




# PURCHASING DEPARTMENT

Madison County Board of Supervisors  
146 West Center Street / Post Office Box 608  
Canton, MS 39046  
Office (601)-855-5534 ~ Fax (601) 859-5875

January 16, 2024

To: Board of Supervisors

From: Kesha Jackson, Purchasing Clerk 

Subject January 2024 Travel Card Reconciliation Report

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

# TRAVEL CARD RECONCILIATION

STATEMENT CLOSING DATE 1/1/2024

<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	CJ Garavelli	lodging	12/11/2023	Comfort Suites	\$305.80	meeting
BOS1 CARD TOTAL				<i>(taxes refunded see attachment)</i>	<b>\$305.80</b>	
SO1 CARD	William Horton	lodging	12/17/2023	Holiday Inn Express	\$506.52	meeting
SO1 CARD TOTAL				<i>(taxes will be refunded per vendor)</i>	<b>\$506.52</b>	
SO2 CARD	Randy Tucker	lodging	12/3/20223	Golden Nugget	\$254.94	meeting
	Randy Tucker	lodging	12/5/2023	Golden Nugget	\$106.17	meeting
SO2 CARD TOTAL					<b>\$361.11</b>	
TOTAL TO PAY				<i>See Notes for refund</i>	<b>\$1,173.43</b>	



### Summary of Account Activity

Previous Balance	\$1,520.05
Payments/Debits	-\$661.57
Other Credits	-\$0.00
Purchases	+\$1,173.43
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
<b>New Balance</b>	<b>= \$2,031.91</b>

Credit Limit	\$50,000.00
Available Credit	\$47,968.09
Cash Advance Limit	\$3,500.00
Available for Cash Advance	\$3,500.00
Statement Closing Date	01/01/24
Days in Billing Cycle	31

### Payment Information

New Balance	\$2,031.91
Minimum Payment Due	\$2,031.91
Payment Due Date	01/29/24
Past Due Amount	\$858.48
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

**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](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
12/27	12/27	33610006287754201210008	PAYMENT RECEIVED -- THANK YOU	- 661.57



CARD CENTER  
PO BOX 419734  
KANSAS CITY MO 64141-6734

Account Number	XXXX XXXX XXXX 7611
New Balance	\$2,031.91
Payment Due Date	01/29/24
Past Due Amount	\$858.48
Minimum Payment	\$2,031.91
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  
146 WEST CENTER ST  
CANTON MS 39046

\*\*N0010718

CARD SERVICES  
PO BOX 875852  
KANSAS CITY MO 64187-5852





Account Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7611

### Cardholder Transaction Information

Transaction Date	Posting Date	Reference Number	Description	Amount
<b>MADISON CO SHERIFF 1 XXXX XXXX XXXX 9039 TOTAL: \$506.52</b>				
12/15	12/17	24943003350796799777480	HOLIDAY INN EXPRESS 6016025502 MS	506.52
		3501: HOLIDAY INNS 000039401	CHECK IN/OUT: 12/11/2023	
<b>MADISON CO SHERIFF 2 XXXX XXXX XXXX 9047 TOTAL: \$361.11</b>				
12/01	12/03	24943003335968642468365	GNBX - HOTEL 2284355400 MS	254.94
		3561: GOLDEN NUGGET 000039530	CHECK IN/OUT: 12/04/2023	
12/07	12/08	24943003341968534512652	GNBX - HOTEL 2284355400 MS	106.17
		3561: GOLDEN NUGGET 000039530	CHECK IN/OUT: 12/04/2023	
<b>MADISON COUNTY BOS XXXX XXXX XXXX 2740 TOTAL: \$305.80</b>				
12/11	12/13	24755423346163463670992	COMFORT INNS STARKVILLE MS	305.80
		3562: COMFORT INNS 000039759	CHECK IN/OUT: 12/10/2023	

### 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%	\$1,173.43	\$0.00

(v) = Variable Rate

80580010 - 010718 - 0001 - 0002 -

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 \$506.52

Credit Limit \$10,000.00

Cash Advance Limit \$0.00

Statement Closing Date 01/01/24

Days in Billing Cycle 31

Cardholder Name  
MADISON CO SHERIFF 1

Account Number  
XXXX XXXX XXXX 9039

Page 1 of 4

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

**Contact Us:**

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

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

**Late Payment Warning:**

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

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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
12/15	12/17	24943003350796799777480 3501: HOLIDAY INNS 000039401	HOLIDAY INN EXPRESS 6016025502 MS CHECK IN/OUT: 12/11/2023	506.52



CARD CENTER  
PO BOX 419734  
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 9039  
New Balance \$506.52  
Statement Date 01/01/24

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

\*\*\*N0010730

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





Cardholder Name: MADISON CO SHERIFF 1

Account Number: XXXX XXXX XXXX 9039

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### **Commercial Card Services:**

888-494-5141

24/7/365



**NAME: MCSO - card 1**

**CARD NUMBER: XXXX 9039**

**BILLING PERIOD: Dec-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>
12/17/2023	Holiday Inn Express	\$506.52	William Horton	hotel	001	200	480	Y

**TOTAL \$506.52**



Summary of Account Activity

Total Activity \$506.52

Credit Limit \$10,000.00

Cash Advance Limit \$0.00

Statement Closing Date 01/01/24

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

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

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Transaction Information - Notice Memo Item(s) Listed Below

Transaction Date	Posting Date	Reference Number	Description	Amount
12/15	12/17	24943003350796799777480 3501: HOLIDAY INNS 000039401	HOLIDAY INN EXPRESS 6016025502 MS CHECK IN/OUT: 12/11/2023	506.52

*Handwritten:* Paid 502 1-9-24



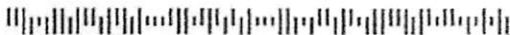
CARD CENTER  
PO BOX 419734  
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 9039  
New Balance \$506.52  
Statement Date 01/01/24

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

\*\*\*0010730

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AN IHG® HOTEL

12-15-23

<b>William Horton United States</b>	Folio No. :	Room No. :	122
	A/R Number :	Arrival :	12-11-23
	Group Code :	Departure :	12-15-23
	Company :	Conf. No. :	88660801
	Membership No. :	Rate Code :	IDMES
	Invoice No. :	Page No. :	1 of 1

Date	Description	Charges	Credits
12-11-23	*Accommodation	115.12	
12-11-23	State Tax 7%	8.06	
12-11-23	Occupancy Tax 3%	3.45	
12-12-23	*Accommodation	115.12	
12-12-23	State Tax 7%	8.06	
12-12-23	Occupancy Tax 3%	3.45	
12-13-23	*Accommodation	115.12	
12-13-23	State Tax 7%	8.06	
12-13-23	Occupancy Tax 3%	3.45	
12-14-23	*Accommodation	115.12	
12-14-23	State Tax 7%	8.06	
12-14-23	Occupancy Tax 3%	3.45	
12-15-23	Visa		506.52
<b>Total</b>		<b>506.52</b>	<b>506.52</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown herein. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Hattiesburg-West  
 209 Thornhill Drive  
 Hattiesburg, MS 39401  
 Telephone: (601) 602-5502 Fax: (601) XXX-XXXX

Owned and Operated by APU IIC



AN IHG® HOTEL

23

01-11-24

<b>William Horton United States</b>	Folio No. :	<b>7122</b>	Room No. :	<b>122</b>
	A/R Number :		Arrival :	<b>12-11-23</b>
	Group Code :		Departure :	<b>12-15-23</b>
	Company :		Conf. No. :	<b>88660801</b>
	Membership No. :		Rate Code :	<b>IDMES</b>
	Invoice No. :		Page No. :	<b>1 of 1</b>

Date	Description	Charges	Credits
12-11-23	*Accommodation	115.12	
12-11-23	State Tax 7%	8.06	
12-11-23	Occupancy Tax 3%	3.45	
12-12-23	*Accommodation	115.12	
12-12-23	State Tax 7%	8.06	
12-12-23	Occupancy Tax 3%	3.45	
12-13-23	*Accommodation	115.12	
12-13-23	State Tax 7%	8.06	
12-13-23	Occupancy Tax 3%	3.45	
12-14-23	*Accommodation	115.12	
12-14-23	State Tax 7%	8.06	
12-14-23	Occupancy Tax 3%	3.45	
12-15-23	Visa		506.52
	XXXXXXXXXXXX9039		
01-11-24	State Tax 7%	-32.24	
01-11-24	Occupancy Tax 3%	-13.80	
01-11-24	Visa		-46.04
	tax exempt reversal		
	XXXXXXXXXXXX9039		
<b>Total</b>		<b>460.48</b>	<b>460.48</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown herein. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Hattiesburg-West  
 209 Thornhill Drive  
 Hattiesburg, MS 39401  
 Telephone: (601) 602-5502 Fax: (601) XXX-XXXX

Owned and Operated by APU IIC



### Summary of Account Activity

Total Activity	\$361.11
Credit Limit	\$10,000.00
Cash Advance Limit	\$0.00
Statement Closing Date	01/01/24
Days in Billing Cycle	31

Cardholder Name  
MADISON CO SHERIFF 2

Account Number  
XXXX XXXX XXXX 9047

Page 1 of 4

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

**Contact Us:**

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

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

Transaction Date	Posting Date	Reference Number	Description	Amount
12/01	12/03	24943003335968642468365 3561: GOLDEN NUGGET 000039530	GNBX - HOTEL 2284355400 MS CHECK IN/OUT: 12/04/2023	254.94
12/07	12/08	24943003341968534512652 3561: GOLDEN NUGGET 000039530	GNBX - HOTEL 2284355400 MS CHECK IN/OUT: 12/04/2023	106.17



CARD CENTER  
PO BOX 419734  
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 9047  
New Balance \$361.11  
Statement Date 01/01/24

MADISON CO SHERIFF 2  
MADISON COUNTY BOS  
MADISON COUNTY BOS  
PO BOX 608  
CANTON MS 39046-0608

\*\*\*N0010731

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For your records only.**





Cardholder Name: MADISON CO SHERIFF 2

Account Number: XXXX XXXX XXXX 9047

80580010 - 010731 - 0601 - 0002 -

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

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24/7/365

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### **Commercial Card Services:**

888-494-5141  
24/7/365

**NAME:** MCSO - card 2

**CARD NUMBER:** XXXX 9047

**BILLING PERIOD:** Dec-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>
12/3/2023	Golden Nugget	\$254.94	Randy Tucker	hotel	001	220	480	Y
12/5/2023	Golden Nugget	\$106.17	Randy Tucker	hotel	001	200	480	y

**TOTAL** **\$361.11**





**Summary of Account Activity**

Total Activity \$361.11

Credit Limit \$10,000.00

Cash Advance Limit \$0.00

Statement Closing Date 01/01/24

Days in Billing Cycle 31

Cardholder Name  
MADISON CO SHERIFF 2

Account Number  
XXXX XXXX XXXX 9047

Page 1 of 4

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			CHECK IN/OUT: 12/04/2023	
12/07	12/08	24943003341968534512652 3561: GOLDEN NUGGET 000039530	GNBX - HOTEL 2284355400 MS	106.17
			CHECK IN/OUT: 12/04/2023	

*Journal 302  
1-9-24*



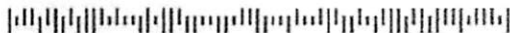
CARD CENTER  
PO BOX 419734  
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 9047  
New Balance \$361.11  
Statement Date 01/01/24

MADISON CO SHERIFF 2  
MADISON COUNTY BOS  
MADISON COUNTY BOS  
PO BOX 608  
CANTON MS 39046-0608

\*#N0030733

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



Name: RANDALL TUCKER  
 Address: 2941 HWY 51  
 CANTON MS 39046



Arrival Date: 12/04/2023 CI Clerk MSAMUELS  
 Departure Date: 12/07/2023 CO Clerk  
 Group Code: S230302

Room #:	BX 1251	Resv	451862786356	Page	1 of 1
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Date	Reference	Description	Charges	Credits	Balance
12/04/2023	452633476407	APPLIED DEPOSIT *****9047		254.94	254.94-
12/04/2023	452639100028	ROOM REVENUE RESORT FEE	16.78		238.16-
12/04/2023	452639100029	ROOM REVENUE SUNDAY-THURSDAY UPGRADE F	33.60		204.56-
12/04/2023	452639100713	ROOM CHARGE BX 1251	69.99		134.57-
12/05/2023	452649100033	ROOM REVENUE RESORT FEE	16.78		117.79-
12/05/2023	452649100034	ROOM REVENUE SUNDAY-THURSDAY UPGRADE F	33.60		84.19-
12/05/2023	452649100647	ROOM CHARGE BX 1251	69.99		14.20-
12/06/2023	452653489668	ROOM REVENUE RESORT FEE	16.78		2.58
12/06/2023	452653489674	ROOM REVENUE SUNDAY-THURSDAY UPGRADE F	33.60		36.18
12/06/2023	452653489677	ROOM CHARGE BX 1251	59.99		106.17
12/06/2023	452653489680	FRONT DESK VISA *****9047		106.17	
<b>Total Due</b>					<b>.00</b>



### Summary of Account Activity

Total Activity	\$305.80
Credit Limit	\$20,000.00
Cash Advance Limit	\$3,500.00
Statement Closing Date	01/01/24
Days in Billing Cycle	31

Cardholder Name  
MADISON COUNTY BOS

Account Number  
XXXX XXXX XXXX 2740

Page 1 of 4

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Transaction Date	Posting Date	Reference Number	Description	Amount
12/11	12/13	24755423346163463670992	COMFORT INNS STARKVILLE MS	305.80
		3562: COMFORT INNS 000039759	CHECK IN/OUT: 12/10/2023	



CARD CENTER  
PO BOX 419734  
KANSAS CITY MO 64141-6734

Account Number XXXX XXXX XXXX 2740  
New Balance \$305.80  
Statement Date 01/01/24

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

\*\*N0011024

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





Cardholder Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 2740

80580010 - 011024 - 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



**Comfort Suites Starkville (MS106)**

801 Russell St.  
Starkville, MS 39759  
662.324.9595  
MS106@stayatchoice.com

Account: 903577427  
Date: 1/9/24  
Room: 113 BAR  
Arrival Date: 12/11/23  
Departure Date: 12/13/23  
Check In Time: 12/11/23 5:16 PM  
Check Out Time: 12/13/23 12:56 PM

Garavelli, Cj  
P.O box 608  
Canton, MS 39046

Rewards Program ID:  
You were checked in by: rbarne  
You were checked out by: mgulle  
**Total Balance Due: 0.00**

Post Date	Description	Comment	Amount
12/11/23	Visa Payment		(305.80)
12/11/23	Room Charge	XXXXXXXXXXXX2740	
12/11/23	Room Charge	#113 Garavelli, Cj	139.00
12/11/23	State Tax		9.73
12/11/23	City / County Tax		4.17
12/12/23	Room Charge	#113 Garavelli, Cj	139.00
12/12/23	State Tax		9.73
12/12/23	City / County Tax		4.17

**Folio Summary 12/11/23 - 12/12/23**

Room Charge	278.00
City / County Tax	8.34
State Tax	19.46
Visa Payment	(305.80)

Balance Due: 0.00

**With this rate you are able to earn valuable Choice Privileges points!**

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x \_\_\_\_\_



**You could be earning free nights at Choice hotels and other great rewards. Join Choice Privileges today by stopping by the front desk, or logging on to [www.choicehotels.com/choice-privileges](http://www.choicehotels.com/choice-privileges).**



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12/11/23	City / County Tax		4.17
12/12/23	Room Charge	#113 Garavelli, Cj	139.00
12/12/23	State Tax		9.73
12/12/23	City / County Tax		4.17
1/9/24	City / County Tax	Tax Exemption Refund	(8.34)
1/9/24	State Tax	Tax Exemption Refund	(19.46)
1/9/24	Visa Payment	Adjustment XXXXXXXXXXXX2740	27.80

Folio Summary 12/11/23 - 1/9/24			
	Room Charge		278.00
	City / County Tax		0.00
	State Tax		0.00
	Visa Payment		(278.00)
	<b>Balance Due:</b>		<b>0.00</b>

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