamingmail.com>
Sent: Monday, April 24, 2023 3:26 PM
To: NASON WHITE
Subject: IP Casino Resort Spa Reservation Confirmation

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

IP Casino Resort Spa Reservation Confirmation



CONFIRMATION INFORMATION

Dear **NASON WHITE**,

Please take a moment to review your reservation information below. You can make changes to this reservation by calling 877-335-4831.

Here are your reservation details:

Name:	NASON WHITE
Confirmation Number:	CH2H3
Arrival Date:	Monday, 06/12/2023

PROCUREMENT CARD
MISSING DOCUMENT AFFIDAVIT

Cardholder: Madison Co. BOS Account Number: 7579

Signature of Department Supervisor: _____

Item Description	Date of Purchase	Vendor	Cost
missing receipt	4/24/2023	United Airline	\$116.51

Detailed explanation of missing documentation:

Received a credit from United Airline in the amount \$116.51. We never received the receipt from Juvenile Drg. Crt. who were the individuals recipients of the travel.

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: 5/10/2023

SIGNATURE OF EMPLOYEE: Kesha Jackson

This Date, Personally Appeared Before Me, the undersigned authority, in and for Madison 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 10 day of May 2023

Cynthia A Parker
Notary Public



NOTE: This affidavit shall be attached to the cardholder's statement and filed with the Approving Official

Departure Date: Thursday, 06/15/2023
 Check-in Time: 04:00 PM
 Check-out Time: 11:00 AM
 Number of Nights: 3
 Number of Rooms: 1
 Room Type: IP/D2
 Room Description: STD Q/Q NONSMKG

Please note a refundable deposit equal to the first nights' room and tax will be charged on your credit card at the time of booking to guarantee your reservation. Cancellations must be made at least 24 hours prior to arrival to avoid forfeiting the deposit amount unless a non-refundable offer is booked, then no refund is provided. Packages, offers and special events may require different deposits and cancellation periods. \$100 authorization is required at check-in. Reservations are non-transferrable. Rates do not include the nightly resort fee of \$14.98 which will be charged at check-in.

Reservation Information

Stay Total: 479.97
 Stay Tax: 57.60
 Stay Total w/Tax: 537.57

Deposit Received: 179.19

Date	Rate	Nights
6/12/2	179.19	1
Date	Rate	Nights
6/13/2	179.19	1
Date	Rate	Nights
6/14/2	179.19	1

This is an automated message. Please call 877-335-4831 if you have any questions or would like to make changes to your reservation.



IP Casino Resort Spa - Biloxi

Credit Card Payment Receipt
Duplicate

BCIRECTFPG FOPRT08

IP CASINO RESORT SPA
850 BAYVIEW AVE
BILOXI MS 39530
228 436-3000 888 946-2847

Printed Date 05/10/2023
Printed Time 01:54 PM
Invoice# 1481488
Currency Code USA

NASON WHITE
PO BOX 608
CANTON MI 39046
USA
601 855-5534

Wing/Room IP
Confirmation# CH2H3
Reservation # 450393858925
Arrival 06/12/2023
Departure 06/15/2023

TRANSACTION INFORMATION

Credit Card Type Last 4 Sett Date Sett Time Sett Amount
RESERVATIONS VISA 7579 04/24/2023 05:27 PM 345.72



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

Signature _____



Summary of Account Activity

Total Activity \$305.23
Credit Limit \$5,000.00
Cash Advance Limit \$1,250.00
Statement Closing Date 05/01/23
Days in Billing Cycle 30

Not an invoice.
For your records only.

Cardholder Name
MADISON COUNTY BOS

Account Number
XXXX XXXX XXXX 7603

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

Table with 5 columns: Transaction Date, Posting Date, Reference Number, Description, Amount. Contains two transaction entries.



CARD CENTER
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 7603
New Balance \$305.23
Statement Date 05/01/23

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

**N0012405

Not an invoice.
For your records only.





Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7603

Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7603

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, May 10, 2023 11:42 AM
To: Kesha Jackson
Subject: RE: <EXTERNAL>: Visa Dispute

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

Yes, I did. Thank you!

I submitted that information over to Tyler for review. Thanks

From: Kesha Jackson <Kesha.Jackson@madison-co.com>
Sent: Wednesday, May 10, 2023 11:41 AM
To: Demetra Hayes <Demetra.Hayes@dfa.ms.gov>
Subject: RE: <EXTERNAL>: Visa Dispute

Good morning Demetra,

Did you received the second set of dispute charges invoices?

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)



From: Demetra Hayes <Demetra.Hayes@dfa.ms.gov>
Sent: Tuesday, May 9, 2023 3:57 PM
To: Kesha Jackson <Kesha.Jackson@madison-co.com>
Subject: FW: <EXTERNAL>: Visa Dispute

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

Hi Tyler,

Please file a Visa Dispute on the Travel card listed in the attachment. Thanks.

From: Kesha Jackson <Kesha.Jackson@madison-co.com>

Sent: Tuesday, May 9, 2023 3:45 PM

To: Demetra Hayes <Demetra.Hayes@dfa.ms.gov>

Subject: <EXTERNAL>: Visa Dispute

Good afternoon Demetra,

Please see attached visa card dispute forms and copy of visa card statement.

Seems that we have been hacked again ☹

Please advise as soon as possible on the status of this information.

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 County Board of Supervisors

Name:

xxxx-xxxx-xxxx-7603

Account Number:

Madison County Board of Supervisors

Company Name:

601-855-5534

Business Phone:

TRANSACTION INFORMATION

Hampton Inns/TX

Merchant Name:

\$166.21

Amount of Dispute

4/20/2023

Date of Transaction:

24755423111171110302367

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

No one from Madison County made any charges for the amounts of \$166.21 and did not stay at the listed merchant name above

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

Keshia Jackson 5/1/2023
Cardholder's Signature & Today's Date



VISA PURCHASING CARD DISPUTE FORM

ACCOUNT INFORMATION

Madison County Board of Supervisors
Name:

xxxx-xxxx-xxxx-7603
Account Number:

Madison County Board of Supervisors
Company Name:

601-855-5534
Business Phone:

TRANSACTION INFORMATION

Springhill Suites San Antonio TX
Merchant Name:

\$139.02
Amount of Dispute

04/22/2023
Date of Transaction:

24692163112109990644562
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

No one from Madison County made any charges for the amount of \$139.02 and did not stay at the listed merchant name above.

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

 5/9/2023
Cardholder's Signature & Today's Date



Summary of Account Activity

Total Activity	\$357.54
Credit Limit	\$5,000.00
Cash Advance Limit	\$1,250.00
Statement Closing Date	05/01/23
Days in Billing Cycle	30

Cardholder Name
MADISON COUNTY BOS

Account Number
XXXX XXXX XXXX 7595

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.

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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
04/21	04/23	24492163111000036763156	ACTBLUE* DSCC-SENATEDE HTTPSSECURE.AMA	4.00
04/22	04/23	24015143112036001250174	HAMPTON INN SEA WORLD SAN ANTONIO TX	161.83
04/22	04/24	24055233113036002217684	HILTON HOME 2 SUITES SA SAN ANTONIO TX	191.71



CARD CENTER
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 7595
New Balance \$357.54
Statement Date 05/01/23

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

**N0012404

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





Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7595

Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7595

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, May 10, 2023 11:42 AM
To: Kesha Jackson
Subject: RE: <EXTERNAL>: Visa Dispute

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

Yes, I did. Thank you!

I submitted that information over to Tyler for review. Thanks

From: Kesha Jackson <Kesha.Jackson@madison-co.com>
Sent: Wednesday, May 10, 2023 11:41 AM
To: Demetra Hayes <Demetra.Hayes@dfa.ms.gov>
Subject: RE: <EXTERNAL>: Visa Dispute

Good morning Demetra,

Did you received the second set of dispute charges invoices?

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)



From: Demetra Hayes <Demetra.Hayes@dfa.ms.gov>
Sent: Tuesday, May 9, 2023 3:57 PM
To: Kesha Jackson <Kesha.Jackson@madison-co.com>
Subject: FW: <EXTERNAL>: Visa Dispute

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

Hi Tyler,

Please file a Visa Dispute on the Travel card listed in the attachment. Thanks.

From: Kesha Jackson <Kesha.Jackson@madison-co.com>

Sent: Tuesday, May 9, 2023 3:45 PM

To: Demetra Hayes <Demetra.Hayes@dfa.ms.gov>

Subject: <EXTERNAL>: Visa Dispute

Good afternoon Demetra,

Please see attached visa card dispute forms and copy of visa card statement.

Seems that we have been hacked again ☹

Please advise as soon as possible on the status of this information.

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 County Board of Supervisors
Name:

xxxx-xxxx-xxxx-7595

Account Number:

Madison County Board of Supervisors
Company Name:

601-855-5534

Business Phone:

TRANSACTION INFORMATION

Hilton Home 2 Suites / San Antonio TX
Merchant Name:

\$191.71

Amount of Dispute

4/22/2023

Date of Transaction:

24055233113036002217684

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

No one from Madison County made any charges for the amount of \$191.71 and did not stay at the listed merchant name above.

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 5/9/2023
Cardholder's Signature & Today's Date



VISA PURCHASING CARD DISPUTE FORM

ACCOUNT INFORMATION

Madison County Board of Supervisors
Name:

xxxx-xxxx-xxxx-7595
Account Number:

Madison County Board of Supervisors
Company Name:

601-855-5534
Business Phone:

TRANSACTION INFORMATION

ACTBLUE*DSCC-SENATEDE
Merchant Name:

\$4.00
Amount of Dispute

4/21/2023
Date of Transaction:

24492163111000036763156
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.
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- 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

No one from Madison County made any purchase for the above merchant.

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


Cardholder's Signature & Today's Date

5/9/2023



VISA PURCHASING CARD DISPUTE FORM

ACCOUNT INFORMATION

Madison County Board of Supervisors
Name:

XXXX-XXXX-XXXX-7595
Account Number:

Madison County Board of Supervisors
Company Name:

601-855-5534
Business Phone:

TRANSACTION INFORMATION

Hampton Inn Sea World /San Antonio TX
Merchant Name:

\$161.83
Amount of Dispute

4/22/2023
Date of Transaction:

24015143112036001250174
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

No one from Madison County made any charges for the amount of \$161.83 and did not stay at the listed merchant above.

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

 5/9/2023
Cardholder's Signature & Today's Date



Summary of Account Activity

Total Activity \$231.54

Credit Limit \$10,000.00

Cash Advance Limit \$0.00

Statement Closing Date 05/01/23

Days in Billing Cycle 30

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
04/24	04/27	24692163116103166327298	RESIDENCE INN JACKSONVILLE FL	231.54



CARD CENTER
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 9039
New Balance \$231.54
Statement Date 05/01/23

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

***N0012423

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





Cardholder Name: MADISON CO SHERIFF 1

Account Number: XXXX XXXX XXXX 9039

80581210 - 012423 - 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

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

DATE	VENDOR	AMOUNT	USER	PRODUCT(S)	FUND	DEPT.	PURPOSE	RECEIPT
4/24/2023	Residence Inn	\$231.54	Richard Ladnier	hotel	001	200	480	Y

TOTAL \$231.54



Summary of Account Activity

Total Activity \$231.54

Credit Limit \$10,000.00

Cash Advance Limit \$0.00

Statement Closing Date 05/01/23

Days in Billing Cycle 30

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
04/24	04/27	24692163116103166327298	RESIDENCE INN JACKSONVILLE FL	231.54

*7 mil. 302
5-9-23*



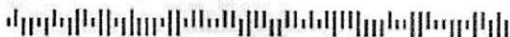
CARD CENTER
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 9039
New Balance \$231.54
Statement Date 05/01/23

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

**N0012423

Not an invoice.
For your records only.



Residence INN.

BY MARRIOTT

Residence Inn® Jacksonville Downtown
 357 Oak Street, Jacksonville, FL 32204 P 904.580.5455
 Marriott.com/JAXRD

R: Ladnier

Room: 402
 Room Type: ONQQ
 Number of Guests: 2
 Rate: \$204.00

Clerk:

Arrive: 24Apr23

Time: 08:53PM

Depart: 26Apr23

Time: 01:00PM

Folio Number: 83236

DATE	DESCRIPTION	CHARGES	CREDITS
24Apr23	Room Charge	204.00	
24Apr23	Occupancy Sales Tax	12.24	
24Apr23	State Occupancy Tax	15.30	
25Apr23	Visa		231.54

Card #: VXXXXXXXXXXXXXXXXX9039XXXX
 Amount: 231.54 Auth: 052581
 This card was electronically swiped on 24Apr23

BALANCE: 0.00

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