PURCHASING DEPARTMENT

Madison County Board of Supervisors
146 West Center Street / Post Office Box 608
Canton, MS 39046

December 15, 2025

To: Board of Supervisors

From: Kesha Jackson, Purchasing Clerk

Subject December 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: 12/1/2025

DEPARTMENT TRAVEL CARDS	CARD USER	PURPOSE	USE DATE	VENDOR NAME	AMOUNT	DESCRIPTION
BOS1 CARD/0603	Casey Davis	lodging	10/3/2025	Graduate by Hilton	($45.72)	meeting
	Mendel Kemp	lodging	10/3/2025	Graduate by Hilton	($45.72)	meeting
BOS1 CARD TOTAL					**($91.44)**	
SO CARD/7398	Jonathan Dearing	lodging	11/7/2025	Hampton Inn	$187.85	meeting
	Steve Vinson	lodging	11/21/2025	Holiday Inn Express	$160.69	meeting
SO CARD TOTAL					**$348.54**	

TOTAL TO PAY

Account Number : [redacted]9951
Unique ID: XXXX XXXX XXXX 0545
Madison County Board Cc
Statement Date : 11-28-2025

Corporate Account Summary

Previous Balance	$4,462.78
Purchases and Other Charges	$348.54
Cash Advances	$0.00
Cash Advance Fees	$0.00
Late Payment Charges	$0.00
Credits	$91.44 CR
Payments	$4,462.78 PY
New Balance	**$257.10**
Disputed Amount	$0.00

Payment Information

Amount Due $257.10

Payment due in accordance with your agreement with U.S. Bank.

QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE1-800-344-5696

To overnight or courier a payment, please send to:
Corporate Payment Systems
3180 Rider Trail S, Department 790428
Earth City, MO 63045-1518

Corporate Account Activity

Madison County Board Cc
Account Number: [redacted]9951
Unique ID: XXXX XXXX XXXX 0545

Total Corporate Activity
$4,462.78 CR

Post Date	Tran Date	Reference Number	Transaction Description	Amount
11-21	11-21	74798265325532500000500	PAYMENT-THANK YOU Q	4,462.78 PY

New Activity

Leeann Sanders
Account Number [redacted]7398
Unique ID: XXXX XXXX XXXX 6891

Purchases	$348.54	**Total Activity**	**$348.54**
Cash Advances	$0.00		
Cash Advances Fees	$0.00		
Credits	$0.00 CR		

Post Date	Tran Date	Reference Number	Transaction Description	Amount
11-10	11-07	24755425312263123652151	HAMPTON INNS COVINGTON GA 52534227 ARRIVAL:11-06-25	187.85
11-24	11-21	24943005326330502502278	HOLIDAY INN EXPRESS HUNT 9362954300 TX 3250721339362954300 ARRIVAL:11-20-25	160.69

(transactions continued on next page)

✂Payment may be made electronically or by check made payable to Corporate Payment Systems.

CORPORATE PAYMENT SYSTEMS
P.O. BOX 6343
FARGO, ND 58125-6343

[redacted]25710

Account Number: [redacted]9951
Unique ID: XXXX XXXX XXXX 0545
Amount Due: $257.10

Amount Enclosed $

If paying by check, include coupon with payment to address below.

106481627261634 S 2

MADISON COUNTY BOARD CC
KESHA JACKSON
146 WEST CENTER STREET,
2ND FLOOR ADMINISTRATION OFFICE
CANTON MS 39046-3735

CORPORATE PAYMENT SYSTEMS
P.O. BOX 790428
ST. LOUIS, MO 63179-0428

New Activity cont

Kesha Jackson		Purchases	$0.00	Total Activity	$91.44 CR
Account Number: [redacted]0603		Cash Advances	$0.00		
Unique ID: XXXX XXXX XXXX 8701		Cash Advances Fees	$0.00		
		Credits	$91.44 CR		

Post Date	Tran Date	Reference Number	Transaction Description	Amount
11-25	10-03	74755425328173241193342	HILTON HOTELS 662-2343031 MS 62825 ARRIVAL:09-29-25	45.72 CR
11-25	10-03	74755425328173241193359	HILTON HOTELS 662-2343031 MS 62828 ARRIVAL:09-29-25	45.72 CR
			Department: 00000 Total: $257.10	
			Division: 00000 Total: $257.10	

Account Number : [redacted]7398
Unique ID: XXXX XXXX XXXX 6891
Leeann Sanders
Statement Date : 11-28-2025

Account Summary

Previous Balance	$0.00
Purchases and Other Charges	$348.54
Cash Advances	$0.00
Cash Advance Fees	$0.00
Late Payment Charges	$0.00
Credits	$0.00 CR
Payments	$0.00 PY
Total Activity	**$348.54**
Disputed Amount	$0.00

General Information

Total Activity $348.54

QUESTIONS OR TO REPORT A LOST OR STOLEN CARD,
CALL CUSTOMER SERVICE1-800-344-5696

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
11-10	11-07	24755425312263123652151	HAMPTON INNS COVINGTON GA ARRIVAL:11-06-25 52534227	187.85
11-24	11-21	2494300532633050250278	HOLIDAY INN EXPRESS HUNT 9362954300 TX ARRIVAL:11-20-25 3250721339362954300	160.69

CORPORATE PAYMENT SYSTEMS
P.O. BOX 6343
FARGO, ND 58125-6343

Account Number: [redacted]7398
Unique ID: XXXX XXXX XXXX 6891
Amount Due: $0.00

****MEMO STATEMENT ONLY****
DO NOT REMIT PAYMENT

106481627262000 S

LEEANN SANDERS
MADISON CO SHERIFF 1
146 WEST CENTER ST
P.O. BOX 608
CANTON MS 39046-0608

Leeann Sanders
Account Number : [redacted]7398
Unique ID: XXXX XXXX XXXX 6891
Statement Date : 11-28-2025

NAME: MCSO - card 1
CARD NUMBER: XXXX 7398
BILLING PERIOD: Nov-25

DATE	VENDOR	AMOUNT	USER	PRODUCT(S)	FUND	DEPT.	PURPOSE	RECEIPT
11/7/2025	Hampton Inn	$187.85	Jonathan Dearing	hotel	001	200	480	Y
11/21/2025	Holiday Inn Express	$160.69	Steve Vinson	hotel	001	200	480	Y

TOTAL **$348.54**

Account Number : [redacted]7398
Unique ID: XXXX XXXX XXXX 6891
Leeann Sanders
Statement Date : 11-28-2025

Account Summary

Previous Balance	$0.00
Purchases and Other Charges	$348.54
Cash Advances	$0.00
Cash Advance Fees	$0.00
Late Payment Charges	$0.00
Credits	$0.00 CR
Payments	$0.00 PY
Total Activity	**$348.54**
Disputed Amount	$0.00

General Information

Total Activity $348.54

QUESTIONS OR TO REPORT A LOST OR STOLEN CARD,
CALL CUSTOMER SERVICE1-800-344-5696

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
11-10	11-07	24755425312263123652151	HAMPTON INNS COVINGTON GA 52534227 ARRIVAL:11-06-25	187.85
11-24	11-21	24943005326330502502278	HOLIDAY INN EXPRESS HUNT 9362954300 TX 3250721339362954300 ARRIVAL:11-20-25	160.69

J Smith 502 12-4-25

CORPORATE PAYMENT SYSTEMS
P.O. BOX 6343
FARGO, ND 58125-6343

Account Number: [redacted]7398
Unique ID: XXXX XXXX XXXX 6891
Amount Due: $0.00

****MEMO STATEMENT ONLY****
DO NOT REMIT PAYMENT

106481627262000 S

LEEANN SANDERS
MADISON CO SHERIFF 1
146 WEST CENTER ST
P.O. BOX 608
CANTON MS 39046-0608

Hampton Inn - Covington, GA
14460 Paras Dr, Covington 30014 US
6782122500
ATLCV_Hampton@Hilton.com

Date Range: 2025-11-06 - 2025-11-07
Tax#/ID# :

Guest Folio

Confirmation Number - 52534227

Primary Guest

Guest Name	Dearing , Jonathan
Address	
City, State, Zip Code	Philadelphia MS 39350
Country	US

Stay Details

Check In Date	Nov 06, 2025
Check Out Date	Nov 07, 2025
Room	SXQL - 420
Source	OWN HOTEL
Guests	1/0

Company Details

Name	
Tax#/ID#	
PO Number	
Account Name	

Other Details

Tax Invoice	
Tax/Fee Exemption	NO
Tax/Fee Exempt Date	

Travel Agent

IATA	
Name	

Date	Type	Description	Amount
Nov 06, 2025	Charge	GUEST ROOM	$159.00
Nov 06, 2025	Tax	RM-CITY TAX	$12.72
Nov 06, 2025	Tax	RM-STATE TAX	$11.13
Nov 06, 2025	Tax	STATE HOTEL-MOTEL FEE	$5.00
Nov 07, 2025	Payments	VISA-7398	($187.85)

Summary

Type	Amount
GUEST ROOM	$159.00
RM-CITY TAX	$12.72
RM-STATE TAX	$11.13
STATE HOTEL-MOTEL FEE	$5.00
CREDIT CARD	($187.85)
Folio Balance	**$0.00**

Check In Time 10:19 PM
Check Out Time 05:06 AM

Reservations hiltonhotels.com or +1-800-HILTONS

11/21/25

Steve Vinson	Folio No.	: **209817**	Room No.	: **215**
117 Harbor Rd	A/R Number	:	Arrival	: **11/20/25**
Madison 39110-8127	Group Code	:	Departure	: **11/21/25**
United States	Company	: **Leisure**	Conf. No.	: **63428278**
	Membership No.	: **PC 915688827**	Rate Code	: **IKM5K**
	Invoice No.	:	Page No.	: **1 of 1**

Date	Description		Charges	Credits
11/20/25	*Accommodation		141.55	
11/20/25	State Tax - Room		8.49	
11/20/25	State Cost Recovery Fee		0.74	
11/20/25	Local Tax - Room		9.91	
11/21/25	Visa	XXXXXXXXXXXX7398		160.69
		Total	**160.69**	**160.69**
		Balance	**0.00**	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liablity 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.
Independently owned & operated by Hersha Hospitality Management.

Holiday Inn Express & Suites
148 South IH 45
Huntsville, Texas 77340
Telephone (936) 295-4300 Fax (936) 295-4306

Account Number : [redacted]0603
Unique ID: XXXX XXXX XXXX 8701
Kesha Jackson
Statement Date : 11-28-2025

Account Summary

Previous Balance	$0.00
Purchases and Other Charges	$0.00
Cash Advances	$0.00
Cash Advance Fees	$0.00
Late Payment Charges	$0.00
Credits	$91.44 CR
Payments	$0.00 PY
Total Activity	**$91.44 CR**
Disputed Amount	$0.00

General Information

Total Activity $91.44 CR

QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE**1-800-344-5696**

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
11-25	10-03	747554253281732411933342	HILTON HOTELS 662-2343031 MS 62825 ARRIVAL:09-29-25	45.72 CR
11-25	10-03	747554253281732411933359	HILTON HOTELS 662-2343031 MS 62828 ARRIVAL:09-29-25	45.72 CR

CORPORATE PAYMENT SYSTEMS
P.O. BOX 6343
FARGO, ND 58125-6343

Account Number: [redacted]0603
Unique ID: XXXX XXXX XXXX 8701
Amount Due: $0.00

****MEMO STATEMENT ONLY****
DO NOT REMIT PAYMENT

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KESHA JACKSON
MADISON CO BOS 1
146 WEST CENTER ST
P.O. BOX 608
CANTON MS 39046-0608

Kesha Jackson
Account Number : [redacted]0603
Unique ID: XXXX XXXX XXXX 8701
Statement Date : 11-28-2025

GRADUATE BY HILTON OXFORD, MS
GRADUATE BY HILTON OXFORD
OXFORD, MS 38655
United States of America
TELEPHONE 662-234-3031 • FAX
Reservations
www.hilton.com or 1 800 HILTONS

KEMP, MENDAL

PO BOX 608

CANTON MS 39046
UNITED STATES OF AMERICA

Room No:	202/K1
Arrival Date:	9/29/2025 1:12:00 PM
Departure Date:	10/3/2025 6:59:00 AM
Adult/Child:	1/0
Cashier ID:	SBRAZIEL3
Room Rate:	127.00
AL:	
HH #	
VAT #	
Folio No/Che	62825 A

Confirmation Number: 3281737269

GRADUATE BY HILTON OXFORD, MS 12/9/2025 10:28:00 AM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
10/3/2025	VS *0603	SBRAZIEL 3	143886		($553.72)	
11/6/2025	GUEST ROOM EXEMPT	SBRAZIEL 3	154221	$127.00		
11/6/2025	GUEST ROOM EXEMPT	SBRAZIEL 3	154222	$127.00		
11/6/2025	GUEST ROOM EXEMPT	SBRAZIEL 3	154223	$127.00		
11/6/2025	GUEST ROOM EXEMPT	SBRAZIEL 3	154224	$127.00		
11/19/2025	VS *0603	JSHACK1	159165	$45.72		
			BALANCE			$0.00

CREDIT CARD DETAIL

APPR CODE	088904	MERCHANT ID	000100682400
CARD NUMBER	VS *0603	EXP DATE	11/28
TRANSACTION ID	143886	TRANS TYPE	Sale

GRADUATE BY HILTON OXFORD, MS
GRADUATE BY HILTON OXFORD
OXFORD, MS 38655
United States of America
TELEPHONE 662-234-3031 • FAX
Reservations
www.hilton.com or 1 800 HILTONS

DAVIS, CASEY

964 OLD HWY 51

PICKENS MS 39146
UNITED STATES OF AMERICA

Room No:	326/K1
Arrival Date:	9/29/2025 6:54:00 PM
Departure Date:	10/3/2025 9:11:00 AM
Adult/Child:	1/0
Cashier ID:	SBRAZIEL3
Room Rate:	127.00
AL:	
HH #	2568346049 BLUE
VAT #	
Folio No/Che	62828 A

Confirmation Number: 3283951022

GRADUATE BY HILTON OXFORD, MS 12/9/2025 10:27:00 AM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
10/3/2025	VS *0603	SBRAZIEL 3	143913		($553.72)	
11/6/2025	GUEST ROOM EXEMPT	SBRAZIEL 3	154225	$127.00		
11/6/2025	GUEST ROOM EXEMPT	SBRAZIEL 3	154226	$127.00		
11/6/2025	GUEST ROOM EXEMPT	SBRAZIEL 3	154227	$127.00		
11/6/2025	GUEST ROOM EXEMPT	SBRAZIEL 3	154228	$127.00		
11/19/2025	VS *0603	JSHACK1	159166	$45.72		
			BALANCE			$0.00

CREDIT CARD DETAIL

APPR CODE	086354	MERCHANT ID	000100682400
CARD NUMBER	VS *0603	EXP DATE	11/28
TRANSACTION ID	143913	TRANS TYPE	Sale