



PURCHASING DEPARTMENT

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

June 19, 2023

To: Board of Supervisors

From: Kesha Jackson, Purchasing Clerk

Subject June 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: 6/1/2023

<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	William Hawkins	lodging	5/4/2023	Grand Hyatt Tampa	\$1,021.52	meeting
	Abonie Robicheaux	lodging	5/10/2023	IP Casino Resort	(\$89.59)	meeting
	Abonie Robicheaux	lodging	5/10/2023	IP Casino Resort	(\$195.32)	meeting
	Albert Jones	lodging	5/10/2023	IP Casino Resort	(\$89.59)	meeting
	Albert Jones	lodging	5/10/2023	IP Casino Resort	(\$195.32)	meeting
	Staci Oneal	airline	5/12/2023	United Airline	(\$122.59)	meeting
	Staci Oneal	airline	5/12/2023	United Airline	(\$136.85)	meeting
	Gerald Steen	lodging	5/15/2023	Beau Rivage	\$568.96	meeting
	Cornelius Bacon	lodging	5/15/2023	Beau Rivage	\$920.64	meeting
	Jamie Ballard	airline	5/15/2023	United Airline	\$567.15	meeting
	Amy Nisbett	airline	5/15/2023	United Airline	\$228.25	meeting
	Timothy Bryan	lodging	5/17/2023	Beau Rivage	\$508.00	meeting
	Nason White	airline	5/24/2023	American Airline	\$246.39	meeting
	Paul Griffin	lodging	5/25/2023	Beau Rivage	\$898.44	meeting
	Timothy Bryan	lodging	5/30/2023	Spectrum Beach Resort	\$415.17	meeting
BOS1 CARD TOTAL					\$4,545.26	
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					Credit (\$357.54)	
BOS CARD	Dispute Charges		4/20/2023	SpringHill Suites San Antonio TX	(\$139.02)	
BOS CARD TOTAL					Credit (\$139.02)	
HR CARD	NO ACTIVITY					
HR CARD TOTAL						
EMA CARD	NO ACTIVITY					
EMA CARD TOTAL						
SO1 CARD	NO ACTIVITY					
SO1 CARD TOTAL						
SO2 CARD	NO ACTIVITY					
SO2 CARD TOTAL						
TOTAL TO PAY					\$5,374.52	



Summary of Account Activity

Previous Balance	\$12,246.40
Payments/Debits	-\$0.00
Other Credits	-\$1,325.82
Purchases	+\$5,374.52
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$16,295.10

Payment Information

New Balance	\$16,295.10
Minimum Payment Due	\$16,295.10
Payment Due Date	06/26/23
Past Due Amount	\$10,920.58
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	\$3,704.90
Cash Advance Limit	\$3,500.00
Available for Cash Advance	\$3,500.00
Statement Closing Date	06/01/23
Days in Billing Cycle	31

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

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 seriously past due. Please submit a payment equal to or greater than the Minimum Amount Due immediately. You may also call us at 855.224.0861 to request a special payment arrangement. 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
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No activity this statement period.



CARD CENTER
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number	XXXX XXXX XXXX 7611
New Balance	\$16,295.10
Payment Due Date	06/26/23
Past Due Amount	\$10,920.58
Minimum Payment	\$16,295.10
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

**N0012069

CARD SERVICES
PO BOX 875852
KANSAS CITY MO 64187-5852



800000187511 0001629510 0001629510 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				
05/04	05/07	24943003125722887265570	GRAND HYATT TAMPA 8885886308 FL	1,021.52
05/10	05/12	74943003131968979154472	IP-MS ADV DEPOSIT 6014364555 MS	- 89.59
05/10	05/12	74943003131968979155818	IP-MS ADV DEPOSIT 6014364555 MS	- 195.32
05/10	05/12	74943003131968979160594	IP-MS ADV DEPOSIT 6014364555 MS	- 89.59
05/10	05/12	74943003131968979161766	IP-MS ADV DEPOSIT 6014364555 MS	- 195.32
05/12	05/14	74692163133106772920103	UNITED 0162467817475800-932-2732 TX	- 122.59
05/12	05/14	74692163133106772920111	UNITED 0162477001266800-932-2732 TX	- 136.85
05/15	05/17	24943003136846695641693	BEAU RIVAGE - ADV DEP 8552755733 MS	568.96
05/15	05/17	24943003136846696305223	BEAU RIVAGE - ADV DEP 8552755733 MS	920.64
05/15	05/17	24692163136109098305068	UNITED 0162486960451800-932-2732 TX	567.15
05/15	05/17	24692163136109098305076	UNITED 0162486981713800-932-2732 TX	228.25
05/17	05/19	24943003138846948665786	BEAU RIVAGE - ADV DEP 8552755733 MS	508.00
05/24	05/25	24943003144634001113684	AMERICAN AIR0012396086261FORT WORTH TX	246.39
05/25	05/28	24943003146846075673991	BEAU RIVAGE - ADV DEP 8552755733 MS	898.44
05/30	05/31	24445003150300590123583	FSP*SPECTRUM BEACH CLUB MGULF SHORES AL	415.17
MADISON COUNTY BOS XXXX XXXX XXXX 6061				
04/21	05/12	24492163111000036763156	ADJ-ACTBLUE* DSCC-SENATEDHTTPSECURE.AMA	- 4.00
04/22	05/12	24015143112036001250174	ADJ-HAMPTON INN SEA WORLDSAN ANTONIO TX	- 161.83
04/22	05/12	24055233113036002217684	ADJ-HILTON HOME 2 SUITES SAN ANTONIO TX	- 191.71
MADISON COUNTY BOS XXXX XXXX XXXX 8506				
04/22	05/12	24692163112109990644562	ADJ-SPRINGHILL SUITES SANSAN ANTONIO TX	- 139.02

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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%	\$5,374.52	\$0.00

(v) = Variable Rate

Account Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7611

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 \$4,545.26

Credit Limit \$20,000.00
 Cash Advance Limit \$3,500.00
 Statement Closing Date 06/01/23
 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
05/04	05/07	24943003125722887265570	GRAND HYATT TAMPA 8885886308 FL	1,021.52
05/10	05/12	74943003131968979154472	IP-MS ADV DEPOSIT 6014364555 MS	-89.59
05/10	05/12	74943003131968979155818	IP-MS ADV DEPOSIT 6014364555 MS	-195.32
05/10	05/12	74943003131968979160594	IP-MS ADV DEPOSIT 6014364555 MS	-89.59
05/10	05/12	74943003131968979161766	IP-MS ADV DEPOSIT 6014364555 MS	-195.32
05/12	05/14	74692163133106772920103	UNITED 0162467817475800-932-2732 TX	-122.59
05/12	05/14	74692163133106772920111	UNITED 0162477001266800-932-2732 TX	-136.85
05/15	05/17	24943003136846695641693	BEAU RIVAGE - ADV DEP 8552755733 MS	568.96
05/15	05/17	24943003136846696305223	BEAU RIVAGE - ADV DEP 8552755733 MS	920.64
05/15	05/17	24692163136109098305068	UNITED 0162486960451800-932-2732 TX	567.15
05/15	05/17	24692163136109098305076	UNITED 0162486981713800-932-2732 TX	228.25



CARD CENTER
 PO BOX 419734
 KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 7579
 New Balance \$4,545.26
 Statement Date 06/01/23

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

***N0012068

**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
05/17	05/19	24943003138846948665786	BEAU RIVAGE - ADV DEP 8552755733 MS	508.00
05/24	05/25	24943003144634001113684	AMERICAN AIR0012396086261FORT WORTH TX	246.39
05/25	05/28	24943003146846075673991	BEAU RIVAGE - ADV DEP 8552755733 MS	898.44
05/30	05/31	24445003150300590123583	FSP*SPECTRUM BEACH CLUB MGULF SHORES AL	415.17

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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



GRAND HYATT

Grand Hyatt Tampa Bay
 2900 Bayport Drive
 Tampa, FL 33607
 Tel: 813-874-1234
 Fax: 813-207-6790

INVOICE

William Hawkins
 Po Box 608
 Canton MS 39046
 United States

Room No. 1149
 Arrival 04-30-23
 Departure 05-04-23
 Folio Window 2
 Folio No. 1039240

Confirmation No. 4700937401
 Group Name International Code Council-2023 Spring

Date	Description	Charges	Credits
04-30-23	Group Room	225.00	
04-30-23	State Sales Tax	16.88	
04-30-23	Occupancy Tax	13.50	
05-01-23	Group Room	225.00	
05-01-23	State Sales Tax	16.88	
05-01-23	Occupancy Tax	13.50	
05-02-23	Group Room	225.00	
05-02-23	State Sales Tax	16.88	
05-02-23	Occupancy Tax	13.50	
05-03-23	Group Room	225.00	
05-03-23	State Sales Tax	16.88	
05-03-23	Occupancy Tax	13.50	
05-04-23	Visa	XXXXXXXXXXXX7579 XX/XX	1,021.52
Total		1,021.52	1,021.52

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!

"HOW WAS YOUR STAY AT THE GRAND HYATT TAMPA BAY?"

Please do not hesitate to contact us should you wish to share your experience, or have any inquiries. Simply contact us at: tparw.quality@hyatt.com

Thank you for staying with us.
 Ruth M. Benjamin
 General Manager

For inquiries concerning your bill, please call 888-588-6308

Please forward all invoice payments to:
 Grand Hyatt Tampa Bay
 P.O. Box 841606
 Dallas, TX 75284

We hope to welcome you back to Grand Hyatt Tampa Bay

World of Hyatt Summary

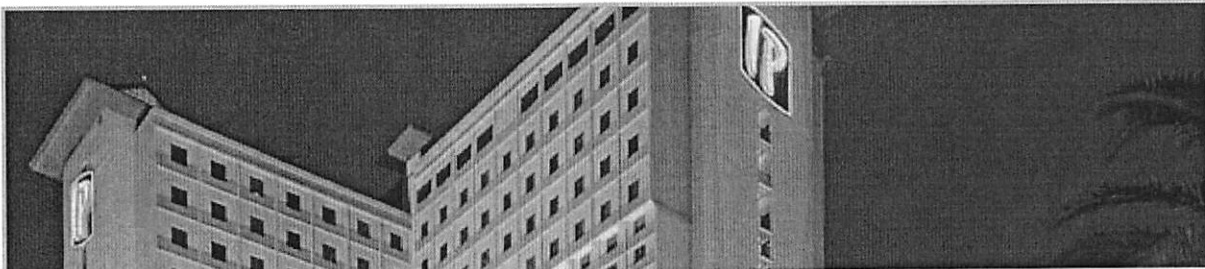
No Membership to be credited

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

Kesha Jackson

From: IP Casino Resort Spa <donotreply@boydgamingmail.com>
Sent: Tuesday, June 13, 2023 10:33 AM
To: Kesha Jackson
Subject: IP Casino Resort Spa Folio

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



Dear ABONIE ROBICHEAUX//CXL ,

Thank you for staying with us. We hope you took advantage of all the IP Biloxi has to offer.

We invite you to stay with us again.

Can't wait to see you during your next visit to with us.

Sincerely,
IP Casino Resort Spa

Date	Ref	Description	Charge	Credit	Balance
05/09/2023	450544188210	APPLIED DEPOSIT *****7579		89.59	
05/09/2023	450544188212	APPLIED DEPOSIT *****7579		195.32	

05/09/2023	450544188214	REFUND	89.59	
		*****7579		
05/09/2023	450544188216	REFUND	195.32	✍️
		*****7579		
		SUMMARY OF CHARGES		
		BALANCE DUE		



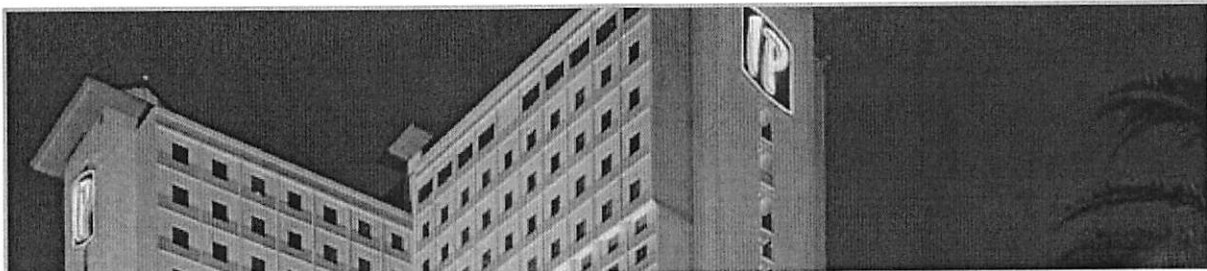
IP Casino Resort Spa - Biloxi
 850 Bayview Avenue • Biloxi, MS 39530
ipbiloxi.com
 1-888-946-2847

Copyright © Boyd Gaming. All rights reserved. [Privacy](#) | [Responsible Gaming](#)
 Gambling Problem? Call 1-800-GAMBLER

Kesha Jackson

From: IP Casino Resort Spa <donotreply@boydgamingmail.com>
Sent: Tuesday, June 13, 2023 10:33 AM
To: Kesha Jackson
Subject: IP Casino Resort Spa Folio

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



Dear ALBERT JONES//CXL ,

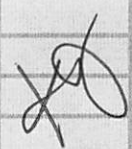
Thank you for staying with us. We hope you took advantage of all the IP Biloxi has to offer.

We invite you to stay with us again.

Can't wait to see you during your next visit to with us.

Sincerely,
IP Casino Resort Spa

Date	Ref	Description	Charge	Credit	Balance
05/09/2023	450544188155	APPLIED DEPOSIT		89.59	
		*****7579			
05/09/2023	450544188157	APPLIED DEPOSIT		195.32	
		*****7579			

05/09/2023	450544188159	REFUND	89.59		
		*****7579			
05/09/2023	450544188161	REFUND	195.32		
		*****7579			
		SUMMARY OF CHARGES			
		BALANCE DUE			



IP Casino Resort Spa - Biloxi
850 Bayview Avenue • Biloxi, MS 39530
ipbiloxi.com
1-888-946-2847

Copyright © Boyd Gaming. All rights reserved. [Privacy](#) | [Responsible Gaming](#)
Gambling Problem? Call 1-800-GAMBLER

Kesha Jackson

From: Staci O'Neal
Sent: Saturday, May 13, 2023 1:20 PM
To: Kesha Jackson; Amy Nisbett; Nason White
Subject: Fwd: Your Refund Request

This should be refunded to the fund that purchased the airline tickets. See below.

Sincerely,

Staci B. O'Neal
Madison County Court Judge

From: United Refunds <refunds@united.com>
Sent: Saturday, May 13, 2023 10:31:51 AM
To: Staci O'Neal <staci.oneal@madison-co.com>
Subject: Your Refund Request

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




May 13, 2023

PASSENGER: **STACIBOZANT**
TICKET(S): **0162467817475**
REQUEST ID: **40244627**

Dear Stacibozant Oneal:

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: **122.59 USD** 

Form of Payment: VI ending in 7579

Refund processed date: May 12, 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: Staci O'Neal
Sent: Saturday, May 13, 2023 1:21 PM
To: Kesha Jackson; Amy Nisbett; Nason White
Subject: Fwd: Your Refund Request

Another one.

Sincerely,

Staci B. O'Neal
Madison County Court Judge

From: United Refunds <refunds@united.com>
Sent: Saturday, May 13, 2023 11:46:29 AM
To: Staci O'Neal <staci.oneal@madison-co.com>
Subject: Your Refund Request

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




May 13, 2023

PASSENGER: **STACIBOZANT**
TICKET(S): **0162477001266**
REQUEST ID: **40268188**

Dear Stacibozant Oneal:

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: **136.85 USD** 

Form of Payment: VI ending in 7579

Refund processed date: May 12, 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: noreply@mgmresorts.com
Sent: Monday, May 15, 2023 10:00 AM
To: Kesha Jackson
Subject: Beau Rivage Resort & Casino Receipt

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

**Beau Rivage Resort &
Casino**

875 Beach Blvd

Biloxi, United States 39530

Phone 888.750.7111

e-mail: noreply@mgmresorts.com

url: <https://beaurivage.mgmresorts.com/en.html>

May 15, 2023 9:59 AM

MERCH ID 1488682001

Category: Individual Guest Reservation

TYPE: Sale

REF #: 102031

CC #: 471562XXXXXX7579

EXP: XX/XX

CARD: Visa

Subtotal 568.96

Tax 0.00



\$ 568.96



TRAN ID: 383135539887071

APPROVAL CODE: 063381

Cardholder Name:

Madison County Board of Supervisors

Cardholder Address:

P.O. Box 608, 39046

Cardholder e-mail:

kesha.jackson@madison-co.com

**THANK YOU
CARDHOLDER COPY**

Kesha Jackson

From: noreply@mgmresorts.com
Sent: Monday, May 15, 2023 10:07 AM
To: Kesha Jackson
Subject: Beau Rivage Resort & Casino Receipt

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

**Beau Rivage Resort &
Casino**

875 Beach Blvd

Biloxi, United States 39530

Phone 888.750.7111

e-mail: noreply@mgmresorts.com

url: <https://beaurivage.mgmresorts.com/en.html>

May 15, 2023 10:06 AM

MERCH ID 1488682001

Category: Individual Guest Reservation

TYPE: Sale

REF #: 102032

CC #: 471562XXXXXXXX7579

EXP: XX/XX

CARD: Visa

Subtotal 920.64

Tax 0.00

\$ 920.64



TRAN ID: 583135543958069

APPROVAL CODE: 005112

Cardholder Name:

Madison County Board of Supervisors

Cardholder Address:

P.O. Box 608, 39046

Cardholder e-mail:

kesha.jackson@madison-co.com

**THANK YOU
CARDHOLDER COPY**

Kesha Jackson

From: United Airlines <Receipts@united.com>
Sent: Monday, May 15, 2023 10:38 AM
To: Kesha Jackson
Subject: eTicket Itinerary and Receipt for Confirmation NJFML5

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



Mon, May 15, 2023

Thank you for choosing United.

A receipt of your purchase is shown below. Please retain this email receipt for your records.

Get ready for your trip: [Visit the Travel-Ready Center](#), your one-stop digital assistant, to find out about important travel requirements specific to your trip.

Confirmation Number:

NJFML5

Flight 1 of 2 UA4348

Class: United Economy (V)

Sun, Jun 25, 2023

05:15 PM

Jackson, MS, US (JAN)

Sun, Jun 25, 2023

06:44 PM

Houston, TX, US (IAH)

Flight Operated by Commuteair dba United Express.

Flight 2 of 2 UA4814

Class: United Economy (U)

Thu, Jun 29, 2023

02:35 PM

Houston, TX, US (IAH)

Thu, Jun 29, 2023

04:03 PM

Jackson, MS, US (JAN)

Flight Operated by Commuteair dba United Express.

Traveler Details

BALLARD/JAMIE

eTicket number: **0162486960451**

Seats: **JAN-IAH 22C**
IAH-JAN 24C

Purchase Summary

Method of payment:

Visa ending in 7579

Date of purchase:

Mon, May 15, 2023

Airfare:	499.86
U.S. Transportation Tax:	37.49
U.S. Flight Segment Tax:	9.60
September 11th Security Fee:	11.20
U.S. Passenger Facility Charge:	9.00

Total Per Passenger: **567.15 USD**

Total: 567.15 USD



Fare Rules

Additional charges may apply for changes in addition to any fare rules listed.

NONREF/OVALUAFTDPT

Cancel reservations before the scheduled departure time or TICKET HAS NO VALUE.

Baggage allowance and charges for this itinerary

Origin and destination for checked baggage	1st bag charge	2nd bag charge	1st bag weight and dimensions	2nd bag weight and dimensions
Sun, Jun 25, 2023 Jackson, MS, US (JAN) to Houston, TX, US (IAH - Intercontinental)	35 USD	45 USD	50lbs(23kg) - 62in(157cm)	50lbs(23kg) - 62in(157cm)
Thu, Jun 29, 2023 Houston, TX, US (IAH - Intercontinental) to Jackson, MS, US (JAN)	35 USD	45 USD	50lbs(23kg) - 62in(157cm)	50lbs(23kg) - 62in(157cm)

Important Information about MileagePlus Earning


• Accruals vary based on the terms and conditions of the traveler's frequent flyer program, frequent flyer status, and the selected itinerary. United MileagePlus® mileage accrual is subject to the rules of the MileagePlus program. Once travel has started, accruals will no longer display. You can always view your MileagePlus account for posted accrual.

Kesha Jackson


From: United Airlines, Inc. <unitedairlines@united.com>
Sent: Monday, May 15, 2023 11:56 AM
To: Kesha Jackson
Subject: Your United reservation for Houston, TX, US (IAH) is processing

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

Add UnitedAirlines@news.united.com to your address book. [See instructions.](#)

Monday, May 15, 2023

Thank you for choosing United

 Once we've finished processing your reservation, you'll receive a second email containing your eTicket itinerary so that you can request additional receipts, export to your calendar, check in, cancel, upgrade, email or print your itinerary. This may take up to 24 hours.

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

Confirmation number:


Jackson, MS, US (JAN)
to Houston, TX, US (IAH)

NQXJD9

[Manage reservation](#)

Purchase summary

1 adult (18-64)	\$198.47
Taxes and fees	\$29.78
Total	\$228.25



Credit card payment: \$228.25 (Visa-***7579)

Trip summary

Sun, Jun 25, 2023

 UA 4348	Operated by CommuteAir dba United Express	Nonstop	
5:15 pm Jackson, MS, US (JAN)		6:44 pm Houston, TX, US (IAH)	Duration: 1h 29m United Economy (V) Meals are not offered for this flight

Travelers

Amy Nisbett JAN to IAH 22D

REAL ID requirement

Do you have a REAL ID? Beginning May 7, 2025, every air traveler 18 and older will need a state-issued REAL ID-compliant license or identification card, or another acceptable form of ID (such as a passport), to fly within the United States. If you don't have a REAL ID, you'll need to use another acceptable form of identification, when flying within the U.S.



Additional trip planning tools

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

Carry-on baggage allowed

United accepts the following items, per customer to be carried on the aircraft at no charge:

- One carry-on bag no more than 45 linear inches or 114 linear centimeters

Kesha Jackson

From: noreply@mgmresorts.com
Sent: Wednesday, May 17, 2023 8:41 AM
To: Kesha Jackson
Subject: Beau Rivage Resort & Casino Receipt

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

**Beau Rivage Resort &
Casino**

875 Beach Blvd

Biloxi, United States 39530

Phone 888.750.7111

e-mail: noreply@mgmresorts.com

url: <https://beaurivage.mgmresorts.com/en.html>

May 17, 2023 8:40 AM

MERCH ID 1488682001

Category: Individual Guest Reservation

TYPE: Sale

REF #: 102063

CC #: 471562XXXXXXXX7579

EXP: XX/XX

CARD: Visa

Subtotal 508.00

Tax 0.00

\$

508.00



TRAN ID: 583137492369813

APPROVAL CODE: 060587

Cardholder Name:

Madison County Board of Supervisors

Cardholder Address:

P.O. Box 608, 39046

Cardholder e-mail:

kesha.jackson@madison-co.com

**THANK YOU
CARDHOLDER COPY**

Kesha Jackson

From: American Airlines <no-reply@info.email.aa.com>
Sent: Wednesday, May 24, 2023 9:39 AM
To: Kesha Jackson
Subject: Your trip confirmation (JAN - AUS)

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



Issued: May 24, 2023

Your trip confirmation and receipt

We charged \$246.39 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: FKWHHW

Wednesday, July 19, 2023

≅ **JAN**

Jackson
9:33 AM

AA 3376

Operated by Envoy Air as
American Eagle


○ **DFW**

Dallas/Fort Worth
11:14 AM

Seat:
Class: **Economy (B)**
Meals:

≧ **DFW**

Dallas/Fort Worth
12:20 PM

AA 1332 

○ **AUS**

Austin
1:26 PM

Seat:
Class: **Economy (B)**
Meals:

Tuesday, July 25, 2023

≧ **AUS**

Austin
6:00 AM

AA 261 

○ **DFW**

Dallas/Fort Worth
7:13 AM

Seat:
Class: **Economy (B)**
Meals:

≧ **DFW**

Dallas/Fort Worth
8:51 AM

AA 3810

Operated by Envoy Air as
American Eagle

○ **JAN**

Jackson
10:23 AM

Seat:
Class: **Economy (B)**
Meals:

[Manage your trip](#)

Earn 10,000 bonus miles

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

[Learn more](#)



Your purchase

Nason White
Join the AAdvantage® Program

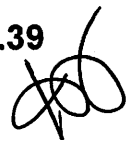
New ticket (0012396086261) \$246.39
[\$184.18+ Taxes & carrier-imposed fees \$62.21]

Total cost **\$246.39**

Your payment

Visa (ending 7579) \$246.39

Total paid **\$246.39**



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).

Kesha Jackson

From: noreply@mgmresorts.com
Sent: Thursday, May 25, 2023 7:59 AM
To: Kesha Jackson
Subject: Beau Rivage Resort & Casino Receipt

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

**Beau Rivage Resort &
Casino**

875 Beach Blvd

Biloxi, United States 39530

Phone 888.750.7111

e-mail: noreply@mgmresorts.com

url: <https://beaurivage.mgmresorts.com/en.html>

May 25, 2023 7:59 AM

MERCH ID 1488682001

Category: Individual Guest Reservation

TYPE: Sale

REF #: 102087

CC #: 471562XXXXXXXX7579

EXP: XX/XX

CARD: Visa

Subtotal 898.44

Tax 0.00

\$ 898.44



TRAN ID: 303145467485176

APPROVAL CODE: 074968

Cardholder Name:

Madison County Board of Supervisors

Cardholder Address:

P.O. Box 608, 39046

Cardholder e-mail:

kesha.jackson@madison-co.com

**THANK YOU
CARDHOLDER COPY**



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	Arrival	05/30/23
Account No.	IN 363831	Departure	06/02/23
Folio Type	Anticipated	# Guests	1
Unit No.:	Doral 0102		

This bill is in currency : USD

Seq.	Date	Transaction Description	Reference	Unit No.	Q	Amount	
	03/21/23	Visa Payment Processed	Aut#: 021268/XXXX XXXX XXXX 7579	1		(99.00)	
	04/16/23	Visa Payment Processed	Aut#: 046044/xxxx xxxx xxxx 7579	1		(316.17)	
	05/30/23	Visa Payment Processed	Aut#: 066328/xxxx xxxx xxxx 7579	1		(415.17)	
	05/30/23	BC - Reservation Proc. Fee	Re: BCD-0102/Bryan, Tim	11		830.34	
						BALANCE OWED	0.00



Summary of Account Activity

Total Activity - \$357.54

Credit Limit \$5,000.00
 Cash Advance Limit \$1,250.00
 Statement Closing Date 06/01/23
 Days in Billing Cycle 31

Cardholder Name
 MADISON COUNTY BOS

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

Account Number
 XXXX XXXX XXXX 6061

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
04/21	05/12	24492163111000036763156	ADJ-ACTBLUE* DSCC-SENATEDHTTPSECURE.AMA	-4.00
04/22	05/12	24015143112036001250174	ADJ-HAMPTON INN SEA WORLDSAN ANTONIO TX	-161.83
04/22	05/12	24055233113036002217684	ADJ-HILTON HOME 2 SUITES SAN ANTONIO TX	-191.71



CARD CENTER
 PO BOX 419734
 KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 6061
 New Balance - \$357.54
 Statement Date 06/01/23

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

**N0016474

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





Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 6061

80381520 - 016474 - 0001 - 0002 -

Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 6061

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



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

\$4.00

Merchant Name:

Amount of Dispute

4/21/2023

24492163111000036763156

Date of Transaction:

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 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

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



VISA PURCHASING CARD DISPUTE FORM

ACCOUNT INFORMATION

Madison County Board of Supervisors _____ xxxx-xxxx-xxxx-7595
 Name: Account Number:
 Madison County Board of Supervisors _____ 601-855-5534
 Company Name: Business Phone:

TRANSACTION INFORMATION

Hampton Inn Sea World /San Antonio TX _____ \$161.83
 Merchant Name: Amount of Dispute
 4/22/2023 _____ 24015143112036001250174
 Date of Transaction: 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

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



VISA PURCHASING CARD DISPUTE FORM

ACCOUNT INFORMATION

Madison County Board of Supervisors xxxx-xxxx-xxxx-7595
 Name: Account Number:
 Madison County Board of Supervisors 601-855-5534
 Company Name: Business Phone:

TRANSACTION INFORMATION

Hilton Home 2 Suites / San Antonio TX \$191.71
 Merchant Name: Amount of Dispute
4/22/2023 24055233113036002217684
 Date of Transaction: 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



Summary of Account Activity

Total Activity	- \$139.02
Credit Limit	\$5,000.00
Cash Advance Limit	\$1,250.00
Statement Closing Date	06/01/23
Days in Billing Cycle	31

Cardholder Name
MADISON COUNTY BOS

Account Number
XXXX XXXX XXXX 8506

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
04/22	05/12	24692163112109990644562	ADJ-SPRINGHILL SUITES SANSAN ANTONIO TX	-139.02



CARD CENTER
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 8506
New Balance -\$139.02
Statement Date 06/01/23

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

**N0016562

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





Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 8506

80381520-016562-0001-0002-



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



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

Cardholder's Signature & Today's Date