



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

CARD USER

Jonathan Dearing

Jonathan Dearing

PURPOSE

lodging

lodging

USE DATE

12/18/2025

12/19/2025

VENDOR NAME

Hampton Inn

Residence Inn

AMOUNT

\$129.97

\$194.36

\$324.33

DESCRIPTION

meeting

meeting

SO CARD TOTAL

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		Payment Information	
Previous Balance	\$257.10	Amount Due	\$324.33
Purchases and Other Charges	\$324.33	Payment due in accordance with your agreement with U.S. Bank.	
Cash Advances	\$0.00	QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE 1-800-344-5696	
Cash Advance Fees	\$0.00	To overnight or courier a payment, please send to:	
Late Payment Charges	\$0.00	Corporate Payment Systems	
Credits	\$0.00 CR	3180 Rider Trail S, Department 790428	
Payments	\$257.10 PY	Earth City, MO 63045-1518	
New Balance	\$324.33		
Disputed Amount	\$0.00		

Corporate Account Activity				
Madison County Board Cc			Total Corporate Activity	
Account Number: [REDACTED] 9951			\$257.10 CR	
Unique ID: XXXX XXXX XXXX 0545				
Post	Tran	Reference Number	Transaction Description	Amount
Date	Date			
12-19	12-19	74798265353535300000435	PAYMENT-THANK YOU Q	257.10 PY

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

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

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

Amount Enclosed \$

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

106481672793140 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

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	QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE 1-800-344-5696	
Cash Advances	\$0.00		
Cash Advance Fees	\$0.00		
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	Amount
12-22	12-18	24755425353173531480311	HAMPTON INNS ST AUGUSTINE FL 53287618	129.97
			ARRIVAL:12-17-25	
12-22	12-19	24692165354100943834543	RESIDENCE INN DANIA BEACH FL T4 658	194.36
			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

Page 2 of 2

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



Page 1 of 2

Account Summary		General Information	
Previous Balance	\$0.00	Total Activity	\$324.33
Purchases and Other Charges	\$324.33	QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE 1-800-344-5696	
Cash Advances	\$0.00		
Cash Advance Fees	\$0.00		
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	Amount
12-22	12-18	24755425353173531480311	HAMPTON INNS ST AUGUSTINE FL 53287618	129.97
			ARRIVAL: 12-17-25	
12-22	12-19	24692165354100943834543	RESIDENCE INN DANIA BEACH FL T4 658	194.36
			ARRIVAL: 12-18-25	

*Quint
302
1-7-26*

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
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®

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

Card #: VXXXXXXXXXXXXX7398/XXXX
Card Type: VISA Card Entry: CHIP Approval Code: 001874 App Label:
VISA CREDIT AID: A0000000031010

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.

See our "Privacy & Cookie Statement" on Marriott.com.

Operated under license from Marriott International, Inc. or one of its affiliates.

To plan your next stay, visit ResidenceInn.com.