

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 21, 2025

To:

Board of Supervisors

From:

Kesha Jackson, Purchasing Clerk

Subject January 2025 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 RECONCILATION

STATEMENT CLOSING DATE 1/1/2025

DEPARTMENT TRAVEL CARDS	CARD USER	<u>PURPOSE</u>	USE DATE	VENDOR NAME	AMOUNT	DESCRIPTION
BOS1 CARD						meeting
	Staci Oneal	lodging		Hilton Washington	(\$27.82)	meeting
	Jamie Ballard	lodging		Hilton Washington	(\$18.54)	meeting
	Amy Nisbett	lodging		Hilton Washington	(\$18.54)	meeting
BOS1 CARD TOTAL						
TOTAL TO PAY					(\$64.90)	





Summary of Account Activity

riotivity
\$1,028.27
-\$0.00
-\$64.90
+\$0.00
+\$0.00
+\$0.00
+\$0.00
= \$963.37

New Balance	= \$963.37
Credit Limit	\$50,000.00
Available Credit	\$49,036.63
Cash Advance Limit	\$3,500.00
Available for Cash Advance	\$3,500.00
Statement Closing Date	01/01/25
Days in Billing Cycle	31

Payment Information

New Balance	\$963.37
Minimum Payment Due	\$963.37
Payment Due Date	01/27/25
Past Due Amount	\$963.37
Minimum Payment Due inclu Amount and/or Overlimit Am	

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

Contact Us: Payment Address: CARD SERVICES Lost/Stolen and

General Inquiries: 888-494-5141 PO BOX 875852 Alternate Number: 816-843-2000 KANSAS CITY MO 64187-5852

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.

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	Posting	Reference	Description	Amount
Date	Date	Number		

No activity this statement period.

Cardholder Transaction Information

Transaction Date	Posting Date	Reference Number	Description	Amount
MADISON COU 11/26	12/03	XXXX XXXX XXXX 2740 TOTAL: -\$6 74755424337123324945078	64.90 HILTON WASHINGTON SERTIFI202-4833000 DC	- 27.82

UMB

CARD CENTER PO BOX 419734 KANSAS CITY MO 64141-6734

Please send address change requests to commercial.bankcards@umb.com. If you have any questions please contact 888-494-5141.

MADISON COUNTY BOS 146 WEST CENTER ST CANTON MS 39046

Account Number **New Balance** Payment Due Date Past Due Amount Minimum Payment Amount Enclosed

XXXX XXXX XXXX 7611 \$963.37 01/27/25 \$963.37 \$963.37

CARD SERVICES PO BOX 875852 KANSAS CITY MO 64187-5852 Account Name: MADISON COUNTY BOS

Account Number: XXXX XXXX XXXX 7611

Cardholder Transactions Continued

Transaction Date	Posting Date	Reference Description	Amount
11/26	12/03	74755424337123324945177 HILTON WASHINGTON SERTIFI202-4833000 DC	- 18.54
		7399: BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED 000020009	
11/26	12/03	74755424337123324945284 HILTON WASHINGTON SERTIFI202-4833000 DC	- 18.54
		7399: BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED 000020009	

Interest Charge Calculation

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

(v) = Variable Rate

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

Extraction reproductions assess to be exercised by the control of	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE		
Total Activity	-\$64.90		
Credit Limit	\$20,000.00		
Cash Advance Limit	\$3,500.00		
Statement Closing Date	01/01/25		
Days in Billing Cycle	31		

Not an invoice. For your records only.

Cardholder Name MADISON COUNTY BOS

Account Number
XXXX XXXX XXXX 2740

Page 1 of 4

Contact Us:

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.

Transaction Information - Notice Memo Item(s) Listed Below

Transaction Date	Posting Date	Reference Number	Description	Amount
11/26	12/03	74755424337123324945078 HILTO 7399: BUSINESS SERVICES NOT ELS	ON WASHINGTON SERTIFI202-4833000 DC SEWHERE CLASSIFIED 000020009	-27.82
11/26	12/03		ON WASHINGTON SERTIFI202-4833000 DC	-18.54
11/26	12/03		ON WASHINGTON SERTIFI202-4833000 DC	-18.54

UMB

CARD CENTER PO BOX 419734 KANSAS CITY MO 64141-6734

Account Number New Balance Statement Date XXXX XXXX XXXX 2740 -\$64.90 01/01/25

MADISON COUNTY BOS MADISON COUNTY BOS MADISON COUNTY BOS PO BOX 608 CANTON MS 39046-0608 Not an invoice. For your records only.

Account Number: XXXX XXXX XXXX 2740

Cardholder Name: MADISON COUNTY BOS

Cardholder Name: MADISON COUNTY BOS Account Number: XXXX XXXX XXXX 2740

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.

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Commercial Card Services:

888-494-5141 24/7/365



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United States of America

TELEPHONE 202-483-3000 • FAX 202-939-3271

Reservations

www.hilton.com or 1 800 HILTONS

5137/K1

O'NEAL, STACI

113 MONT HELENA

MADISON MS 39110

UNITED STATES OF AMERICA

Room No:

Arrival Date:

11/18/2024 3:42:00 PM

Departure Date:

11/21/2024 5:00:00 PM

Adult/Child:

Cashier ID:

dadkisson2

Room Rate:

188.00

AL:

2068859012 BLUE

HH# VAT#

Folio No/Che

3256102 A

Confirmation Number: 3122435172

WASHINGTON HILTON 1/10/2025 3:48:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
10/7/2024	Advance Deposit	GunjanJ	16409403		(\$454.53)	
10/9/2024	Advance Deposit	VaraPrasa d1	16413924		(\$227.26)	
11/18/2024	GUEST ROOM	EMEKENE	16524750	\$188.00		
11/18/2024	HOTEL TAX (15.95%)	EMEKENE	16524750	\$29.99		
11/19/2024	GUEST ROOM	IAHMAD12	16526709	\$188.00		
11/19/2024	HOTEL TAX (15.95%)	IAHMAD12	16526709	\$29.99		
11/20/2024	GUEST ROOM	IAHMAD12	16528655	\$188.00		
11/20/2024	HOTEL TAX (15.95%)	IAHMAD12	16528655	\$29.99	4	
11/26/2024	Advance Deposit	Shanbhog Vikas	16413924	\$27.82	160	
			**BALANCE*	*		\$0.00

CREDIT CARD DETAIL

APPR CODE CARD NUMBER

TRANSACTION ID

29665E

MC *5503 16316336 MERCHANT ID

EXP DATE

TRANS TYPE

8030091899

08/27

Sale

From: Dawn Adkisson <dawn.adkisson@hilton.com>

Sent: Friday, January 10, 2025 3:48 PM

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

Subject: RE: Folio

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

Hi, it shows twice if there was a charge and then credit, remember if it shows a minus in front of the amount it means charge, right underneath that charge should be the credit which does not show the minus sign if that helps.

If calling us directly isn't for you, Did you know you can chat with a member of our team at:

home - OTC (service-now.com)

Hours of Operation: 8:00am - 6:00 pm CST Monday- Friday

Sincerely,

Dawn Adkisson

Coordinator

HAFS Order to Cash Hotel Accounting



755 Crossover Lane

Memphis, TN 38117

+1 855 274 1414

usotchelpdesk@hilton.com



ALERT: There has been a recent increase in imposter scams. Please note that Hilton would never change payment instructions by email without a live communication first. If an email is received by your organization where payment is being asked to be redirected



WASHINGTON HILTON 1919 CONNECTICUT AVE,NW WASHINGTON, DC 20009

United States of America

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BALLARD, JAMIE

114 NORTHLAKE DRIVE

MADISON MS 39110

UNITED STATES OF AMERICA

Room No:

3123/D2

Arrival Date:

11/19/2024 1:27:00 PM

Departure Date:

11/21/2024 10:43:00 AM

Adult/Child:

1/0

Cashier ID:

dadkisson2

Room Rate:

Folio No/Che

188.00

AL: HH#

VAT#

3256108 A

Confirmation Number: 3121490170

WASHINGTON HILTON 1/10/2025 3:45:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
10/7/2024	Advance Deposit	GunjanJ	16409400		(\$227.26)
10/9/2024	Advance Deposit	VaraPrasa d1	16413923	(\$227.26)		
11/19/2024	GUEST ROOM	IAHMAD12	16526465	\$188.00		
11/19/2024	HOTEL TAX (15.95%)	IAHMAD12	16526465	\$29.99		
11/20/2024	GUEST ROOM	IAHMAD12	16528422	\$188.00		
11/20/2024	HOTEL TAX (15.95%)	IAHMAD12	16528422	\$29.99	\prec	
11/26/2024	Advance Deposit	Shanbhog Vikas	16413923	\$18.54	(*)	

BALANCE

\$0.00

CREDIT CARD DETAIL

APPR CODE CARD NUMBER

TRANSACTION ID

43256E

MC *5503

16316340

MERCHANT ID

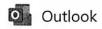
EXP DATE

TRANS TYPE

8030091899

08/27

Sale



Payment cmop dcawh 3121490170 BALLARD, JAMIE refund mc5503 for file cmop dcawh 3121490170 BALLARD, JAMIE refund mc5503 Refunded.

From Dawn Adkisson <Services@sertifi.net>

Date Tue 11/26/2024 5:39 AM

To Kesha Jackson < Kesha. Jackson@madison-co.com >

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Washington Hilton

Washington Hilton (DCAWH)

Payment has been refunded

File Name: cmop dcawh 3121490170 BALLARD, JAMIE refund mc5503 Payment: cmop dcawh 3121490170 BALLARD, JAMIE refund mc5503

Amount: \$18.54

Processed On: 11/26/2024

Billing Name: Madison County BOS

Approval Number: 033439

Transaction Id: 10a4361c-9aff-4da8-

8c23-e4e2a938cbb5

cmop dcawh 3121490170 BALLARD, JAMIE refund mc5503

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NISBETT, AMY

162 DOVER LANE

MADISON MS 39110

UNITED STATES OF AMERICA

Room No:

10156/D2SOO

Arrival Date:

11/19/2024 1:27:00 PM

Departure Date:

11/21/2024 8:54:00 AM

Adult/Child:

1/0

Cashier ID:

dadkisson2

Room Rate:

188.00

AL:

HH#

589287599 SILVER

VAT#

Folio No/Che

3256104 A

Confirmation Number: 3120109695

WASHINGTON HILTON 1/10/2025 3:44:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
10/7/2024	Advance Deposit	GunjanJ	16409399		(\$227.26)	
10/9/2024	Advance Deposit	VaraPrasa d1	16413939		(\$227.26)	
11/19/2024	GUEST ROOM	IAHMAD12	16526174	\$188.00		
11/19/2024	HOTEL TAX (15.95%)	IAHMAD12	16526174	\$29.99		
11/20/2024	GUEST ROOM	IAHMAD12	16528153	\$188.00		
11/20/2024	HOTEL TAX (15.95%)	IAHMAD12	16528153	\$29.99		
11/26/2024	Advance Deposit	Shanbhog Vikas	16413939	\$18.54	100	

BALANCE

\$0.00

CREDIT CARD DETAIL

APPR CODE CARD NUMBER

TRANSACTION ID

85710E

MC *5503

16316338

MERCHANT ID

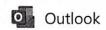
EXP DATE

TRANS TYPE

8030091899

08/27

Sale



Payment CMOP dcawh 3120109695 NISBETT, AMY REFUND MC5503 for file CMOP dcawh 3120109695 NISBETT, AMY REFUND MC5503 Refunded.

From Dawn Adkisson <Services@sertifi.net>

Date Tue 11/26/2024 6:19 AM

To Kesha Jackson < Kesha Jackson@madison-co.com >

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Washington Hilton

Washington Hilton (DCAWH)

Payment has been refunded

File Name: CMOP dcawh 3120109695 NISBETT, AMY REFUND MC5503 Payment: CMOP dcawh 3120109695 NISBETT, AMY REFUND MC5503

Amount: \$18.54

Processed On: 11/26/2024

Billing Name: Madison County BOS

Approval Number: 009264

Transaction Id: 1f5db2e4-e78c-4765-

922b-65221c447345

CMOP dcawh 3120109695 NISBETT, AMY REFUND MC5503

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