



# PURCHASING DEPARTMENT

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

August 21, 2023

To: Board of Supervisors

From: Kesha Jackson, Purchasing Clerk

Subject: August 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: 8/1/2023

<u>DEPARTMENT TRAVEL CARDS</u>	<u>CARD USER</u>	<u>PURPOSE</u>	<u>USE DATE</u>	<u>VENDOR NAME</u>	<u>AMOUNT</u>	<u>DESCRIPTION</u>
BOS1 CARD	Lance Felton	lodging	6/30/2023	SpringHill Suites	\$517.99	missing receipt
	Jamie Ballard	lodging	6/30/2023	SpringHill Suites	\$469.28	missing receipt
	Arthur Dewey	lodging	6/30/2023	SpringHill Suites	\$323.15	missing receipt
	Steven Ross	lodging	6/30/2023	SpringHill Suites	\$938.56	missing receipt
	John Barnts	lodging	6/30/2023	SpringHill Suites	\$938.56	missing receipt
	Kandi Gray	airline	6/30/2023	SpringHill Suites	\$938.56	missing receipt
	Amy Nisbett	airline	6/30/2023	SpringHill Suites	\$517.99	missing receipt
	Rodrick Smith	lodging	6/30/2023	SpringHill Suites	\$938.56	missing receipt
	Adrian Anderson	lodging	6/30/2023	SpringHill Suites	\$469.28	missing receipt
	Matt Herr	lodging	6/30/2023	SpringHill Suites	\$938.56	missing receipt
	Deanna Germany	lodging	6/30/2023	SpringHill Suites	\$1,230.25	missing receipt
	Arthur Dewey	lodging	6/30/2023	SpringHill Suites	(\$194.84)	missing receipt
	NaSon White	lodging	7/13/2023	Hilton Hotel Austin	\$1,719.90	training
	Myrtis Hawkins	lodging	7/21/2023	Marriott Orlando	\$838.13	training
	Loretta Phillips/ClaraGriffin	lodging	7/25/2023	Gulf Hill Hotel	\$596.00	training
	Clara Griffin	lodging	7/27/2023	Gulf Hill Hotel	(\$298.00)	training
	<b>BOS1 CARD TOTAL</b>					<b>\$10,881.93</b>
BOS2 CARD	LaTashee McLaurin	lodging	7/11/2023	Brett Robinson Gulf	\$410.75	training
	Jennifer Knight	lodging	7/11/2023	Brett Robinson Gulf	\$447.87	training
	Albert Jones	lodging	7/1/2023	Brett Robinson Gulf	\$434.70	training
	Clara Griffin	lodging	7/19/2023	IP Casino Hotel	(\$83.99)	meeting
	Loretta Phillips	lodging	7/19/2023	IP Casino Hotel	(\$83.99)	meeting
	Clara Griffin	lodging	7/19/2023	IP Casino Hotel	\$83.99	meeting
	Loretta Phillips	lodging	7/19/2023	IP Casino Hotel	\$83.99	meeting
	Martina Griffin	lodging	7/20/2023	Doubletree Hotel	\$870.24	meeting
	Loretta Phillips	lodging	7/20/2023	IP Casino Hotel	\$123.19	meeting
	Clara Griffin	lodging	7/20/2023	IP Casino Hotel	\$123.19	meeting
	Loretta Phillips	lodging	7/20/2023	IP Casino Hotel	\$231.72	meeting
	Clara Griffin	lodging	7/20/2023	IP Casino Hotel	\$231.72	meeting
<b>BOS2 CARD TOTAL</b>					<b>\$2,873.38</b>	
BOS3 CARD	Dispute Charges		4/21/2023	ACTBLUE/Frad Adj	\$4.00	
			4/22/2023	Hilton Home/Frad Adj	\$191.71	
<b>BOS3 CARD TOTAL</b>					<b>\$195.71</b>	
SO1 CARD	Radford Shearrill	lodging	7/18/2023	Courtyard by Marriott	\$378.56	training
<b>SO1 CARD TOTAL</b>					<b>\$378.56</b>	
<b>TOTAL TO PAY</b>					<b>\$14,990.40</b>	



### Summary of Account Activity

Previous Balance	\$17,040.32
Payments/Debits	-\$16,377.55
Other Credits	-\$660.82
Purchases	+\$14,990.40
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
<b>New Balance</b>	<b>= \$14,992.35</b>

### Payment Information

New Balance	\$14,992.35
Minimum Payment Due	\$14,992.35
Payment Due Date	08/24/23

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

Credit Limit	\$50,000.00
Available Credit	\$35,007.65
Cash Advance Limit	\$3,500.00
Available for Cash Advance	\$3,500.00
Statement Closing Date	08/01/23
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.

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](http://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
07/03	07/03	74314473184000101417247	CHECK PAYMENT THANK YOU	- 4,048.70
07/24	07/24	32050006427754201210008	PAYMENT RECEIVED -- THANK YOU	- 12,328.85



CARD CENTER  
PO BOX 419734  
KANSAS CITY MO 64141-6734

Account Number	XXXX XXXX XXXX 7611
New Balance	\$14,992.35
Payment Due Date	08/24/23
Minimum Payment	\$14,992.35
Amount Enclosed	

Please send address change requests to [commercial.bankcards@umb.com](mailto: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

\*\*N0011728

CARD SERVICES  
PO BOX 875852  
KANSAS CITY MO 64187-5852



800000187511 0001499235 0001499235 9465





Account Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7611

### Cardholder Transaction Information

Transaction Date	Posting Date	Reference Number	Description	Amount
<b>MADISON COUNTY BOS XXXX XXXX XXXX 7579</b>				
06/30	07/02	24692163181102082243258	SPRINGHILL SUITES DOWN HOUSTON TX	517.99
06/30	07/02	24692163181102082243266	SPRINGHILL SUITES DOWN HOUSTON TX	469.28
06/30	07/02	24692163181102082243274	SPRINGHILL SUITES DOWN HOUSTON TX	323.15
06/30	07/02	24692163181102082243282	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/30	07/02	24692163181102082243290	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/30	07/02	24692163181102082243308	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/30	07/02	24692163181102082243316	SPRINGHILL SUITES DOWN HOUSTON TX	517.99
06/30	07/02	24692163181102082243324	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/30	07/02	24692163181102082243332	SPRINGHILL SUITES DOWN HOUSTON TX	469.28
06/30	07/02	24692163181102082243340	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/30	07/02	24692163181102082243357	SPRINGHILL SUITES DOWN HOUSTON TX	1,230.25
06/30	07/02	74692163181102082244145	SPRINGHILL SUITES DOWN HOUSTON TX	- 194.84
07/13	07/14	24755423195151950084530	HILTON HOTEL AUSTIN COHO 512-4828000 TX	1,719.90
07/21	07/23	24692163203107476962060	MARRIOTT ORLANDO WORLD 866-435-7627 FL	838.13
07/25	07/26	24492163206000039737823	GULFHILLS2288754211 GULFHILLSHOTEMS	596.00
07/27	07/28	24492163209000003836228	GULFHILLS2288754211 GULFHILLSHOTEMS	- 298.00
<b>MADISON CO SHERIFF 1 XXXX XXXX XXXX 9039</b>				
07/18	07/23	24692163202106631673035	COURTYARD BY MARRIOTT GULFPORT MS	378.56
<b>MADISON COUNTY BOS XXXX XXXX XXXX 2740</b>				
07/11	07/12	24755423193731939017586	BRETT ROBINSON GULF CORP GULF SHORES AL	410.75
07/11	07/12	24755423193731939017594	BRETT ROBINSON GULF CORP GULF SHORES AL	447.87
07/11	07/12	24755423193731939017628	BRETT ROBINSON GULF CORP GULF SHORES AL	434.70
07/19	07/20	74943003200968177618829	IP-MS ADV DEPOSIT 6014364555 MS	- 83.99
07/19	07/20	74943003200968177620254	IP-MS ADV DEPOSIT 6014364555 MS	- 83.99
07/19	07/20	24943003200968177617057	IP-MS ADV DEPOSIT 6014364555 MS	83.99
07/19	07/20	24943003200968177617636	IP-MS ADV DEPOSIT 6014364555 MS	83.99
07/20	07/23	24755423202172022629350	DOUBLETREE HOTELS 228-5463100 MS	870.24
07/20	07/21	24943003201968329423247	IP-MS ADV DEPOSIT 6014364555 MS	123.19
07/20	07/21	24943003201968329423783	IP-MS ADV DEPOSIT 6014364555 MS	123.19
07/20	07/21	24943003201968329449226	IP-MS ADV DEPOSIT 6014364555 MS	231.72
07/20	07/21	24943003201968329450059	IP-MS ADV DEPOSIT 6014364555 MS	231.72
<b>MADISON COUNTY BOS XXXX XXXX XXXX 6061</b>				
04/21	07/25	24492163111000036763156	ACTBLUE*/ FRD ADJ	4.00
04/22	07/25	24055233113036002217684	HILTON/ FRD ADJ	191.71

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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

Account Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7611

### Interest Charge Calculation

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

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
PURCHASES	0.00%	\$14,990.40	\$0.00

(v) = Variable Rate



Summary of Account Activity

Total Activity	\$10,881.93
Credit Limit	\$20,000.00
Cash Advance Limit	\$3,500.00
Statement Closing Date	08/01/23
Days in Billing Cycle	31

Cardholder Name  
MADISON COUNTY BOS

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

Account Number  
XXXX XXXX XXXX 7579

Page 1 of 4

Contact Us:

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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.

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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
06/30	07/02	24692163181102082243258	SPRINGHILL SUITES DOWN HOUSTON TX	517.99
06/30	07/02	24692163181102082243266	SPRINGHILL SUITES DOWN HOUSTON TX	469.28
06/30	07/02	24692163181102082243274	SPRINGHILL SUITES DOWN HOUSTON TX	323.15
06/30	07/02	24692163181102082243282	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/30	07/02	24692163181102082243290	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
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06/30	07/02	24692163181102082243324	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/30	07/02	24692163181102082243332	SPRINGHILL SUITES DOWN HOUSTON TX	469.28
06/30	07/02	24692163181102082243340	SPRINGHILL SUITES DOWN HOUSTON TX	938.56
06/30	07/02	24692163181102082243357	SPRINGHILL SUITES DOWN HOUSTON TX	1,230.25



CARD CENTER  
PO BOX 419734  
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 7579  
New Balance \$10,881.93  
Statement Date 08/01/23

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

\*\*N0011727

**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
06/30	07/02	74692163181102082244145	SPRINGHILL SUITES DOWN HOUSTON TX	-194.84
07/13	07/14	24755423195151950084530	HILTON HOTEL AUSTIN COHO 512-4828000 TX	1,719.90
07/21	07/23	24692163203107476962060	MARRIOTT ORLANDO WORLD 866-435-7627 FL	838.13
07/25	07/26	24492163206000039737823	GULFHILLS2288754211 GULFHILLSHOTEMS	596.00
07/27	07/28	24492163209000003836228	GULFHILLS2288754211 GULFHILLSHOTEMS	-298.00

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

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### **Commercial Card Services:**

888-494-5141

24/7/365

TRAVEL CARD  
MISSING DOCUMENT AFFIDAVIT



Cardholder: Madison County BOS  
Account Number: 7579  
Signature of Program Coordinator: \_\_\_\_\_

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/30/2023</u>	<u>Springhill Suites</u>	<u>\$517.99</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:

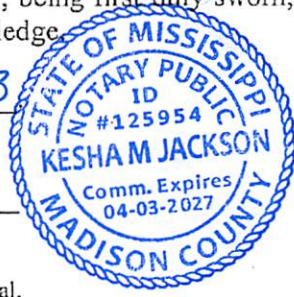
DATE: 8/9/2023

CARDHOLDER SIGNATURE: [Signature]

This Madison Date 8/9/2023 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 9 day of Aug 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 BOS

Account Number: 7579

Signature of Program Coordinator: \_\_\_\_\_

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/30/2023</u>	<u>Springhill Suites</u>	<u>\$469.28</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: 8/9/2023

CARDHOLDER SIGNATURE: \_\_\_\_\_

This Madison Date Personally Appeared Before Me, the undersigned authority, in and for \_\_\_\_\_ County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9 day of Aug 2023

Kesha M. Jackson  
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 BOS

Account Number: 7579

Signature of Program Coordinator: \_\_\_\_\_

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/30/2023</u>	<u>Springhill Suites</u>	<u>\$323.15</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: 8/9/2023;

CARDHOLDER SIGNATURE: [Signature]

This 9 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 9 day of Aug 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 Bds

Account Number: 7579

Signature of Program Coordinator: \_\_\_\_\_

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/30/2023</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:

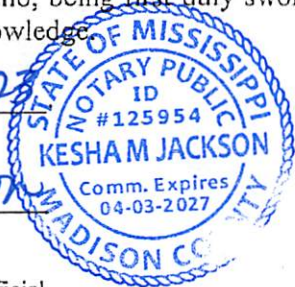
DATE: 8/9/2023;

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 9 day of Aug 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 BOS

Account Number: 7579

Signature of Program Coordinator: \_\_\_\_\_

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/30/2023</u>	<u>Springhill Suites</u>	<u>\$930.56</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: 8/9/2023

CARDHOLDER SIGNATURE: [Signature]

This 8/9 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 9 day of Aug 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 BOS

Account Number: 7579

Signature of Program Coordinator: \_\_\_\_\_

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/30/2023</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: 8/9/2023;

CARDHOLDER SIGNATURE: [Signature]

This 9 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 9 day of Aug 2023.

Kesha M. Jackson  
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 BOS

Account Number: 7579

Signature of Program Coordinator: \_\_\_\_\_


Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/30/2023</u>	<u>Springhill Suites</u>	<u>\$517.99</u>

Detailed explanation of missing documentation:

missing receipt

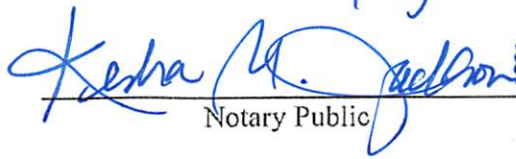
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DATE: 8/9/2023

CARDHOLDER SIGNATURE: 

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Notary Public



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TRAVEL CARD  
MISSING DOCUMENT AFFIDAVIT



Cardholder: Madison County BOS

Account Number: 7579

Signature of Program Coordinator: \_\_\_\_\_

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/30/2023</u>	<u>Springhill Suites</u>	<u>\$938.54</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: 8/9/2023;

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 9 day of Aug 2023

Kesha M. Jackson  
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 BOS  
Account Number: 7579  
Signature of Program Coordinator: \_\_\_\_\_

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/30/2023</u>	<u>Springhill Suites</u>	<u>\$469.28</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: 8/9/2023;

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 9 day of Aug 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 BOS

Account Number: 7579

Signature of Program Coordinator: \_\_\_\_\_

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/30/2023</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: 8/9/2023;

CARDHOLDER 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 9 day of Aug 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 BOS

Account Number: 7579

Signature of Program Coordinator: \_\_\_\_\_

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/30/2023</u>	<u>Springhill Suites</u>	<u>\$1,230.25</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: 8/9/2023

CARDHOLDER SIGNATURE: \_\_\_\_\_  
*[Handwritten signature]*

This Madison Date Personally Appeared Before Me, the undersigned authority, in and for \_\_\_\_\_ County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9 day of Aug 2023.

Keshia M. Jackson  
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 BOS

Account Number: 7579

Signature of Program Coordinator: \_\_\_\_\_

Transaction Description	Date of Purchase	Vendor	Cost
<u>Hotel</u>	<u>6/30/2023</u>	<u>Springhill Suites</u>	<u>\$-194.84</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: 8/9/2023

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 9 day of Aug 2023.

Kesha M. Jackson  
Notary Public



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



\$1,719.90 (USD)

July 13, 2023 09:57 AM

Payment *VISA* 47\*\*\*\*\*7579  
Transaction ID 130723C18-07ED3D64-25C8-4E6B-8484-FA01BBA5FDC5  
Approval Code 053602

---

Transient Guest (Qty:1)	\$1,719.90
\$1,719.90 each	

---

Subtotal	\$1,719.90
----------	------------

---

Total	\$1,719.90
-------	------------

You Paid (USD)	\$1,719.90
----------------	------------

### Return Policy

Contact your Event Coordinator

---

### BILL TO

### GUEST INFORMATION

Madison County Board of Supervisors  
Kesha Jackson  
P.O. Box 608  
kesha.jackson@madison-co.com  
Canton MS 39046  
USA

Arrival Date 2023/07/20

**Hilton Hotel Austin**  
500 E 4TH ST, AUSCV Austin, TX 78701 USA |  
USOTCHelpdesk@HILTON.COM | 512-482-8000



MARRIOTTS ORLANDO WORLD CENTER

GUEST FOLIO

40728 SIMSHAWKINS/M 149.00 07/27/23 03:18 41437 252  
 ROOM NAME RATE DEPART TIME ACCT# GROUP  
 QNQN 07/22/23 12:35  
 TYPE ARRIVE TIME  
 217

ROOM ADDRESS PAYMENT MBV#:  
 CLERK

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
07/21	ADVDP-VS PAYMENT RECEIVED BY VISA		838.13	
07/22	ROOM 40728, 1	149.00		
07/22	RM TAX 40728, 1	9.69		
07/22	OCC TAX 40728, 1	8.94		
07/23	ROOM 40728, 1	149.00		
07/23	RM TAX 40728, 1	9.69		
07/23	OCC TAX 40728, 1	8.94		
07/24	PANTRY 47930728	22.37		
07/24	ROOM 40728, 1	149.00		
07/24	RM TAX 40728, 1	9.69		
07/24	OCC TAX 40728, 1	8.94		
07/25	ROOM 40728, 1	149.00		
07/25	RM TAX 40728, 1	9.69		
07/25	OCC TAX 40728, 1	8.94		
07/25	PANTRY 45550728	8.52		
07/26	ROOM 40728, 1	149.00		
07/26	RM TAX 40728, 1	9.69		
07/26	OCC TAX 40728, 1	8.94		
07/27	CCARD-MC		30.91	
	PAYMENT RECEIVED BY MASTER CARD			
	***** AUTHORIZATION *****			
	APPROVED Card Type: MASTERCARD Card Entry: CHIP Acct #: *****6384 Approval Code: 14805B			
	***** EMV AUTHORIZATION *****			
	App Label: Mastercard Mode: Issuer			
	AID: A0000000041010 TVR: 000008000 IAD: 01106070012200007D6200000000000000FF TSI: E800 ARC: 00			
	AC: BFE5E0F327491416 CVM: 1E0300			
07/27	CCARD-MC	.00		
	PAYMENT RECEIVED BY MASTER CARD			

*[Handwritten signature]*

\$0.00

TO BE SETTLED TO: MASTER CARD

THANK YOU FOR CHOOSING THE ORLANDO WORLD CENTER MARRIOTT!



MARRIOTTS ORLANDO WORLD CENTER  
 WORLD CENTER DRIVE  
 ORLANDO FL 32821

Treat yourself to the comfort of Marriott Hotels in your home. Visit ShopMarriott.com.

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

**Kesha Jackson**

---

**From:** Gulf Hills Hotel + Resort <guestservices@gulphillshotel.com>  
**Sent:** Tuesday, July 25, 2023 4:28 PM  
**To:** Kesha Jackson  
**Subject:** Your reservation is confirmed! Welcome to Gulf Hills Hotel + Resort!

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



Hello  
Loretta,

We  
want to personally welcome you to Gulf Hills Hotel + Resort!

Your  
confirmation number is: 0260257493672. We have you checking in on  
07/26/2023 and checking out on 07/28/2023 in one of our Single King  
(Upstairs) (2023 MS Labor & Employment Seminar) (x2)!

We  
look forward to your visit and want you to know that we will do everything  
possible to make your stay as enjoyable as possible! If you have any  
questions regarding Ocean Springs or have any special requests for your stay  
with us, please let us know!

See  
you soon!

Gulf Hills Hotel + Resort

2288754211 | [guestservices@gulphillshotel.com](mailto:guestservices@gulphillshotel.com)  
13701 Paso Rd  
Ocean Springs, Mississippi



**Loretta Phillips**

0260257493672

**Gulf Hills Hotel + Resort**

13701 Paso Rd

Ocean Springs Mississippi 39564

2288754211

guestservices@gulphillshotel.com

---

**Email**  
**Phone**

kesha.jackson@madison-co.com  
601-855-5509

---

**ACCOMMODATIONS**

**Guest: Claira Griffen**

**RES ID 0260257493672**

**Single King (Upstairs) (2023 MS Labor & Employment Seminar)**

<b>Arrival - Departure</b>	<b>Adults</b>	<b>Children</b>	<b>Nights</b>	<b>Total</b>
07/26/2023 - 07/28/2023	1	0	2	USD 298.00

**RES ID 0260257493672-2**

**Guest: Loretta Phillips**

**Single King (Upstairs) (2023 MS Labor & Employment Seminar)**

<b>Arrival - Departure</b>	<b>Adults</b>	<b>Children</b>	<b>Nights</b>	<b>Total</b>
07/26/2023 - 07/28/2023	1	0	2	USD 298.00

**TOTAL USD 596.00**

Subtotal USD 596.00  
Deposit USD 298.00  
Amount Paid USD 596.00

**GRAND TOTAL USD 596.00**

**BALANCE DUE USD 0.00**

**Policies**

**Check-In: 03:00 PM**

**Check-Out: 11:00 AM**

**Kesha Jackson**

---

**From:** Gulf Hills Hotel + Resort <guestservices@gulphillshotel.com>  
**Sent:** Wednesday, August 9, 2023 11:49 AM  
**To:** Kesha Jackson  
**Subject:** Gulf Hills Hotel + Resort – Reservation Folio

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

## Gulf Hills Hotel + Resort

Thank you for choosing Gulf Hills Hotel + Resort for your stay. For your convenience, your hotel folio is included below.

**Loretta Phillips**

**0260257493672**

**CHECKED OUT**

Gulf Hills Hotel + Resort  
13701 Paso Rd  
Ocean Springs Mississippi 39564  
2288754211  
guestservices@gulphillshotel.com

---

Email kesha.jackson@madison-co.com  
Phone 601-855-5509  
Mobile 6019408403

---

RES ID	DATE/TIME	NAME	TYPE	QUANTITY	DEBIT	CREDIT
			Room rate - Single King (Upstairs)			
0260257493672	07/27/2023	Claira Griffen	(2023 MS Labor & Employment Seminar) N/A		\$0.00	\$0.00
0260257493672- 2	07/27/2023	Loretta Phillips	Room rate - Single King (Upstairs)		\$149.00	\$0.00

---



		(2023 MS Labor & Employment Seminar) N/A		
0260257493672	07/27/2023	Claira Credit Card Griffen N/A	\$0.00	-\$298.00
0260257493672	07/26/2023	Claira (2023 MS Griffen Labor & Employment Seminar) N/A	\$0.00	\$0.00
0260257493672- 2	07/26/2023	Loretta (2023 MS Phillips Labor & Employment Seminar) N/A	\$149.00	\$0.00
0260257493672	07/25/2023	Claira Credit Card Griffen N/A	\$0.00	\$596.00

Total USD 298.00 USD 298.00

**TOTAL**

Deposit	\$149.00
Subtotal	\$298.00
Additional Items	\$0.00
Grand Total:	\$298.00
Amount Paid	\$298.00
Balance Due	\$0.00

If you have any questions or concerns in regards to your folio please contact us.



### Summary of Account Activity

Total Activity	\$378.56
Credit Limit	\$10,000.00
Cash Advance Limit	\$0.00
Statement Closing Date	08/01/23
Days in Billing Cycle	31

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

Cardholder Name  
MADISON CO SHERIFF 1

Account Number  
XXXX XXXX XXXX 9039

Page 1 of 4

**Contact Us:**

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

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

**Late Payment Warning:**

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

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

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

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

Transaction Date	Posting Date	Reference Number	Description	Amount
07/18	07/23	24692163202106631673035	COURTYARD BY MARRIOTT GULFPORT MS	378.56



CARD CENTER  
PO BOX 419734  
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 9039  
New Balance \$378.56  
Statement Date 08/01/23

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

\*\*N0011746

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





Cardholder Name: MADISON CO SHERIFF 1

Account Number: XXXX XXXX XXXX 9039

80582130 - 011746 - 0001 - 0002 -



## **Do you need to dispute a transaction?**

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

### **Commercial Card Services:**

888-494-5141

24/7/365

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

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

## **Has a Card been lost, stolen or otherwise compromised?**

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

### **Commercial Card Services:**

888-494-5141

24/7/365

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

<b>DATE</b>	<b>VENDOR</b>	<b>AMOUNT</b>	<b>USER</b>	<b>PRODUCT(S)</b>	<b>FUND</b>	<b>DEPT.</b>	<b>PURPOSE</b>	<b>RECEIPT</b>
7/18/2023	Courtyard by Marriott	\$378.56	Radford Shearrill	hotel	001	200	480	Y

**TOTAL** **\$378.56**



Summary of Account Activity

Total Activity \$378.56

Credit Limit \$10,000.00

Cash Advance Limit \$0.00

Statement Closing Date 08/01/23

Days in Billing Cycle 31

Not an invoice.  
For your records only.

Cardholder Name  
MADISON CO SHERIFF 1

Account Number  
XXXX XXXX XXXX 9039

Page 1 of 4

Contact Us:

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

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

Late Payment Warning:

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

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

Transaction Information - Notice Memo Item(s) Listed Below

Transaction Date	Posting Date	Reference Number	Description	Amount
07/18	07/23	24692163202106631673035	COURTYARD BY MARRIOTT GULFPORT MS	378.56

*Handwritten:*  
J. Hill  
302  
8-8-23



CARD CENTER  
PO BOX 419734  
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 9039

New Balance \$378.56

Statement Date 08/01/23

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

##N0011746

Not an invoice.  
For your records only.



# COURTYARD®

BY MARRIOTT

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

R. Shearrill

Room: 319  
 Room Type: GENR  
 Number of Guests: 1  
 Rate: \$169.00

Clerk:

Arrive: 18Jul23

Time: 06:32PM

Depart: 20Jul23

Time: 11:00AM

Folio Number: 55722

DATE	DESCRIPTION	CHARGES	CREDITS
18Jul23	Room Charge	169.00	
18Jul23	State Occupancy Tax	11.83	
18Jul23	Occupancy Sales Tax	8.45	
19Jul23	Room Charge	169.00	
19Jul23	State Occupancy Tax	11.83	
19Jul23	Occupancy Sales Tax	8.45	
20Jul23	Visa		378.56

Card #: VXXXXXXXXXXXXXXXX9039/XXXX  
 Amount: 378.56 Auth: 098328  
 This card was electronically swiped on 18Jul23

**BALANCE: 0.00**

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

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





### Summary of Account Activity

Total Activity	\$2,873.38
Credit Limit	\$20,000.00
Cash Advance Limit	\$3,500.00
Statement Closing Date	08/01/23
Days in Billing Cycle	31

Cardholder Name  
MADISON COUNTY BOS

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

Account Number  
XXXX XXXX XXXX 2740

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:**

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

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

Transaction Date	Posting Date	Reference Number	Description	Amount
07/11	07/12	24755423193731939017586	BRETT ROBINSON GULF CORP GULF SHORES AL	410.75
07/11	07/12	24755423193731939017594	BRETT ROBINSON GULF CORP GULF SHORES AL	447.87
07/11	07/12	24755423193731939017628	BRETT ROBINSON GULF CORP GULF SHORES AL	434.70
07/19	07/20	74943003200968177618829	IP-MS ADV DEPOSIT 6014364555 MS	-83.99
07/19	07/20	74943003200968177620254	IP-MS ADV DEPOSIT 6014364555 MS	-83.99
07/19	07/20	24943003200968177617057	IP-MS ADV DEPOSIT 6014364555 MS	83.99
07/19	07/20	24943003200968177617636	IP-MS ADV DEPOSIT 6014364555 MS	83.99
07/20	07/23	24755423202172022629350	DOUBLETREE HOTELS 228-5463100 MS	870.24
07/20	07/21	24943003201968329423247	IP-MS ADV DEPOSIT 6014364555 MS	123.19
07/20	07/21	24943003201968329423783	IP-MS ADV DEPOSIT 6014364555 MS	123.19
07/20	07/21	24943003201968329449226	IP-MS ADV DEPOSIT 6014364555 MS	231.72



CARD CENTER  
PO BOX 419734  
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 2740  
New Balance \$2,873.38  
Statement Date 08/01/23

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

\*\*N0012137

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





Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 2740

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

Transaction Date	Posting Date	Reference Number	Description	Amount
07/20	07/21	24943003201968329450059	IP-MS ADV DEPOSIT 6014364555 MS	231.72

80582130 - 012137 - 0001 - 0002 -

## **Do you need to dispute a transaction?**

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

### **Commercial Card Services:**

888-494-5141

24/7/365

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

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

## **Has a Card been lost, stolen or otherwise compromised?**

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

### **Commercial Card Services:**

888-494-5141

24/7/365

**Kesha Jackson**

---

**From:** Jennifer Knight  
**Sent:** Wednesday, August 9, 2023 2:44 PM  
**To:** Kesha Jackson  
**Subject:** FW: Brett/Robinson Vacation Rentals - Confirmation # 20236931 21 Day Deposit Policy

I called them and ask them to resend.

---

**From:** Brett/Robinson Vacation Rentals <info@brett-robinson.com>  
**Sent:** Wednesday, August 9, 2023 2:42 PM  
**To:** Jennifer Knight <Jennifer.Knight@madison-co.com>  
**Subject:** Brett/Robinson Vacation Rentals - Confirmation # 20236931 21 Day Deposit Policy

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



*Brett/Robinson Vacation Rentals*

*Gulf Shores & Orange Beach*

[www.brett-robinson.com](http://www.brett-robinson.com)

Dear Jennifer ,

We are looking forward to welcoming you to the beautiful Alabama Gulf Coast!

This is your current reservation information as of Jul 11, 2023. Any changes to the above information may result in adjustment of payment or cancellation terms.

**Confirmation #:20236931**

Check-in: Oct 14, 2023

Check-out: Oct 18, 2023

Building Name: Phoenix East

Property Number: PE 1209



Check-in/check-out times vary throughout the year. Please click [here](#) to view our check-in / check-out times for date.

**Check-in Location:**

**27100 Perdido Beach Blvd Orange Beach, AL 36561** / Check in is at the Phoenix East service desk, which is open [27100 Perdido Beach Blvd Orange Beach, AL 36561]. For arrivals after 11pm, check in is at the Phoenix VII service desk [27100 Perdido Beach Blvd Orange Beach, AL 36561], which is open 24 hours. The service desk can be reached by calling 904-233-1111.

**All other locations except Island Winds and Phoenix properties check in at 3259 Gulf Shores Pkwy., Gulf Shores, AL 36561**

Remaining Balance: \$1,232.25

Deposit Paid: \$410.75



Additional fees may be charged at check-in.

To check your balance or make additional payments please click [here](#).

Use the above link to pay with eCheck to avoid convenience fees.

**Details for reservation: 20236931**

Room Type: 2 Bedroom: Gulf Front; 2 Bathroom; High Floor; Sleeps 8; Select Rating; No Reserved Parking; Floor  
Date Booked: Jul 11, 2023

**21 Day Deposit Policy**

- A deposit of 25% of the grand total of booking (rent, fees, and taxes) is charged at the time of booking. The remainder is charged based on the schedule below, based on the arrival date of the booking. Bookings made within the deposit period are charged the grand total of booking (rent, fees, and taxes) at the time of booking.

Arrival Date Start	Arrival Date End	Final Refundable Date	Balance Collection/ Non-Refundable
10/15/2022	3/10/2023	8 Days prior to arrival	7 Days prior to arrival
3/11/2023	4/15/2023	22 days prior to arrival	21 Days prior to arrival
4/16/2023	5/17/2023	15 Days prior to arrival	14 Days prior to arrival
5/18/2023	8/11/2023	22 days prior to arrival	21 Days prior to arrival
8/12/2023	9/29/2023	15 Days prior to arrival	14 Days prior to arrival
9/30/2023	10/15/2023	22 days prior to arrival	21 Days prior to arrival
10/16/2023	3/10/2024	8 Days prior to arrival	7 Days prior to arrival

- Fall monthly (28+ night) reservations are paid in full 30 days prior to arrival. Deposits on these rentals are similar to the deposit rules. For multi-month reservations, each additional month's rent is collected on the first day of the month.

**Kesha Jackson**

---

**From:** Jennifer Knight  
**Sent:** Tuesday, July 11, 2023 4:59 PM  
**To:** Kesha Jackson  
**Subject:** Fwd: Brett/Robinson Vacation Rentals - Confirmation # 20236934 21 Day Deposit Policy

Sent from my iPhone

Begin forwarded message:

**From:** Brett/Robinson Vacation Rentals <info@brett-robinson.com>  
**Date:** July 11, 2023 at 3:07:53 PM CDT  
**To:** Jennifer Knight <Jennifer.Knight@madison-co.com>  
**Subject:** Brett/Robinson Vacation Rentals - Confirmation # 20236934 21 Day Deposit Policy  
**Reply-To:** info@brett-robinson.com

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



*Brett/Robinson Vacatio*

*Gulf Shores & Orang*

[www.brett-robinson.com](http://www.brett-robinson.com)

Dear Jennifer ,

We are looking forward to welcoming you to the beautiful Alabama Gulf Coast!

This is your current reservation information as of Jul 11, 2023. Any changes to the above information may result in payment or cancellation terms.

**Confirmation #:20236934**

Check-in: Oct 14, 2023  
Check-out: Oct 18, 2023  
Building Name: Phoenix East  
Property Number: PE 309

**Check-in/check-out times vary throughout the year. Please click [here](#) to view our check-in / check arrival date.**

**Check-in Location:**

*27100 Perdido Beach Blvd Orange Beach, AL 36561 / Check in is at the Phoenix East service desk, w [27100 Perdido Beach Blvd Orange Beach, AL 36561]. For arrivals after 11pm, check in is at the Phoenix [26802 Perdido Beach Blvd Orange Beach, AL 36561], which is open 24 hours. The service desk can be reached at 981-8976.*

*All locations except Island Winds and Phoenix properties check in at 3259 Gulf Shores Pkwy., Gulf Shores, AL 32561*

**Remaining Balance:** \$1,343.60

Deposit Paid: \$447.87

Additional fees may be charged at check-in.

**To check your balance or make additional payments please click [here](#).**

**Use the above link to pay with eCheck to avoid convenience fees.**

^

**Details for reservation: 20236934**

Room Type: 2 Bedroom: Gulf Front; 2 Bathroom; Lower Floor; Sleeps 6; Select Rating; No Reserved Parking  
Date Booked: Jul 11, 2023

**21 Day Deposit Policy**

- Any reservation made prior to August 30, 2022 will adhere to the deposit policy in place at the time made.
- The following deposit policy applies to reservations made on or after August 30, 2022.
- A deposit of 25% of the grand total of booking (rent, fees, and taxes) is charged at the time of booking. The remaining 75% of the balance is charged based on the schedule below, based on the arrival date of the booking. When the deposit policy window are charged the grand total of booking (rent, fees, and taxes) at the time of arrival.

^

Arrival Date Start	Arrival Date End	Final Refundable Date	Balance Collection/ Non-Refundable
--------------------	------------------	-----------------------	------------------------------------

**Kesha Jackson**

---

**From:** Jennifer Knight  
**Sent:** Tuesday, July 11, 2023 4:59 PM  
**To:** Kesha Jackson  
**Subject:** Fwd: Brett/Robinson Vacation Rentals - Confirmation # 20236936 21 Day Deposit Policy

Sent from my iPhone

Begin forwarded message:

**From:** Brett/Robinson Vacation Rentals <info@brett-robinson.com>  
**Date:** July 11, 2023 at 3:09:43 PM CDT  
**To:** Jennifer Knight <Jennifer.Knight@madison-co.com>  
**Subject:** Brett/Robinson Vacation Rentals - Confirmation # 20236936 21 Day Deposit Policy  
**Reply-To:** info@brett-robinson.com

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



*Brett/Robinson Vacatio*

*Gulf Shores & Orang*

[www.brett-robinso](http://www.brett-robinso)

Dear Jennifer ,

We are looking forward to welcoming you to the beautiful Alabama Gulf Coast!



This is your current reservation information as of Jul 11, 2023. Any changes to the above information may result in a payment or cancellation terms.

**Confirmation #:20236936**

Check-in: Oct 14, 2023  
Check-out: Oct 18, 2023  
Building Name: Phoenix East  
Property Number: PE 409


**Check-in/check-out times vary throughout the year. Please click [here](#) to view our check-in / check-out arrival date.**

**Check-in Location:**

*27100 Perdido Beach Blvd Orange Beach, AL 36561 / Check in is at the Phoenix East service desk, w [27100 Perdido Beach Blvd Orange Beach, AL 36561]. For arrivals after 11pm, check in is at the Phoenix [26802 Perdido Beach Blvd Orange Beach, AL 36561], which is open 24 hours. The service desk can be reached at 981-8976.*

*All locations except Island Winds and Phoenix properties check in at 3259 Gulf Shores Pkwy., Gulf Shores, AL 36561*

**Remaining Balance:** \$1,304.10

Deposit Paid: \$434.70 

Additional fees may be charged at check-in.

**To check your balance or make additional payments please click [here](#).**

**Use the above link to pay with eCheck to avoid convenience fees.**

^

**Details for reservation: 20236936**

Room Type: 2 Bedroom: Gulf Front; 2 Bathroom; Lower Floor; Sleeps 6; High Demand Select; No Reservations; PE

Date Booked: Jul 11, 2023

**21 Day Deposit Policy**

- Any reservation made prior to August 30, 2022 will adhere to the deposit policy in place at the time made.
- The following deposit policy applies to reservations made on or after August 30, 2022.
- A deposit of 25% of the grand total of booking (rent, fees, and taxes) is charged at the time of booking. The remaining 75% of the balance is charged based on the schedule below, based on the arrival date of the booking. The deposit policy window are charged the grand total of booking (rent, fees, and taxes) at the time of check-in.

^

Arrival Date Start	Arrival Date End	Final Refundable Date	Balance Collection/ Non-Refundable
--------------------	------------------	-----------------------	------------------------------------



**Casino + Resort + Spa**  
 BILOXI, MISSISSIPPI

Name: CLARA GRIFFIN

Address: P.O. BOX 608  
 146 WEST CENTER STREET 2ND FLO  
 CANTON MS 39046

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

Folio ID: 451245769349

Arrival Date: 09/25/2023

Departure Date: 09/27/2023

Room No: IP

Guests: 1

Group Code:

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS	BALANCE
07/18/2023	451245769350	APPLIED DEPOSIT *****2740		83.99	
07/18/2023	451245769352	REFUND *****2740	83.99		
SUMMARY OF CHARGES					

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: .00



*Take the Games With You*





**Casino • Resort • Spa**  
 BILOXI, MISSISSIPPI

Name: LORETTA PHILLIPS

Address: P.O. BOX 608  
 146 WEST CENTER STREET 2ND FLO  
 CANTON MS 39046

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

Folio ID: 451245769329

Arrival Date: 09/25/2023

Departure Date: 09/27/2023

Room No: IP

Guests: 1

Group Code:

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS	BALANCE
07/18/2023	451245769330	APPLIED DEPOSIT *****2740		83.99	
07/18/2023	451245769332	REFUND *****2740	83.99		
SUMMARY OF CHARGES					

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: .00



*Take the Games With You*





**Casino • Resort • Spa**  
 BILOXI, MISSISSIPPI

Name: CLARA GRIFFIN

Address: P.O. BOX 608  
 146 WEST CENTER STREET 2ND FLO  
 CANTON MS 39046

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

Folio ID: 451245769349  
 Arrival Date: 09/25/2023  
 Departure Date: 09/27/2023  
 Room No: IP  
 Guests: 1  
 Group Code:

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS	BALANCE
07/18/2023	451245769350	APPLIED DEPOSIT *****2740		83.99	
07/18/2023	451245769352	REFUND *****2740	83.99		
SUMMARY OF CHARGES					

*YD*

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 falls to pay for any part of the full amount of these charges.

GUEST SIGNATURE:

Balance Due: .00



*Take the Games With You*







**Casino • Resort • Spa**  
 BILOXI, MISSISSIPPI

Name: LORETTA PHILLIPS

Address: P.O. BOX 608  
 146 WEST CENTER STREET 2ND FLO  
 CANTON MS 39046

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

Folio ID: 451245769329  
 Arrival Date: 09/25/2023  
 Departure Date: 09/27/2023  
 Room No: IP  
 Guests: 1  
 Group Code:

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS	BALANCE
07/18/2023	451245769330	APPLIED DEPOSIT *****2740		83.99	
07/18/2023	451245769332	REFUND *****2740	83.99		
SUMMARY OF CHARGES					

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: .00



*Take the Games With You*





DOUBLETREE BY HILTON BILOXI  
 940 BEACH BOULEVARD  
 BILOXI, MS 39530  
 United States of America  
 TELEPHONE 228-546-3100 • FAX 228-546-3101  
 Reservations  
 www.hilton.com or 1 800 HILTONS

GRIFFIN, MARTINA  
 P.O. BOX 608  
 CANTON MS 39046  
 UNITED STATES OF AMERICA

Room No: 318/NQRQO  
 Arrival Date: 8/10/2023 4:56:00 PM  
 Departure Date: 8/13/2023  
 Adult/Child: 1/0  
 Cashier ID: LMAY  
 Room Rate: 179.00  
 AL:  
 HH #  
 VAT #  
 Folio No/Che 323322 A

Confirmation Number: 87192825

DOUBLETREE BY HILTON BILOXI 8/13/2023 1:29:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
7/20/2023	1128736	Advance Deposit VS *2740	(\$870.24)
8/10/2023	1139124	GUEST ROOM	\$179.00
8/10/2023	1139124	STATE TAX	\$12.53
8/10/2023	1139124	OCCUPANCY TAX	\$8.95
8/11/2023	1140051	GUEST ROOM	\$289.00
8/11/2023	1140051	STATE TAX	\$20.23
8/11/2023	1140051	OCCUPANCY TAX	\$14.45
8/12/2023	1140618	GUEST ROOM	\$309.00
8/12/2023	1140618	STATE TAX	\$21.63
8/12/2023	1140618	OCCUPANCY TAX	\$15.45
WILL BE SETTLED TO VS*2740			\$0.00
EFFECTIVE BALANCE OF			\$0.00

CREDIT CARD DETAIL

APPR CODE	063824	MERCHANT ID	8040181953
CARD NUMBER	VS *2740	EXP DATE	01/27
TRANSACTION ID	1128736	TRANS TYPE	Sale



DOUBLETREE BY HILTON BILOXI  
 940 BEACH BOULEVARD  
 BILOXI, MS 39530  
 United States of America  
 TELEPHONE 228-546-3100 • FAX 228-546-3101  
 Reservations  
 www.hilton.com or 1 800 HILTONS

GRIFFIN, MARTINA  
 2173 HWY 17  
 CAMDEN MS 39045  
 UNITED STATES OF AMERICA

Room No: 318/NQRQO  
 Arrival Date: 8/10/2023 4:56:00 PM  
 Departure Date: 8/13/2023 12:18:00 PM  
 Adult/Child: 1/0  
 Cashier ID: NASA  
 Room Rate: 179.00  
 AL:  
 HH # 1152109193 SILVER  
 VAT #  
 Folio No/Che 323322 A

Confirmation Number: 87192825

DOUBLETREE BY HILTON BILOXI 8/14/2023 10:01:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
7/20/2023	1128736	Advance Deposit VS *2740	(\$870.24)
8/14/2023	1141405	GUEST ROOM EXEMPT	\$179.00
8/14/2023	1141406	GUEST ROOM EXEMPT	\$289.00
8/14/2023	1141407	GUEST ROOM EXEMPT	\$309.00
8/14/2023	1128736	Advance Deposit VS *2740	\$93.24
**BALANCE**			\$0.00

*Handwritten notes:*  
 Will be on next statement  
 HB

CREDIT CARD DETAIL

APPR CODE	063824	MERCHANT ID	8040181953
CARD NUMBER	VS *2740	EXP DATE	01/27
TRANSACTION ID	1128736	TRANS TYPE	Sale

Credit Card Payment Receipt  
Duplicate

BCIRECTFPG FOPRT08

IP CASINO RESORT SPA  
850 BAYVIEW AVE

BILOXI MS 39530  
228 436-3000 888 946-2847

LORETTA PHILLIPS

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

1601 855-5534

Printed Date 08/10/2023  
Printed Time 10:46 AM  
Invoice# 1538045  
Currency Code USA

Wing/Room IP  
Confirmation# 2FB3D  
Reservation # 451255792102  
Arrival 09/24/2023  
Departure 09/27/2023

TRANSACTION INFORMATION

Credit Card Type	Last 4	Sett Date	Sett Time	Sett Amount
RESERVATIONS VISA	2740	07/19/2023	02:37 PM	123.19



Trans Type	Last 4	Auth Date	Auth Time	Auth Amount	Code	Capture Mtd
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Signature \_\_\_\_\_



Credit Card Payment Receipt  
Duplicate

BCIRECTFPG FOPRT08

IP CASINO RESORT SPA  
850 BAYVIEW AVE

BILOXI MS 39530  
228 436-3000 888 946-2847

CLARA GRIFFIN

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

Printed Date 08/10/2023  
Printed Time 10:46 AM  
Invoice# 1538048  
Currency Code USA

Wing/Room IP  
Confirmation# 26CS4  
Reservation # 451255792149  
Arrival 09/24/2023  
Departure 09/27/2023

1601 855-5534

TRANSACTION INFORMATION

Credit Card Type	Last 4	Sett Date	Sett Time	Sett Amount
RESERVATIONS VISA	2740	07/19/2023	02:40 PM	123.19



Trans Type	Last 4	Auth Date	Auth Time	Auth Amount	Code	Capture Mtd
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Signature \_\_\_\_\_

Credit Card Payment Receipt  
Duplicate

ECIRECTFPG FOPRT08

IP CASINO RESORT SPA  
850 BAYVIEW AVE

Printed Date 08/10/2023  
Printed Time 10:46 AM  
Invoice# 1538427  
Currency Code USA

BILOXI MS 39530  
228 436-3000 888 946-2847

LORETTA PHILLIPS

Wing/Room IP  
Confirmation# 2FB3D  
Reservation # 451255792102  
Arrival 09/24/2023  
Departure 09/27/2023

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

1601 855-5534

TRANSACTION INFORMATION

Credit Card Type  
RESERVATIONS VISA

Last 4 Sett Date Sett Time Sett Amount  
2740 07/19/2023 09:03 PM 231.72

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

CLARA GRIFFIN

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

1601 855-5534

Printed Date 08/10/2023  
Printed Time 10:46 AM  
Invoice# 1538429  
Currency Code USA  
  
Wing/Room IP  
Confirmation# 26CS4  
Reservation # 451255792149  
Arrival 09/24/2023  
Departure 09/27/2023

TRANSACTION INFORMATION

Credit Card Type	Last 4	Sett Date	Sett Time	Sett Amount
RESERVATIONS VISA	2740	07/19/2023	09:05 PM	231.72



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

Signature \_\_\_\_\_



### Summary of Account Activity

Total Activity	\$195.71
Credit Limit	\$5,000.00
Cash Advance Limit	\$1,250.00
Statement Closing Date	08/01/23
Days in Billing Cycle	31

**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](http://UMB.com/fraudalerts).

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

Transaction Date	Posting Date	Reference Number	Description	Amount
04/21	07/25	24492163111000036763156	ACTBLUE*/ FRD ADJ	4.00
04/22	07/25	24055233113036002217684	HILTON/ FRD ADJ	191.71



CARD CENTER  
PO BOX 419734  
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 6061  
New Balance \$195.71  
Statement Date 08/01/23

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

\*\*N0016198

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







Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 6061

80582130 - 016198 - 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



Card Services - Dispute Resolutions  
PO Box 84094  
Columbus GA 31908

6/20/2023



MADISON COUNTY BOS                      \*\*R0001446  
MADISON COUNTY BOS  
PO BOX 608  
CANTON                      MS 39046-0608

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
<i>hax</i> \$4.00	ACTBLUE* DSCC-	04/21/2023
\$161.83	HAMPTON INN SE	04/22/2023
<i>hax</i> \$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





# VISA PURCHASING CARD DISPUTE FORM

## ACCOUNT INFORMATION

Madison County Board of Supervisors  
Name:

xxxx-xxxx-xxxx-7595  
Account Number:

Madison County Board of Supervisors  
Company Name:

601-855-5534  
Business Phone:

## TRANSACTION INFORMATION

ACTBLUE\*DSCC-SENATEDE  
Merchant Name:

\$4.00  
Amount of Dispute

4/21/2023  
Date of Transaction:

24492163111000036763156  
Reference Number of Transaction from Statement

## DISPUTE DETAILS

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

- Need a copy of the transaction in order to submit payment.
- I do not recognize the above merchant. I am asking that the merchant provide me with more information to help identify whether or not the charge is valid. All valid cards issued to this account are in my possession.
- Although I did engage in the above transaction, I am disputing \$ \_\_\_\_\_ of the above charge. I have contacted the merchant and attempted to resolve the matter. I have provided the details below.
- 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

 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