



PURCHASING DEPARTMENT

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

July 17, 2023

To: Board of Supervisors

From: Kesha Jackson, Purchasing Clerk

Subject: July 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: 6/30/2023

<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	Johnny Sims	lodging	6/14/2023	IP Casino Resort	(\$119.99)	training
	Johnny Sims	lodging	6/14/2023	IP Casino Resort	(\$239.90)	training
	Paul Griffin	lodging	6/15/2023	Beau Rivage	(\$136.44)	training
	Gerald Steen	lodging	6/15/2023	Beau Rivage	(\$60.96)	training
	Cornelius Bacon	lodging	6/15/2023	Beau Rivage	(\$98.64)	training
	John Barnts	airline	6/15/2023	United Airline	\$262.55	training
	Martina Griffin	airline	6/15/2023	American Airline	\$997.40	training
	Martina Griffin	lodging	6/16/2023	IP Casino Resort	\$190.39	training
	Martina Griffin	lodging	6/16/2023	IP Casino Resort	\$130.75	training
	Martina Griffin	lodging	6/16/2023	IP Casino Resort	\$278.81	training
	Johnny Sims	lodging	6/16/2023	IP Casino Resort	\$229.94	training
	Abonie Robicheaux	lodging	6/22/2023	IP Casino Resort	\$75.59	training
	Jennifer Knight	lodging	6/22/2023	IP Casino Resort	\$75.59	training
	Abonie Robicheaux	lodging	6/22/2023	IP Casino Resort	\$89.35	training
	Jennifer Knight	lodging	6/22/2023	IP Casino Resort	\$89.35	training
	Deanna Germany	lodging	6/28/2023	SpringHill Suites	\$938.56	training
	John Barnts	lodging	6/28/2023	SpringHill Suites	\$938.56	training
	Kandi Gray	lodging	6/28/2023	SpringHill Suites	\$938.56	training
	Amy Nisbett	lodging	6/28/2023	SpringHill Suites	\$938.56	training
	Athur Dewey	lodging	6/29/2023	SpringHill Suites	\$1,553.97	training
	Rodrick Smith	lodging	6/29/2023	SpringHill Suites	\$1,553.97	training
	Jamie Ballard	lodging	6/29/2023	SpringHill Suites	\$1,553.97	training
	Adrian Anderson	lodging	6/29/2023	SpringHill Suites	\$1,407.84	training
Steven Ross	lodging	6/29/2023	SpringHill Suites	\$1,407.84	training	
BOS1 CARD TOTAL					\$12,995.62	
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)	
	Dispute Charges		6/22/2023	ACTBLUE	(\$4.00)	
BOS2 CARD TOTAL				Credit (\$361.54)		
BOS CARD	Dispute Charges		4/20/2023	SpringHill Suites San Antonio TX	(\$139.02)	
	Dispute Charges		4/20/2023	Hampton Inns	(\$166.21)	
BOS CARD TOTAL				Credit (\$305.23)		
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					\$12,995.62	



Summary of Account Activity

Previous Balance	\$16,295.10
Payments/Debits	-\$11,583.63
Other Credits	-\$1,322.70
Purchases	+\$13,651.55
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$17,040.32

Payment Information

New Balance	\$17,040.32
Minimum Payment Due	\$17,040.32
Payment Due Date	07/24/23
Past Due Amount	\$3,388.77
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	\$2,959.68
Cash Advance Limit	\$3,500.00
Available for Cash Advance	\$2,959.00
Statement Closing Date	07/01/23
Days in Billing Cycle	30

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 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
05/25	06/14	74314473145821973600448	PAYMENT ADJUSTMENT	- 3,140.34
05/25	06/14	74314473145821973600414	PAYMENT ADJUSTMENT	- 1,321.29



CARD CENTER
 PO BOX 419734
 KANSAS CITY MO 64141-6734

Account Number	XXXX XXXX XXXX 7611
New Balance	\$17,040.32
Payment Due Date	07/24/23
Past Due Amount	\$3,388.77
Minimum Payment	\$17,040.32
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

CARD SERVICES
 PO BOX 875852
 KANSAS CITY MO 64187-5852

800000187511 0001704032 0001704032 9465

Account Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7611

Corporate Transactions Continued

Transaction Date	Posting Date	Reference Number	Description	Amount
06/14	06/14	31650001747753601210006	PAYMENT RECEIVED – THANK YOU	-7,122.00

Cardholder Transaction Information

Transaction Date	Posting Date	Reference Number	Description	Amount
MADISON COUNTY BOS XXXX XXXX XXXX 7579				
06/14	06/15	74943003165968932862889	IP-MS ADV DEPOSIT 6014364555 MS	-119.99
06/14	06/15	74943003165968932865353	IP-MS ADV DEPOSIT 6014364555 MS	-239.90
06/15	06/18	74943003167846086462706	BEAU RIVAGE - ADV DEP 8552755733 MS	-136.44
06/15	06/18	74943003167846095615724	BEAU RIVAGE - ADV DEP 8552755733 MS	-60.96
06/15	06/18	74943003167846092956907	BEAU RIVAGE - FRONT DESK 8552755733 MS	-98.64
06/15	06/18	24692163167100773221011	UNITED 0162494700283800-932-2732 TX	262.55
06/15	06/16	24943003166634001186683	AMERICAN AIR0012455801483FORT WORTH TX	997.40
06/16	06/18	24943003167968235222917	IP-MS ADV DEPOSIT 6014364555 MS	190.39
06/16	06/18	24943003167968235234326	IP-MS ADV DEPOSIT 6014364555 MS	130.75
06/16	06/18	24943003167968235236941	IP-MS ADV DEPOSIT 6014364555 MS	278.81
06/16	06/18	24943003167970235128219	IP CASINO RESORT SPA 6014364555 MS	229.94
06/22	06/23	24943003173968125913916	IP-MS ADV DEPOSIT 6014364555 MS	75.59
06/22	06/23	24943003173968125914807	IP-MS ADV DEPOSIT 6014364555 MS	75.59
06/22	06/23	24943003173968125964638	IP-MS ADV DEPOSIT 6014364555 MS	89.35
06/22	06/23	24943003173968125965700	IP-MS ADV DEPOSIT 6014364555 MS	89.35
06/28	06/29	24692163179100423967019	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/28	06/29	24692163179100423966995	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/28	06/29	24692163179100423967001	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/28	06/29	24692163179100423966987	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/29	06/30	24692163180101246258609	SPRINGHILL SUITES DOWN HOUSTON TX	1,553.97
06/29	06/30	24692163180101246258633	SPRINGHILL SUITES DOWN HOUSTON TX	1,553.97
06/29	06/30	24692163180101246258625	SPRINGHILL SUITES DOWN HOUSTON TX	1,553.97
06/29	06/30	24692163180101246258617	SPRINGHILL SUITES DOWN HOUSTON TX	1,407.84
06/29	06/30	24692163180101246258641	SPRINGHILL SUITES DOWN HOUSTON TX	1,407.84
MADISON COUNTY BOS XXXX XXXX XXXX 6061				
04/21	06/20	24492163111000036763156	ACTBLUE* DSCC-SENATEDE/FRD ADJ	-4.00
04/22	06/20	24055233113036002217684	HILTON HOME/FRD ADJ	-191.71
04/22	06/20	24015143112036001250174	INT DSP/ HAMPTON INN	-161.83
06/22	06/25	24492163174000020133923	ACTBLUE* DSCC-SENATEDE HTTPSSECURE.AMA	-4.00
MADISON COUNTY BOS XXXX XXXX XXXX 8506				
04/20	06/20	24755423111171110302367	HAMPTON INNS/FRD ADJ	-166.21

Account Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7611

Cardholder Transactions Continued

Transaction Date	Posting Date	Reference Number	Description	Amount
04/22	06/20	24692163112109990644562	INT DSP/SPRINGHILL SUITES SAN	- 139.02

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%	\$13,651.55	\$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 \$12,995.62
 Credit Limit \$20,000.00
 Cash Advance Limit \$3,500.00
 Statement Closing Date 07/01/23
 Days in Billing Cycle 30

Cardholder Name
 MADISON COUNTY BOS

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

Account Number
 XXXX XXXX XXXX 7579

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
06/14	06/15	74943003165968932862889	IP-MS ADV DEPOSIT 6014364555 MS	-119.99
06/14	06/15	74943003165968932865353	IP-MS ADV DEPOSIT 6014364555 MS	-239.90
06/15	06/18	74943003167846086462706	BEAU RIVAGE - ADV DEP 8552755733 MS	-136.44
06/15	06/18	74943003167846095615724	BEAU RIVAGE - ADV DEP 8552755733 MS	-60.96
06/15	06/18	74943003167846092956907	BEAU RIVAGE - FRONT DESK 8552755733 MS	-98.64
06/15	06/18	24692163167100773221011	UNITED 0162494700283800-932-2732 TX	262.55
06/15	06/16	24943003166634001186683	AMERICAN AIR0012455801483FORT WORTH TX	997.40
06/16	06/18	24943003167968235222917	IP-MS ADV DEPOSIT 6014364555 MS	190.39
06/16	06/18	24943003167968235234326	IP-MS ADV DEPOSIT 6014364555 MS	130.75
06/16	06/18	24943003167968235236941	IP-MS ADV DEPOSIT 6014364555 MS	278.81
06/16	06/18	24943003167970235128219	IP CASINO RESORT SPA 6014364555 MS	229.94



CARD CENTER
 PO BOX 419734
 KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 7579
 New Balance \$12,995.62
 Statement Date 07/01/23

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

**N0012295

**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
06/22	06/23	24943003173968125913916	IP-MS ADV DEPOSIT 6014364555 MS	75.59
06/22	06/23	24943003173968125914807	IP-MS ADV DEPOSIT 6014364555 MS	75.59
06/22	06/23	24943003173968125964638	IP-MS ADV DEPOSIT 6014364555 MS	89.35
06/22	06/23	24943003173968125965700	IP-MS ADV DEPOSIT 6014364555 MS	89.35
06/28	06/29	24692163179100423967019	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/28	06/29	24692163179100423966995	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/28	06/29	24692163179100423967001	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/28	06/29	24692163179100423966987	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/29	06/30	24692163180101246258609	SPRINGHILL SUITES DOWN HOUSTON TX	1,553.97
06/29	06/30	24692163180101246258633	SPRINGHILL SUITES DOWN HOUSTON TX	1,553.97
06/29	06/30	24692163180101246258625	SPRINGHILL SUITES DOWN HOUSTON TX	1,553.97
06/29	06/30	24692163180101246258617	SPRINGHILL SUITES DOWN HOUSTON TX	1,407.84
06/29	06/30	24692163180101246258641	SPRINGHILL SUITES DOWN HOUSTON TX	1,407.84

80361820 - 012295 - 0001 0002 -

Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7579

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888-494-5141

24/7/365

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Commercial Card Services:

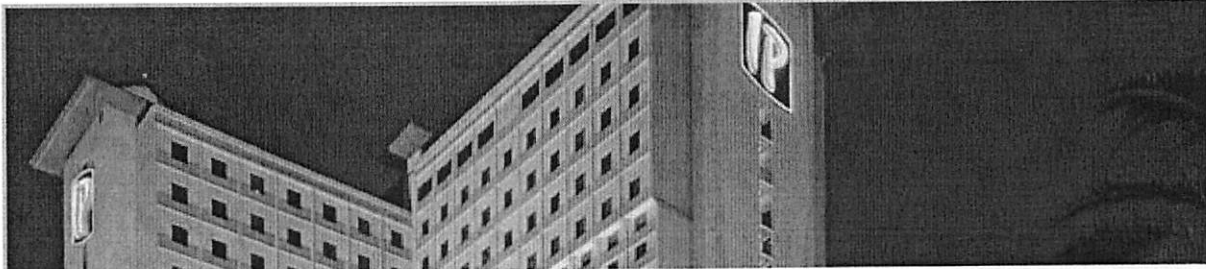
888-494-5141

24/7/365

Kesha Jackson

From: IP Casino Resort Spa <donotreply@boydgamingmail.com>
Sent: Thursday, June 15, 2023 4:46 PM
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 JOHNNY SIMS ,

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
06/12/2023	450884947530	FORFEIT DEPOSIT	99.99		
XFR FRM	449832720093	SIMS JOHNNY IP 1939			
06/13/2023	450894947534	APPLIED DEPOSIT		119.99	
XFR FRM	449832720093	SIMS JOHNNY IP 1939			

		*****7579		
06/13/2023	450894947536	APPLIED DEPOSIT		339.89
XFR FRM	449832720093	SIMS JOHNNY IP 1939		
		*****7579		
06/13/2023	450894947538	REFUND	119.99	
XFR FRM	449832720093	SIMS JOHNNY IP 1939		
		*****7579		
06/13/2023	450894947540	REFUND	239.90	
XFR FRM	449832720093	SIMS JOHNNY IP 1939		
		*****7579		
06/13/2023	450899100064	RESORT FEE	14.98	
		\$14 RESORT FEE + TAX		
06/13/2023	450899101009	ROOM CHARGE IP 1939	99.99	
		Calendar MCAF23C		
06/14/2023	450909100057	RESORT FEE	14.98	
		\$14 RESORT FEE + TAX		
06/14/2023	450909101029	ROOM CHARGE IP 1939	99.99	
		Calendar MCAF23C		
06/15/2023	450914994104	FRONT DESK VISA		229.94
		*****9842		
06/15/2023	450915005663	FRONT DESK VISA		229.94
		*****7579		
06/15/2023	450915005667	FRONT DESK VISA	229.94	
		*****9842		
		SUMMARY OF CHARGES		
		ROOM	227.98	
		TAX2	1.96	
		BALANCE DUE		



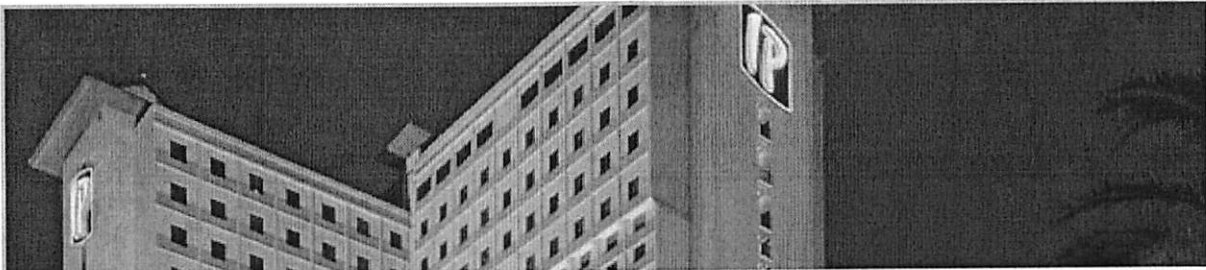
IP Casino Resort Spa - Biloxi
850 Bayview Avenue • Biloxi, MS 39530
ipbiloxi.com
1-888-946-2847

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Gambling Problem? Call 1-800-GAMBLER

Kesha Jackson

From: IP Casino Resort Spa <donotreply@boydgamingmail.com>
Sent: Thursday, June 15, 2023 4:46 PM
To: Kesha Jackson
Subject: IP Casino Resort Spa Folio

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Dear JOHNNY SIMS ,

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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
06/12/2023	450884947530	FORFEIT DEPOSIT	99.99		
XFR FRM	449832720093	SIMS JOHNNY IP 1939			
06/13/2023	450894947534	APPLIED DEPOSIT		119.99	
XFR FRM	449832720093	SIMS JOHNNY IP 1939			

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Gambling Problem? Call 1-800-GAMBLER

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



*****7579					
APPLIED DEPOSIT	450894947536				339.89
SIMS JOHNNY IP 1939	449832720093				
*****7579					
REFUND	450894947538			119.99	
SIMS JOHNNY IP 1939	449832720093				
*****7579					
REFUND	450894947540			239.90	
SIMS JOHNNY IP 1939	449832720093				
*****7579					
RESORT FEE	450899100064			14.98	
\$14 RESORT FEE + TAX					
ROOM CHARGE IP 1939	450899101009			99.99	
Calendar MCAF23C					
RESORT FEE	450909100057			14.98	
\$14 RESORT FEE + TAX					
ROOM CHARGE IP 1939	450909101029			99.99	
Calendar MCAF23C					
FRONT DESK VISA	450914994104			229.94	
*****9842					
FRONT DESK VISA	450915005663			229.94	
*****7579					
FRONT DESK VISA	450915005667			229.94	
*****9842					
SUMMARY OF CHARGES					
ROOM				227.98	
TAX2				1.96	
BALANCE DUE					



Mr Paul Griffin
 Po Box 608
 Canton, MS 39046

ROOM # : 20008
 CONF # : 911741258
 ARRIVAL : 06/12/23
 DEPARTURE : 06/15/23

DATE	DESCRIPTION	CHARGES	CREDITS
06/12/23	Deposit Applied		898.44
06/12/23	Room Rate	239.00	
06/12/23	Resort Fee	15.00	
06/13/23	Room Rate	239.00	
06/13/23	Resort Fee	15.00	
06/14/23	Room Rate	239.00	
06/14/23	Resort Fee	15.00	
06/15/23	Visa XXXXXXXXXXXX7579 XX/XX VISA XXXXXXXXXXXXXXX7579 TOTAL USD 136.44		-136.44
Total		762.00	762.00
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.



Gerald Steen
 Po Box 608
 Canton, MS 39046

ROOM # : 03014
 CONF # : 911768111
 ARRIVAL : 06/13/23
 DEPARTURE : 06/15/23

DATE	DESCRIPTION	CHARGES	CREDITS
06/13/23	Deposit Applied		568.96
06/13/23	Room Rate	239.00	
06/13/23	Resort Fee	15.00	
06/14/23	Room Rate	239.00	
06/14/23	Resort Fee	15.00	
06/15/23	Visa XXXXXXXXXXXXX7579 XX/XX VISA XXXXXXXXXXXXX7579 TOTAL USD 60.96		-60.96
Total		508.00	508.00
Balance		0.00	

Handwritten initials/signature

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.



Cornelius Bacon
 Po Box 608
 Canton, MS 39046

ROOM # : 12057
 CONF # : 911741328
 ARRIVAL : 06/12/23
 DEPARTURE : 06/15/23

DATE	DESCRIPTION	CHARGES	CREDITS
06/12/23	Deposit Applied		920.64
06/12/23	Room Rate	259.00	
06/12/23	Resort Fee	15.00	
06/13/23	Room Rate	259.00	
06/13/23	Resort Fee	15.00	
06/14/23	Room Rate	259.00	
06/14/23	Resort Fee	15.00	
06/15/23	Visa XXXXXXXXXXXX7579 XX/XX VISA XXXXXXXXXXXXXXX7579 TOTAL USD 98.64		-98.64
Total		822.00	822.00
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: United Airlines <Receipts@united.com>
Sent: Thursday, June 15, 2023 1:55 PM
To: Kesha Jackson
Subject: eTicket Itinerary and Receipt for Confirmation IVWHWK

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



Thu, Jun 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:

IVWHWK

Flight 1 of 1 UA4814

Class: United Economy (Q)

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

BARNTS/JOHNM

eTicket number: **0162494700283**

Seats: **IAH-JAN 23D**

Purchase Summary

Method of payment:
Date of purchase:

Visa ending in 7579
Thu, Jun 15, 2023

Airfare: 230.37
U.S. Transportation Tax: 17.28
U.S. Flight Segment Tax: 4.80
September 11th Security Fee: 5.60
U.S. Passenger Facility Charge: 4.50

Total Per Passenger: 262.55 USD

Total: 262.55 USD

Fare Rules

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

NONREF/0VALUAFTDPT

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
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.
- You can earn up to 75,000 award miles per ticket. The 75,000 award miles cap may be applied to your posted flight activity in an order different than shown. Accrual is only displayed for MileagePlus members who choose to accrue to their MileagePlus account.


eTicket Reminders

- **Check-in Requirement** - Bags must be checked and boarding passes obtained at least 45 minutes prior to scheduled departure. Baggage will not be accepted and advance seat assignments may be cancelled if this condition is not met. **EXCEPTION:** When departing from Anchorage, Atlanta, Austin, Baltimore, Chicago, Cincinnati, Cleveland, Dallas/Ft. Worth, Denver, Detroit, Fort Lauderdale, Greenville-Spartanburg, Guam, Honolulu, Houston, Indianapolis, Jacksonville, Kona, Las Vegas, Los Angeles, Maui, Miami, New York (LGA), Newark, Orange County (SNA), Orlando, Philadelphia, Phoenix, Pittsburgh, Raleigh/Durham, Reno, San Diego, San Francisco, San Juan, PR (60 minutes), Savannah, Seattle, St. Louis, St. Thomas, U.S. Virgin Islands (60 minutes), Tampa, Washington, DC (both IAD and DCA), the check in requirement time for Passengers and Bags is 45 minutes except where noted.
- **Boarding Requirement** - Passengers must be prepared to board at the departure gate with their boarding pass at least 15 minutes prior to scheduled departure.
- Failure to meet the **Boarding Requirements** may result in cancellation of reservations, denied boarding, removal of checked baggage from the aircraft and loss of eligibility for denied boarding compensation.
- Bring your boarding pass or this eTicket Receipt along with photo identification to the airport.

Kesha Jackson

From: American Airlines <no-reply@info.email.aa.com>
Sent: Thursday, June 15, 2023 3:32 PM
To: Kesha Jackson
Subject: Your trip confirmation (JAN - ONT)

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

American 

Issued: June 15, 2023

Your trip confirmation and receipt

We charged \$997.40 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: RBYCUQ

Friday, September 8, 2023

✈ **JAN**

Jackson
9:37 AM

AA 3376

Operated by Envoy Air as
American Eagle

○ **DFW**


Dallas/Fort Worth
11:22 AM

Seat: 17F

Class: Economy (O)

Meals:

≧ **DFW**
Dallas/Fort Worth
12:38 PM

AA 2635 

○ **ONT**
Ontario
1:57 PM

Seat: 21D
Class: Economy (O)
Meals: Refreshment

≧ **LAX**
Los Angeles
6:15 PM


AA 297 

○ **HNL**
Honolulu
9:04 PM

Seat: 24D
Class: Economy (G)
Meals: Food for purchase

Friday, September 15, 2023

≧ **HNL**
Honolulu
5:45 PM

AA 102 

○ **DFW**
Dallas/Fort Worth
6:12 AM

Seat: 34A
Class: Economy (V)
Meals: Snack

⚠ Flight arrives Saturday, September 16, 2023

Saturday, September 16, 2023

≧ **DFW**
Dallas/Fort Worth
12:20 PM

AA 4217

Operated by Envoy Air as
American Eagle

○ **JAN**
Jackson
1:56 PM

Seat: 17D
Class: Economy (V)
Meals:

Manage your trip

Earn 10,000 bonus miles

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

[Learn more](#)



Your purchase

Martina Griffin

Join the AAdvantage® Program

New ticket (0012455801483) \$997.40
[\$897.15+ Taxes & carrier-imposed fees \$100.25]

Total cost **\$997.40**

Your payment

Visa (ending 7579) \$997.40

Total paid **\$997.40**

Bag information

Checked Bag (Airport)

1st bag \$30.00

2nd bag \$40.00

Checked Bag (Online*)

1st bag \$30.00

2nd bag \$40.00

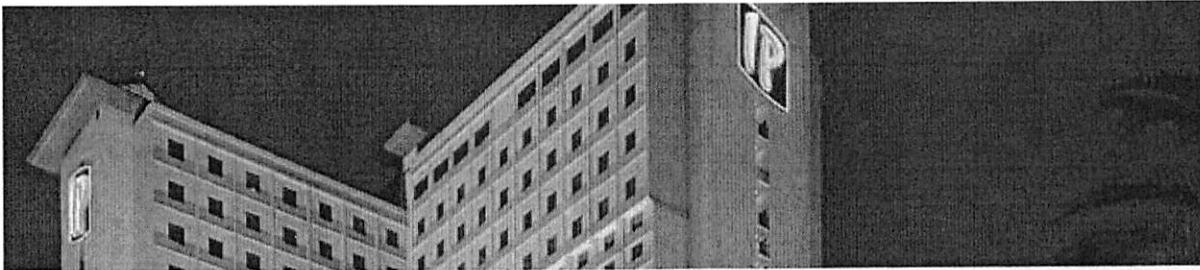
Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)
Maximum weight: 50 pounds or 23 kilograms

Kesha Jackson

From: IP Casino Resort Spa <donotreply@boydgamingmail.com>
Sent: Thursday, June 15, 2023 2:41 PM
To: MARTINA GRIFFIN
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 MARTINA GRIFFIN ,

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:	MARTINA GRIFFIN
Confirmation Number:	4FFH3
Arrival Date:	Saturday, 07/15/2023

Departure Date: Monday, 07/17/2023
 Check-in Time: 04:00 PM
 Check-out Time: 11:00 AM
 Number of Nights: 2
 Number of Rooms: 1
 Room Type: IP/D1
 Room Description: STD KING NONSMK

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:

Stay Tax:

Stay Total w/Tax:

Deposit Received: 190.39



Date	Rate	Nights
Date	Rate	Nights

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

Credit Card Payment Receipt
Duplicate

BCIRECTFPG FOPRT08

IP CASINO RESORT SPA
850 BAYVIEW AVE

BILOXI MS 39530
228 436-3000 888 946-2847

MARTINA GRIFFIN

P O BOX 608

CONTAN MS 39046
United States of America

601 855-5534

Printed Date 07/12/2023
Printed Time 09:16 AM
Invoice# 1515009
Currency Code USA

Wing/Room IP
Confirmation# 4PFH3
Reservation # 450915002391
Arrival 07/15/2023
Departure 07/20/2023

TRANSACTION INFORMATION

Credit Card Type Last 4 Sett Date Sett Time Sett Amount
RESERVATIONS VISA 7579 06/15/2023 03:25 PM 130.75

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

Signature _____

Credit Card Payment Receipt
Duplicate

BCIRECTPPG FOPRT08

IP CASINO RESORT SPA
850 BAYVIEW AVE

BILOXI MS 39530
228 436-3000 888 946-2847

MARTINA GRIFFIN

P O BOX 608

CONTAN MS 39046
United States of America

601 855-5534

Printed Date 07/12/2023
Printed Time 09:16 AM
Invoice# 1515013
Currency Code USA

Wing/Room IP
Confirmation# 4FFH3
Reservation # 450915002391
Arrival 07/15/2023
Departure 07/20/2023

TRANSACTION INFORMATION

Credit Card Type Last 4 Sett Date Sett Time Sett Amount
RESERVATIONS VISA 7579 06/15/2023 03:30 PM 278.81

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

Signature _____



Casino • Resort • Spa
BILOXI, MISSISSIPPI

Name: JOHNNY SIMS

Address: PO BOX 608

CANTON

MS 39046

IP Casino Resort Spa
850 Bayview Avenue, Biloxi, MS 39530
For Reservations Call 1-888-946-2847

Folio ID: 450894947542

Arrival Date: 06/13/2023

Departure Date: 06/15/2023

Room No: IP 1939

Guests: 1

Group Code: MCAF23C

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS	BALANCE
06/12/2023	450884947530	FORFEIT DEPOSIT	99.99		
XFR FRM	449832720093	SIMS JOHNNY IP 1			
06/13/2023	450894947534	APPLIED DEPOSIT		119.99	
XFR FRM	449832720093	SIMS JOHNNY IP 1 *****7579			
06/13/2023	450894947536	APPLIED DEPOSIT		339.89	
XFR FRM	449832720093	SIMS JOHNNY IP 1 *****7579			
06/13/2023	450894947538	REFUND	119.99		
XFR FRM	449832720093	SIMS JOHNNY IP 1 *****7579			
06/13/2023	450894947540	REFUND	239.90		
XFR FRM	449832720093	SIMS JOHNNY IP 1 *****7579			
06/13/2023	450899100064	RESORT FEE	14.98		
		\$14 RESORT FEE + TAX			
06/13/2023	450899101009	ROOM CHARGE IP 1939	99.99		
		Calendar MCAF23C			
06/14/2023	450909100057	RESORT FEE	14.98		
		\$14 RESORT FEE + TAX			
06/14/2023	450909101029	ROOM CHARGE IP 1939	99.99		
		Calendar MCAF23C			
06/15/2023	450914994104	FRONT DESK VISA		229.94	
		*****9842			
06/15/2023	450915005663	FRONT DESK VISA		229.94	
		*****7579			
06/15/2023	450915005667	FRONT DESK VISA	229.94		

[Handwritten signature]

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

GUEST SIGNATURE:

Balance Due:



Take the Games With You



Credit Card Payment Receipt
Duplicate

BCIRECTFPG FOPRT08

IP CASINO RESORT SPA
850 BAYVIEW AVE

Printed Date 07/12/2023
Printed Time 09:16 AM
Invoice# 1518885
Currency Code USA

BILOXI MS 39530
228 436-3000 888 946-2847

ABONIE ROBICHEAUX

Wing/Room IP
Confirmation# 2GNN4
Reservation # 450975123097
Arrival 09/06/2023
Departure 09/08/2023

P.O. BOX 608
146 WEST CENTER STREET 2ND FLO
CANTON MS 39046
United States of America

601 855-5534

TRANSACTION INFORMATION

Credit Card Type Last 4 Sett Date Sett Time Sett Amount
RESERVATIONS VISA 7579 06/21/2023 11:14 AM 75.59

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

Signature _____

Credit Card Payment Receipt
Duplicate

BCIRECTFPG FOPRT08

IP CASINO RESORT SPA
850 BAYVIEW AVE

BILOXI MS 39530
228 436-3000 888 946-2847

JENNIFER KNIGHT

P.O. BOX 608
146 WEST CENTER STREET 2ND FLO
CANTON MS 39046
United States of America

601 855-5534

Printed Date 07/12/2023
Printed Time 09:16 AM
Invoice# 1518884
Currency Code USA

Wing/Room IP
Confirmation# QPRKD
Reservation # 450975123081
Arrival 09/06/2023
Departure 09/08/2023

TRANSACTION INFORMATION

Credit Card Type Last 4 Sett Date Sett Time Sett Amount
RESERVATIONS VISA 7579 06/21/2023 11:13 AM 75.59

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

Signature _____

Credit Card Payment Receipt
Duplicate

BCIRECTFPG FOPRT08

IP CASINO RESORT SPA
850 BAYVIEW AVE

Printed Date 07/12/2023
Printed Time 09:16 AM
Invoice# 1519078
Currency Code USA

BILOXI MS 39530
228 436-3000 888 946-2847

ABONIE ROBICHEAUX

Wing/Room IP
Confirmation# 2GNN4
Reservation # 450975123097
Arrival 09/06/2023
Departure 09/08/2023

F.O. BOX 608
146 WEST CENTER STREET 2ND FLO
CANTON MS 39046
United States of America

601 855-5534

TRANSACTION INFORMATION

Credit Card Type Last 4 Sett Date Sett Time Sett Amount
RESERVATIONS VISA 7579 06/21/2023 03:45 PM 89.35



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

Signature _____

Credit Card Payment Receipt
Duplicate

BCIRECTFPG FOPRT08

IP CASINO RESORT SPA
850 BAYVIEW AVE

BILOXI MS 39530
228 436-3000 888 946-2847

Printed Date 07/12/2023
Printed Time 09:16 AM
Invoice# 1519077
Currency Code USA

JENNIFER KNIGHT

P.O. BOX 608
146 WEST CENTER STREET 2ND FLO
CANTON MS 39046
United States of America

Wing/Room IP
Confirmation# QPRKD
Reservation # 450975123081
Arrival 09/06/2023
Departure 09/08/2023

601 855-5534

TRANSACTION INFORMATION

Credit Card Type Last 4 Sett Date Sett Time Sett Amount
RESERVATIONS VISA 7579 06/21/2023 03:44 PM 89.35



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

Signature _____

TRAVEL CARD
MISSING DOCUMENT AFFIDAVIT



Cardholder: Madison County Board of Supervisors

Account Number: 9579

Signature of Program Coordinator: _____

Transaction Description	Date of Purchase	Vendor	Cost
<u>Springhill Suites (Hotel)</u>	<u>6/28/2023</u>	<u>Springhill Suites</u>	<u>\$938.⁵⁰</u>

Detailed explanation of missing documentation:

Missing receipt

The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge:

DATE: 7/13/2023;

CARDHOLDER SIGNATURE: [Signature]

This 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 13 day of July 2023.

[Signature]
Notary Public



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

TRAVEL CARD
MISSING DOCUMENT AFFIDAVIT



Cardholder: Madison County Board of Supervisors
Account Number: 7579
Signature of Program Coordinator: _____

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/28/2023</u>	<u>Springhill Suites</u>	<u>\$938.56</u>

Detailed explanation of missing documentation:

missing receipt

The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge:

DATE: 7/13/2023;

CARDHOLDER SIGNATURE: [Signature]

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 13 day of July 2023.

[Signature]
Notary Public



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

TRAVEL CARD
MISSING DOCUMENT AFFIDAVIT



Cardholder: Madison County Board of Supervisors

Account Number: 7579

Signature of Program Coordinator: _____

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/28/2023</u>	<u>Springhill Suites</u>	<u>\$938.⁵⁶</u>

Detailed explanation of missing documentation:

missing receipt

The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge:

DATE: 7/13/2023 ;

CARDHOLDER SIGNATURE: [Signature]

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 13 day of July 2023.

[Signature]
Notary Public



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

TRAVEL CARD
MISSING DOCUMENT AFFIDAVIT



Cardholder: Madison County Board of Supervisors

Account Number: 7579

Signature of Program Coordinator: _____

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/28/2023</u>	<u>Springhill Suites</u>	<u>\$938.50</u>

Detailed explanation of missing documentation:

missing receipt

The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge:

DATE: 7/13/2023;

CARDHOLDER SIGNATURE: [Signature]

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 13 day of July 2023.

[Signature]
Notary Public



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

TRAVEL CARD
MISSING DOCUMENT AFFIDAVIT



Cardholder: Madison County Board of Supervisors

Account Number: 7579

Signature of Program Coordinator: _____

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/29/2023</u>	<u>Springhill Suites</u>	<u>\$1,553.97</u>

Detailed explanation of missing documentation:

missing receipt

The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge:

DATE: 7/13/2023;

CARDHOLDER SIGNATURE: [Signature]

This 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 13 day of July 2023.

[Signature]
Notary Public



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

TRAVEL CARD
MISSING DOCUMENT AFFIDAVIT



Cardholder: Madison County Board of Supervisors

Account Number: 7579

Signature of Program Coordinator: _____

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/29/2023</u>	<u>Springhill Suites</u>	<u>\$1,553.²⁷</u>

Detailed explanation of missing documentation:

missing receipt

The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge:

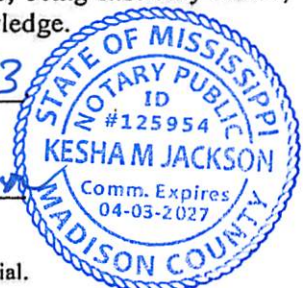
DATE: 7/13/2023;

CARDHOLDER SIGNATURE: [Signature]

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 13 day of July 2023

[Signature]
Notary Public



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

TRAVEL CARD
MISSING DOCUMENT AFFIDAVIT



Cardholder: Madison County Board of Supervisors

Account Number: 7579

Signature of Program Coordinator: _____

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/29/2023</u>	<u>Springhill Suites</u>	<u>\$1,553.92</u>

Detailed explanation of missing documentation:

missing receipt

The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge:

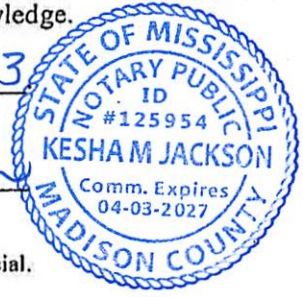
DATE: 7/13/2023;

CARDHOLDER SIGNATURE: [Signature]

This Madison 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 13 day of July 2023

[Signature]
Notary Public



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

TRAVEL CARD
MISSING DOCUMENT AFFIDAVIT




Cardholder: Madison County Board of Supervisors
Account Number: 7579
Signature of Program Coordinator: _____

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/29/2023</u>	<u>Springhill Suites</u>	<u>\$1,407.⁸⁴</u>

Detailed explanation of missing documentation:

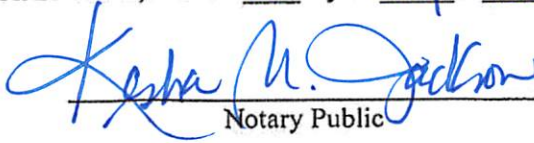
Missing receipt

The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge:

DATE: 7/13/2023;
CARDHOLDER SIGNATURE: 

This 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 13 day of July 2023.


Notary Public



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

TRAVEL CARD
MISSING DOCUMENT AFFIDAVIT



Cardholder: Madison County Board of Supervisors

Account Number: 7579

Signature of Program Coordinator: _____

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/29/2023</u>	<u>Springhill Suites</u>	<u>\$1,407.84</u>

Detailed explanation of missing documentation:

missing receipt

The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge:

DATE: 7/13/2023;

CARDHOLDER SIGNATURE: [Signature]

This Madison 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 13 day of July 20 23

[Signature]
Notary Public



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



Summary of Account Activity

Total Activity - \$361.54

Credit Limit \$5,000.00
 Cash Advance Limit \$1,250.00
 Statement Closing Date 07/01/23
 Days in Billing Cycle 30

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

Cardholder Name
MADISON COUNTY BOS

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	06/20	24492163111000036763156	ACTBLUE* DSCC-SENATEDE/FRD ADJ	-4.00
04/22	06/20	24055233113036002217684	HILTON HOME/FRD ADJ	-191.71
04/22	06/20	24015143112036001250174	INT DSP/ HAMPTON INN	-161.83
06/22	06/25	24492163174000020133923	ACTBLUE* DSCC-SENATEDE HTTPSSECURE.AMA	-4.00



CARD CENTER
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number	XXXX XXXX XXXX 6061
New Balance	-\$361.54
Statement Date	07/01/23

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

**N0016708

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





Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 6061

80581820 - 016708 - 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



Card Services - Dispute Resolutions
PO Box 84094
Columbus GA 31908

6/20/2023



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

***N0003446

Case Number: 2023946500824

Dear MADISON COUNTY BOS,

This letter is in response to your report of fraudulent activity, received 05/12/2023, regarding the following transaction:

Case Amount	Merchant Name	Transaction Date
\$4.00	ACTBLUE* DSCC-	04/21/2023
\$161.83	HAMPTON INN SE	04/22/2023
\$191.71	HILTON HOME 2	04/22/2023

We have initiated an investigation regarding your dispute.

During our investigation, you will receive credit on your account for the amount of the dispute. The disputed amount will not be included in the calculation of your minimum payment amount due or your automatic payment (if applicable).

Important Note: Because of your claim of fraudulent activity on this account, we have deactivated the account during our investigation, in order to prevent possible additional unauthorized activity. If you have scheduled automatic payments to be charged to your account number or you have bills you expect to pay using your credit card before you receive your new credit card or account number, please make alternative arrangements for those payments.

We will notify you when our investigation has been completed. If the disputed charge is resolved in your favor, the credit applied to your account when we opened our investigation will remain as a credit to your account. If we are not able to honor your claim, the credit will be reversed (the charge will be re-billed), and any accrued interest charges may be assessed at that time, and your minimum payment would be adjusted accordingly.

If you have any questions or you have changed your opinion and now believe that the disputed charge to your account is correct and there is no billing error, please contact us at 855-300-6567.

Sincerely,

Dispute Resolution Department
Card Services

COPY



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Summary of Account Activity

Total Activity - \$305.23

Credit Limit \$5,000.00
 Cash Advance Limit \$1,250.00
 Statement Closing Date 07/01/23
 Days in Billing Cycle 30

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

Cardholder Name
MADISON COUNTY BOS

Account Number
XXXX XXXX XXXX 8506

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
04/20	06/20	24755423111171110302367	HAMPTON INNS/FRD ADJ	-166.21
04/22	06/20	24692163112109990644562	INT DSP/SPRINGHILL SUITES SAN	-139.02



CARD CENTER
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number	XXXX XXXX XXXX 8506
New Balance	-\$305.23
Statement Date	07/01/23

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

***0016860

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





Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 8506

80381820 - 016660 - 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.

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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





Card Services - Dispute Resolutions
PO Box 84094
Columbus GA 31908

6/20/2023



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

**N0001445

Case Number: 2023946500823

Dear MADISON COUNTY BOS,

This letter is in response to your report of fraudulent activity, received 05/12/2023, regarding the following transaction:

Case Amount	Merchant Name	Transaction Date
\$166.21	HAMPTON INNS	04/20/2023
\$139.02	SPRINGHILL SUI	04/22/2023

We have initiated an investigation regarding your dispute.

During our investigation, you will receive credit on your account for the amount of the dispute. The disputed amount will not be included in the calculation of your minimum payment amount due or your automatic payment (if applicable).

Important Note: Because of your claim of fraudulent activity on this account, we have deactivated the account during our investigation, in order to prevent possible additional unauthorized activity. If you have scheduled automatic payments to be charged to your account number or you have bills you expect to pay using your credit card before you receive your new credit card or account number, please make alternative arrangements for those payments.

We will notify you when our investigation has been completed. If the disputed charge is resolved in your favor, the credit applied to your account when we opened our investigation will remain as a credit to your account. If we are not able to honor your claim, the credit will be reversed (the charge will be re-billed), and any accrued interest charges may be assessed at that time, and your minimum payment would be adjusted accordingly.

If you have any questions or you have changed your opinion and now believe that the disputed charge to your account is correct and there is no billing error, please contact us at 855-300-6567.

Sincerely,

Dispute Resolution Department
Card Services

COPY

