



PURCHASING DEPARTMENT

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

January 20, 2026

To: Board of Supervisors

From: Kesha Jackson, Purchasing Clerk

Subject: January 2026 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: 1/1/2026

DEPARTMENT TRAVEL CARDS

SO CARD/7398

SO CARD TOTAL

<u>CARD USER</u>	<u>PURPOSE</u>	<u>USE DATE</u>	<u>VENDOR NAME</u>	<u>AMOUNT</u>	<u>DESCRIPTION</u>
Jonathan Dearing	lodging	12/18/2025	Hampton Inn	\$129.97	meeting
Jonathan Dearing	lodging	12/19/2025	Residence Inn	\$194.36	meeting
				\$324.33	
TOTAL TO PAY				\$324.33	

Account Number : [REDACTED] 9951
Unique ID: XXXX XXXX XXXX 0545
Madison County Board Cc
Statement Date : 12-31-2025



Page 1 of 2

Corporate Account Summary

Previous Balance	\$257.10
Purchases and Other Charges	\$324.33
Cash Advances	\$0.00
Cash Advance Fees	\$0.00
Late Payment Charges	\$0.00
Credits	\$0.00 CR
Payments	\$257.10 PY

New Balance	\$324.33
Disputed Amount	\$0.00

Payment Information

Amount Due \$324.33
Payment due in accordance with your agreement with U.S. Bank.
QUESTIONS OR TO REPORT A LOST OR STOLEN CARD,
CALL CUSTOMER SERVICE 1-800-344-5696

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
\$257.10 CR

Post Date	Tran Date	Reference Number	Transaction Description	Amount
12-19	12-19	74798265353535300000435	PAYMENT-THANK YOU Q	257.10 PY

New Activity

Leeann Sanders	Purchases	\$324.33	Total Activity	\$324.33
Account Number: [REDACTED] 398	Cash Advances	\$0.00		
Unique ID: XXXX XXXX XXXX 6891	Cash Advances Fees	\$0.00		
	Credits	\$0.00 CR		

Post Date	Tran Date	Reference Number	Transaction Description	Amount
12-22	12-18	24755425353173531480311	HAMPTON INNS ST AUGUSTINE FL 53287618 ARRIVAL:12-17-25	129.97
12-22	12-19	24692165354100943834543	RESIDENCE INN DANIA BEACH FL T4 658 ARRIVAL:12-18-25 Department: 00000 Division: 00000	194.36 Total: \$324.33 Total: \$324.33

< 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

2433

Account Number: [REDACTED] 9951
Unique ID: XXXX XXXX XXXX 0545
Amount Due: \$324.33

Amount Enclosed \$ [REDACTED]

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

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

106481672793140 S 2
[REDACTED]
MADISON COUNTY BOARD CC
KESHA JACKSON
146 WEST CENTER STREET,
2ND FLOOR ADMINISTRATION OFFICE
CANTON MS 39046-3735

Page 2 of 2
Madison County Board Cc
Account Number [REDACTED] 9951
Unique ID: XXXX XXXX XXXX 0545
Statement Date : 12-31-2025

Account Number : [REDACTED] 7398
Unique ID: XXXX XXXX XXXX 6891
Leeann Sanders
Statement Date : 12-31-2025



Page 1 of 2

Account Summary		General Information	
Previous Balance	\$0.00	Total Activity	\$324.33
Purchases and Other Charges	\$324.33		
Cash Advances	\$0.00		
Cash Advance Fees	\$0.00	QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE 1-800-344-5696	
Late Payment Charges	\$0.00		
Credits	\$0.00 CR		
Payments	\$0.00 PY		
Total Activity	\$324.33		
Disputed Amount	\$0.00		
New Activity			
Post Date	Tran Date	Reference Number	Transaction Description
12-22	12-18	24755425353173531480311	HAMPTON INNS ST AUGUSTINE FL 53287618 ARRIVAL:12-17-25
12-22	12-19	24692165354100943834543	RESIDENCE INN DANIA BEACH FL T4 658 ARRIVAL:12-18-25

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

106481672793437 S

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

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Leeann Sanders
Account Number : [REDACTED] 7398
Unique ID: XXXX XXXX XXXX 6891
Statement Date : 12-31-2025

NAME: MCSO - card 1

CARD NUMBER: XXXX 7398

BILLING PERIOD: Dec-25

DATE	VENDOR	AMOUNT	USER	PRODUCT(S)	FUND	DEPT.	PURPOSE	RECEIPT
12/18/2025	Hampton Inn	\$129.97	Jonathan Dearing	hotel	001	200	480	Y
12/19/2025	Residence Inn	\$194.36	Jonathan Dearing	hotel	001	200	480	Y

TOTAL

\$324.33

Account Number : [REDACTED] 7398
Unique ID: XXXX XXXX XXXX 6891
Leeann Sanders
Statement Date : 12-31-2025



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Account Summary		General Information	
Previous Balance	\$0.00	Total Activity	\$324.33
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Cash Advance Fees	\$0.00	QUESTIONS OR TO REPORT A LOST OR STOLEN CARD,	
Late Payment Charges	\$0.00	CALL CUSTOMER SERVICE 1-800-344-5696	
Credits	\$0.00 CR		
Payments	\$0.00 PY		
Total Activity	\$324.33		
Disputed Amount	\$0.00		
New Activity			
Post Date	Tran Date	Reference Number	Transaction Description
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12-22	12-19	24692165354100943834543	RESIDENCE INN DANIA BEACH FL T4 658 ARRIVAL:12-18-25

*Leeann Sanders
12-26*

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

106481672793437 S
[REDACTED]

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



Hampton Inn - St. Augustine - I-95, FL
2525 CR 208, St. Augustine 32092
FL US
9048244422
SGJFL_Hampton@Hilton.com

Date Range: 2025-12-17 - 2025-12-18

Tax#/ID# :

Guest Folio

Confirmation Number - 53287618

Primary Guest

Guest Name dearing, jonathan
Address 2941 highway 41
City, State, Zip Code Canton MS 39046
Country US

Stay Details

Check In Date Dec 17, 2025
Check Out Date Dec 18, 2025
Room SXBL - 414
Source OWN HOTEL
Guests 1/0

Company Details

Name
Tax#/ID#
PO Number
Account Name

Other Details

Tax Invoice
Tax/Fee NO
Exemption
Tax/Fee
Exempt Date
Travel Agent
IATA
Name

Date	Type	Description	Amount
Dec 17, 2025	Charge	GUEST ROOM	\$116.56
Dec 17, 2025	Tax	RM - COUNTY	\$5.83
Dec 17, 2025	Tax	RM - STATE TAX	\$7.58

Summary	
Type	Amount
GUEST ROOM	\$116.56
RM - COUNTY	\$5.83
RM - STATE TAX	\$7.58
Folio Balance	\$129.97

Residence INN[®]

BY MARRIOTT

Residence Inn[®]
4801 Anglers Ave, Dania Beach, FL 33312 P 954.989.3636
Marriott.com/FLLRA

Johnathan Dearingh 4801 Anglers Ave Dania Beach FL 33071 Sheriff	Room: 404 Room Type: STQQ Number of Guests: 1 Rate: \$172.00 Clerk: LVA
Arrive: 18Dec25 Time: 08:14PM	Depart: 19Dec25 Time: 04:29AM Folio Number: 65833

DATE	DESCRIPTION	CHARGES	CREDITS
18Dec25	Room Charge	172.00	
18Dec25	Occupancy Sales Tax	10.32	
18Dec25	State Occupancy Tax	12.04	
19Dec25	Visa		194.36
	<i>Card #: VIXXXXXXXXXXXXX7398/XXXX</i>		
	<i>Card Type: VISA Card Entry: CHIP Approval Code: 001874 App Label:</i>		
	<i>VISA CREDIT AID: A000000031010</i>		

BALANCE: 0.00

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