



# PURCHASING DEPARTMENT

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

May 18, 2026

To: Board of Supervisors

From: Kesha Jackson, Purchasing Clerk

Subject: May 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: 5/1/2026

<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>
BOS CARD/0603	Nason White	airline	4/7/2026	American Airline (bags)	\$35.00	meeting
	Nason White	airline	4/7/2026	American Airline	\$455.41	meeting
	Nason White	airline	4/7/2026	American Airline	\$156.00	meeting
	Vickie Miller	airline	4/9/2026	Delta Airline	(\$618.40)	meeting
	Barry Chandler	lodging	4/17/2026	Hilton Hotel (Graduate)	\$417.00	meeting
	CJ Garveilli	lodging	4/20/2026	Beau Rivage	\$178.08	meeting
	CJ Garveilli	lodging	4/23/2026	Beau Rivage	\$181.92	meeting
	Martina Griffin	lodging	4/28/2026	Planet Hollywood	(\$67.13)	meeting
<b>BOS CARD TOTAL</b>					<b>\$737.88</b>	
BOS CARD/3621	Paul Griffin	lodging	4/27/2026	Beau Rivage	\$234.08	meeting
	Cornelius Bacon	lodging	4/27/2026	Beau Rivage	\$234.08	meeting
	Gerald Steen	lodging	4/27/2026	Beau Rivage	\$234.08	meeting
	Tim Bryan	lodging	4/27/2026	Beau Rivage	\$234.08	meeting
	Gerald Steen	lodging	4/28/2026	Beau Rivage	\$221.92	meeting
	Paul Griffin	lodging	4/28/2026	Beau Rivage	\$449.92	meeting
	Cornelius Bacon	lodging	4/28/2026	Beau Rivage	\$677.92	meeting
	Tim Bryan	lodging	4/28/2026	Beau Rivage	\$449.92	meeting
<b>BOS CARD TOTAL</b>					<b>\$2,736.00</b>	
BOS CARD/6730	Loretta Phillips	lodging	4/16/2026	SHRM Housing	\$56.75	meeting
	Loretta Phillips	airline	4/29/2026	Delta Airline (seat)	\$19.99	meeting
	Loretta Phillips	airline	4/29/2026	Delta Airline	\$838.40	meeting
<b>BOS CARD TOTAL</b>					<b>\$915.14</b>	
SO CARD/7398	Kristen Byrd	lodging	4/22/2026	Holiday Inn Express	(\$45.70)	meeting
<b>SO CARD TOTAL</b>					<b>(\$45.70)</b>	
SO CARD/8600	Andrew Brooks	lodging	4/7/2026	IP Casino	\$100.79	meeting
<b>SO CARD TOTAL</b>					<b>\$100.79</b>	
<b>TOTAL TO PAY</b>					<b>\$4,444.11</b>	

Account Number : [REDACTED] 9951  
 Unique ID: XXXX XXXX XXXX 0545  
 MADISON COUNTY BOARD CC  
 Statement Date : 04-30-2026



**Corporate Account Summary**

Previous Balance	\$4,738.92
Purchases and Other Charges	\$5,175.34
Cash Advances	\$0.00
Cash Advance Fees	\$0.00
Late Payment Charges	\$0.00
Credits	\$731.23 CR
Payments	\$4,738.92 PY

**New Balance** \$4,444.11

Disputed Amount \$0.00

**Payment Information**

Amount Due \$4,444.11

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  
 \$4,738.92 CR

Post Date	Tran Date	Reference Number	Transaction Description	Amount
04-22	04-22	74798266112611200000492	PAYMENT-THANK YOU Q	4,738.92 PY

**New Activity**

LEEANN SANDERS	Purchases	\$100.79	Total Activity	\$100.79
Account Number: [REDACTED] 8600	Cash Advances	\$0.00		
Unique ID: XXXX XXXX XXXX 0399	Cash Advances Fees	\$0.00		
	Credits	\$0.00 CR		

Post Date	Tran Date	Reference Number	Transaction Description	Amount
04-08	04-07	24943006097408722042674	IP-MS ADV DEPOSIT 6014364555 MS	100.79
			20992216014364555 ARRIVAL:04-28-26	

(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] 4411

Account Number: [REDACTED] 9951  
 Unique ID: XXXX XXXX XXXX 0545  
 Amount Due: \$4,444.11

Amount Enclosed \$ [REDACTED]

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

106481844771897 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**

<b>KESHA JACKSON</b>	<b>Purchases</b>	<b>\$2,736.00</b>	<b>Total Activity</b>	<b>\$2,736.00</b>
Account Number: ██████████ 8621	Cash Advances	\$0.00		
Unique ID: XXXX XXXX XXXX 2034	Cash Advances Fees	\$0.00		
	Credits	\$0.00 CR		

Post Date	Tran Date	Reference Number	Transaction Description	Amount
04-29	04-27	24692166118402797783452	BEAU RIVAGE - FRONT DE BILOXI MS CONCESSIONARRIVAL:04-27-26	234.08
04-29	04-27	24692166118402797783460	BEAU RIVAGE - FRONT DE BILOXI MS CONCESSIONARRIVAL:04-27-26	234.08
04-29	04-27	24692166118402797783486	BEAU RIVAGE - FRONT DE BILOXI MS CONCESSIONARRIVAL:04-27-26	234.08
04-29	04-27	24692166118402797783502	BEAU RIVAGE - FRONT DE BILOXI MS CONCESSIONARRIVAL:04-27-26	234.08
04-30	04-28	24692166119403745249009	BEAU RIVAGE - ADV DEP 877-880-0880 MS CONCESSIONARRIVAL:04-28-26	221.92
04-30	04-28	24692166119403745249017	BEAU RIVAGE - ADV DEP 877-880-0880 MS CONCESSIONARRIVAL:04-28-26	449.92
04-30	04-28	24692166119403745249025	BEAU RIVAGE - ADV DEP 877-880-0880 MS CONCESSIONARRIVAL:04-28-26	677.92
04-30	04-28	24692166119403745249033	BEAU RIVAGE - ADV DEP 877-880-0880 MS CONCESSIONARRIVAL:04-28-26	449.92

<b>KESHA JACKSON</b>	<b>Purchases</b>	<b>\$915.14</b>	<b>Total Activity</b>	<b>\$915.14</b>
Account Number: ██████████ 6730	Cash Advances	\$0.00		
Unique ID: XXXX XXXX XXXX 2366	Cash Advances Fees	\$0.00		
	Credits	\$0.00 CR		

Post Date	Tran Date	Reference Number	Transaction Description	Amount
04-17	04-16	24915076106718024183521	SHRM 2026 HSG 800-806-4213 TX	56.75
04-30	04-29	24717056120871201268351	DELTA AIR SEAT FEES 800-2211212 CA PHILLIPS/LORETT DEPARTURE:	19.99
04-30	04-29	24717056120871201385882	DELTA AIR 0062426413746 800-2211212 CA PHILLIPS/LORETT DEPARTURE08-16-26 JAN DL W ATL DL W MCO DL L ATL DL L JAN	838.40

(transactions continued on next page)



**New Activity cont.**

<b>LEEANN SANDERS</b>	Purchases	\$0.00	<b>Total Activity</b>	<b>\$45.70 CR</b>
Account Number: ██████████ 7398	Cash Advances	\$0.00		
Unique ID: XXXX XXXX XXXX 8891	Cash Advances Fees	\$0.00		
	Credits	\$45.70 CR		

Post Date	Tran Date	Reference Number	Transaction Description	Amount
04-24	04-22	74943006113418097517965	HOLIDAY INN EXPRESS STAR 6623240076 MS	45.70 CR

<b>KESHA JACKSON</b>	Purchases	\$1,423.41	<b>Total Activity</b>	<b>\$737.88</b>
Account Number: ██████████ 0803	Cash Advances	\$0.00		
Unique ID: XXXX XXXX XXXX 8701	Cash Advances Fees	\$0.00		
	Credits	\$685.53 CR		

Post Date	Tran Date	Reference Number	Transaction Description	Amount
04-08	04-07	24053456097408756328257	AMERICAN AIR0014492361119 FORT WORTH TX NASON WHITE DEPARTURE07-20-26 JAN AA B CLT AA B DCA AA B CLT	35.00
04-08	04-07	24053456097408756328265	AMERICAN AIR0012332445490 FORT WORTH TX WHITE/NASON DEPARTURE07-20-26 JAN AA B CLT AA B DCA AA B CLT	455.41
04-08	04-07	24053456097408756328273	AMERICAN AIR0010646405580 FORT WORTH TX WHITE/NASON DEPARTURE07-20-26 JAN AA B CLT AA B DCA AA B CLT	156.00
04-10	04-09	74717058100871002624546	DELTA AIR 0067473347451 DALLAS TX MILLER/VICKIE T DEPARTURE: DFW DL X DFW	618.40 CR
04-20	04-17	24755426108171086037664	HILTON HOTELS 662-2343031 MS 83914 ARRIVAL:04-14-26	417.00
04-22	04-20	24692166111406484328874	BEAU RIVAGE - ADV DEP 877-880-0880 MS CONCESSIONARRIVAL:04-20-26	178.08
04-27	04-23	24692166114408990712887	BEAU RIVAGE - ADV DEP 877-880-0880 MS CONCESSIONARRIVAL:04-23-26	181.92
04-29	04-28	74943006118421091535715	PH LODGING 8662094732 NV	67.13 CR
			Department: 00000	Total: \$4,444.11
			Division: 00000	Total: \$4,444.11

**This area intentionally left blank.**

Account Number : [REDACTED] 6730  
 Unique ID: XXXX XXXX XXXX 2366  
 KESHA JACKSON  
 Statement Date : 04-30-2026



**Account Summary**

Previous Balance	\$0.00
Purchases and Other Charges	\$915.14
Cash Advances	\$0.00
Cash Advance Fees	\$0.00
Late Payment Charges	\$0.00
Credits	\$0.00 CR
Payments	\$0.00 PY

**Total Activity** \$915.14

**Disputed Amount** \$0.00

**General Information**

**Total Activity** \$915.14

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
04-17	04-16	24915076106718024183521	SHRM 2026 HSG 800-906-4213 TX	56.75
04-30	04-29	24717056120871201268351	DELTA AIR SEAT FEES 800-2211212 CA PHILLIPS/LORETT DEPARTURE:	19.99
04-30	04-29	24717056120871201385882	DELTA AIR 0062426413746 800-2211212 CA PHILLIPS/LORETT DEPARTURE06-16-26 JAN DL W ATL DL W MCO DL L ATL DL L JAN	838.40

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

Account Number: [REDACTED] 6730  
 Unique ID: XXXX XXXX XXXX 2366  
 Amount Due: \$0.00

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

106481844772109 S  
  
 KESHA JACKSON  
 MADISON COUNTY HR  
 146 WEST CENTER ST  
 P.O. BOX 608  
 CANTON MS 39046-0608

KESHA JACKSON

Account Number : ██████████ 6730

Unique ID: XXXX XXXX XXXX 2366

Statement Date : 04-30-2026

**This area intentionally left blank.**



[VIEW ALL TRIPS](#)

# Orlando, FL

[Tue, June 16 - Fri, June 19, 2026](#) | [Round Trip, 1 Passenger](#) | [Non-Refundable](#) | [Privacy Policy](#)



[View / Upgrade Seats](#)



[Change or Add Flights](#)



[Accessible Services](#)



[In](#)



**You're All Caught Up!** Check back later to see if there are any new messages for your trip.

Date of Purchase: Apr 29, 2026

Jackson, MS ► Orlando, FL

**Passenger Information**

DORRETTA DAVIS PHILLIPS

Confirmation Number:HCE4DT

Ticket Number: 0062426413746

**Flight**

DATE AND FLIGHT	STATUS	CLASS	SEAT/CABIN
JAN ► ATL   Tue 16Jun2026   3183	OPEN	W	Delta Comfort Classic
JUN ► MCO   Tue 16Jun2026   1030	OPEN	W	Delta Comfort Classic
JUN ► ATL   Fri 19Jun2026   1213	OPEN	L	Delta Main Classic
JUN ► JAN   Fri 19Jun2026   4628	OPEN	L	Delta Main Classic

**Detailed Charges**

**Air Transportation Charges**

Base Fare \$733.02 USD

**Taxes, Fees and Charges**

United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) \$11.20 USD  
(4Y)

United States - Transportation Tax (US) \$54.98 USD

United States - Passenger Facility Charge (XF) \$18.00 USD

United States - Flight Segment Tax (ZP) \$21.20 USD

Total Price \$838.40 USD

Paid with Visa ending 6730 \$838.40 USD

**View Terms**

- Arrival date different than departure date
- \* - Check-in required
- \*\* - Multiple meals
- \$\$\$ - Multiple seats
- F - Food available for purchase
- L - Lunch
- LV - Departs
- M - Movie



R - Arrives  
- Breakfast  
- Bagels/Beverages  
- Dinner

R - Refreshments, complimentary  
S - Snack  
T - Cold meal  
V - Snack for sale

Check your flight information online at [delta.com](https://delta.com) or call the Delta Flightline at 800.325.1999.

Baggage and check-in requirements vary by airport and airline, so please check with the operating carrier on your ticket.

Please review Delta's check-in requirements and baggage guidelines for details.

You must be checked in and at the gate at least 15 minutes before your scheduled departure time for travel inside the United States.

You must be checked in and at the gate at least 45 minutes before your scheduled departure time for international travel.

For tips on flying safely with laptops, cell phones, and other battery-powered devices, visit the Battery or Fuel-Powered Items page. For additional support with your reservation, visit the Help Center page.

#### **NON-REFUNDABLE / CHANGE FEE**

When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply and are displayed in the sections below.

This ticket is non-refundable unless issued at a fully refundable fare. Any change to your itinerary may require payment of a change fee and increased fare. Failure to appear for any flight without notice to Delta will result in cancellation of your remaining reservation.

Delta Preferred, Delta Comfort, Delta First, Delta Premium Select, and Delta One® seat purchases are Nonrefundable.

---

#### **COPYRIGHT INFORMATION**

This email message and its contents are copyrighted and are proprietary products of Delta Air Lines, Inc. Delta Blvd. P.O. Box 20706 Atlanta, GA 30320-6001. Any unauthorized use, reproduction, or transfer of this message or its contents, in any medium, is strictly prohibited.

© 2024 Delta Air Lines, Inc. All rights reserved.

TRAVEL CARD  
MISSING DOCUMENT AFFIDAVIT



Cardholder: Madison County Board of Supervisor | Kesha Jackson  
Account Number: 6730/HR  
Signature of Program Coordinator: Kesha Jackson, Purchase Clerk

Transaction Description	Date of Purchase	Vendor	Cost
<u>receipts from SHRM Housing</u>	<u>4/16/2026</u>	<u>SHRM Housing</u>	<u>56.75</u>
<u>receipts from Delta Airline</u>	<u>4/29/2026</u>	<u>Delta Airline</u>	<u>19.99</u>

Detailed explanation of missing documentation:

receipts was not provided by vendor to present.

The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge:

DATE: 5/13/2026;

CARDHOLDER SIGNATURE: Kesha Jackson do Madison County Board of Supervisor

This Date Personally Appeared Before Me, the undersigned authority, in and for Madison County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 13 day of May 2026

Kesha Jackson  
Notary Public



NOTE: This affidavit shall be attached to the cardholder's statement and filed with the Approving Official.

Account Number : [REDACTED] 0603  
 Unique ID: XXXX XXXX XXXX 8701  
 KESHA JACKSON  
 Statement Date : 04-30-2026



**Account Summary**

Previous Balance	\$0.00
Purchases and Other Charges	\$1,423.41
Cash Advances	\$0.00
Cash Advance Fees	\$0.00
Late Payment Charges	\$0.00
Credits	\$685.53 CR
Payments	\$0.00 PY

**General Information**

Total Activity **\$737.88**

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

**Total Activity \$737.88**

Disputed Amount **\$0.00**

**New Activity**

Post Date	Tran Date	Reference Number	Transaction Description	Amount
04-08	04-07	24053456097408756328257	AMERICAN AIR0014492361119 FORT WORTH TX NASON WHITE DEPARTURE07-20-26 JAN AA B CLT AA B DCA AA B CLT	35.00
04-08	04-07	24053456097408756328265	AMERICAN AIR0012332445490 FORT WORTH TX WHITE/NASON DEPARTURE07-20-26 JAN AA B CLT AA B DCA AA B CLT	455.41
04-08	04-07	24053456097408756328273	AMERICAN AIR0010646405590 FORT WORTH TX WHITE/NASON DEPARTURE07-20-26 JAN AA B CLT AA B DCA AA B CLT	156.00
04-10	04-09	74717056100871002624546	DELTA AIR 0067473347451 DALLAS TX MILLER/VICKIE T DEPARTURE: DFW DL XDFW	618.40 CR
04-20	04-17	24755426108171086037664	HILTON HOTELS 662-2343031 MS 83914 ARRIVAL:04-14-26	417.00
04-22	04-20	24692166111406484328874	BEAU RIVAGE - ADV DEP 877-880-0880 MS CONCESSION ARRIVAL:04-20-26	178.08
04-27	04-23	24692166114408990712887	BEAU RIVAGE - ADV DEP 877-880-0880 MS CONCESSION ARRIVAL:04-23-26	181.92
04-29	04-28	74943006118421091535715	PH LODGING 8662094732 NV	67.13 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**



106481844772324 S  
 KESHA JACKSON  
 MADISON CO BOS 1  
 146 WEST CENTER ST  
 P.O. BOX 608  
 CANTON MS 39046-0608

**This area intentionally left blank.**

Document #: (0010646405590)  
 [\$29.85 + Taxes & carrier-imposed fees  
 \$2.24]

Preferred seat (DCA-CLT) \$31.88  
 Document #: (0010646405590)  
 [\$29.66 + Taxes & carrier-imposed fees  
 \$2.22]

Main Cabin Extra (CLT-JAN) \$39.81  
 Document #: (0010646405590)  
 [\$37.03 + Taxes & carrier-imposed fees  
 \$2.78]

Checked Bag (JAN-DCA) \$35.00  
 Document #: (0014492361119)

---

**Total cost** **\$646.41**

**Your payment**

Visa (ending 0603 ) \$646.41

---

**Total paid** **\$646.41**

**Bag information**

Checked Bag (Airport)		Checked Bag (Online*)	
1 <sup>st</sup> bag	\$40.00	1 <sup>st</sup> bag	\$35.00
2 <sup>nd</sup> bag	\$50.00	2 <sup>nd</sup> bag	\$45.00

Taxes are included, when applicable.

Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)

Maximum weight: 50 pounds or 23 kilograms

Bag fees apply at each Check-in location. Additional allowances and/or discounts may apply. For information regarding American Airlines checked baggage policies, please visit: Bag and optional fees

If your flight is operated by a partner airline, see the other airline's website for carry-on and checked bag policies.

Fw: Your trip confirmation (JAN - DCA)

---

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

Date Tue 4/7/2026 3:56 PM

To Nason White <nason.white@madison-co.com>

**Kesha Jackson**

MADISON COUNTY BOARD OF SUPERVISORS

Administrative Assistant & Purchasing Clerk

146 West Center Street

P.O. Box 608

Canton, MS 39046

(601) 855-5534 (direct)

(601) 790-2590 (BOS office)

(601) 859-5875 (fax)



---

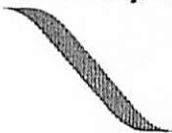
From: American Airlines <no-reply@info.email.aa.com>

Sent: Tuesday, April 7, 2026 3:55 PM

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

Subject: Your trip confirmation (JAN - DCA)

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



Issued: April 7, 2026

# Your trip confirmation and receipt

You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Confirmation code: [REDACTED]

## Monday, July 20, 2026

1   ⋮ ○	<b>JAN</b> Jackson 4:24 PM	<b>AA 6119</b> Operated by Piedmont Airlines as American Eagle
	<b>CLT</b> Charlotte 7:34 PM	<b>Seat: 9B</b> <b>Class: Economy (B)</b> <b>Meals:</b>
1   ⋮ ○	<b>CLT</b> Charlotte 8:26 PM	<b>AA 527</b>
	<b>DCA</b> Washington Reagan 9:59 PM	<b>Seat: 10D</b> <b>Class: Economy (B)</b> <b>Meals:</b>

## Saturday, July 25, 2026

[Manage your trip](#)

Confirmation code: ~~W3UVAK~~

**DCA** AA 2182  
Washington Reagan  
5:26 PM

**CLT** Seat: 11D  
Charlotte Class: Economy (B)  
7:16 PM Meals:

**CLT** AA 5566  
Charlotte Operated by PSA Airlines  
8:20 PM as American Eagle

**JAN** Seat: 10D  
Jackson Class: Economy (B)  
9:22 PM Meals:

Manage your trip

Earn up to 70,000 bonus miles\*  
Find the Citi® / AAdvantage® card that's  
right for you. Terms apply.  
Learn more



## Your purchase

**Nason White**

Join the AAdvantage® Program

New ticket (~~0012032445490~~)  
[\$376.75 + Taxes & carrier-imposed fees  
\$78.66]

Paid Seat (JAN-CLT)  
Document #: (0010646405590)  
[\$48.58 + Taxes & carrier-imposed fees  
\$3.64]

Preferred seat (CLT-DCA)

\$455.41

~~\$52.22~~

~~\$32.09~~

Issued: April 7, 2026

# Your trip confirmation and receipt

You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Confirmation code: 

## Monday, July 20, 2026

↑   ⋮ ○	<b>JAN</b> Jackson 4:24 PM	<b>AA 6119</b> Operated by Piedmont Airlines as American Eagle
	<b>CLT</b> Charlotte 7:34 PM	Seat: <b>9B</b> Class: <b>Economy (B)</b> Meals:

↑   ⋮ ○	<b>CLT</b> Charlotte 8:26 PM	<b>AA 527</b>
	<b>DCA</b> Washington Reagan 9:59 PM	Seat: <b>10D</b> Class: <b>Economy (B)</b> Meals:

## Saturday, July 25, 2026

[Manage your trip](#)

Confirmation code: ~~W6GUVAK~~

**DCA**

AA 2182

Washington Reagan

5:26 PM

**CLT**

Seat: 11D

Charlotte

Class: **Economy (B)**

7:16 PM

Meals:

**CLT**

AA 5566

Charlotte

Operated by PSA Airlines  
as American Eagle

8:20 PM

**JAN**

Seat: 10D

Jackson

Class: **Economy (B)**

9:22 PM

Meals:

[Manage your trip](#)

Earn up to 70,000 bonus miles\*

Find the Citi® / AAdvantage® card that's  
right for you. Terms apply.

[Learn more](#)



## Your purchase

### Nason White

Join the AAdvantage® Program

New ticket (~~0012332445490~~)

\$455.41

[\$376.75 + Taxes & carrier-imposed fees  
\$78.66]

Paid Seat (JAN-CLT)

\$52.22

Document #: (~~0010646406590~~)

[\$48.58 + Taxes & carrier-imposed fees  
\$3.64]

Preferred seat (CLT-DCA)

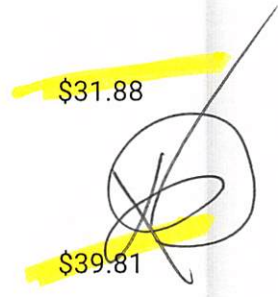
\$32.09

Document #: (0010646405590)  
[\$29.85 + Taxes & carrier-imposed fees  
\$2.24]

Preferred seat (DCA-CLT)  
Document #: (0010646405590)  
[\$29.66 + Taxes & carrier-imposed fees  
\$2.22]

Main Cabin Extra (CLT-JAN)  
Document #: (0010646405590)  
[\$37.03 + Taxes & carrier-imposed fees  
\$2.78]

Checked Bag (JAN-DCA) \$35.00  
Document #: (0014492361119)



---

**Total cost** **\$646.41**

**Your payment**

Visa (ending 0603 ) \$646.41

---

**Total paid** **\$646.41**

**Bag information**

Checked Bag (Airport)		Checked Bag (Online*)	
1 <sup>st</sup> bag	\$40.00	1 <sup>st</sup> bag	\$35.00
2 <sup>nd</sup> bag	\$50.00	2 <sup>nd</sup> bag	\$45.00

Taxes are included, when applicable.

Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)

Maximum weight: 50 pounds or 23 kilograms

Bag fees apply at each Check-in location. Additional allowances and/or discounts may apply. For information regarding American Airlines checked baggage policies, please visit: Bag and optional fees

If your flight is operated by a partner airline, see the other airline's website for carry-on and checked bag policies.

**Fw: Refund Receipt for MILLER/VICKIE TERRELL**

---

**From** Vickie Miller <vickie.t.miller@madison-co.com>  
**Date** Mon 5/11/2026 12:01 PM  
**To** Keshia Jackson <Keshia.Jackson@madison-co.com>

Good afternoon — receipt... thanks!!

**VICKIE TERRELL MILLER, MBA**  
Madison County Board of Supervisors  
Department of Planning & Zoning  
125 West North Street  
Canton, MS 39046  
Direct: 601.855.5695 | Fax: 601.859.7083  
vickie.t.miller@madison-co.com

---

**From:** Vickie Miller <vmiller2@hotmail.com>  
**Sent:** Monday, May 11, 2026 12:00 PM  
**To:** Vickie Miller <vickie.t.miller@madison-co.com>  
**Subject:** FW: Refund Receipt for MILLER/VICKIE TERRELL

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

---

**From:** DeltaAirLines@e.delta.com <DeltaAirLines@e.delta.com>  
**Date:** Monday, May 11, 2026 at 11:59 AM  
**To:** VMILLER2@HOTMAIL.COM <vmiller2@hotmail.com>  
**Subject:** Refund Receipt for MILLER/VICKIE TERRELL



REFUND CONFIRMATION

**Refund Confirmation for Psgr: VICKIE TERRELL MILLER**

SkyMiles® Account:

Retain this refund confirmation for your records.

**Refund Confirmation Information**

**Ticket**

**Refund Number:** 00607598982270 | Issued 04/09/26

**Sales Location:** 1233-60

**Wire Transfer Date:** 04/10/26

**The amount 618.40 USD has been refunded to VI\*\*\*\*\*0603**

**Document submitted for Refund:** 0067473347451 - 1,2,3,4

	<b>Amounts</b>
<b>Fare:</b>	528.37
<b>Tax:</b>	90.03
<b>Total Refunded Amount:</b>	<b>618.40 USD</b>





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

Chandler, Barry  
 PO BOX 608 CANTON  
 CANTON MS 39046  
 UNITED STATES OF AMERICA

Room No: 225/Q2  
 Arrival Date: 4/14/2026 7:57:00 PM  
 Departure Date: 4/17/2026 8:27:00 AM  
 Adult/Child: 1/0  
 Cashier ID: SBRAZIEL3  
 Room Rate: 139.00  
 AL:  
 HH #  
 VAT #  
 Folio No/Che 83914 A

Confirmation Number: 3424411802

GRADUATE BY HILTON OXFORD, MS 4/17/2026 8:27:00 AM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
4/14/2026	GUEST ROOM EXEMPT	MSHEPER ED17	195341	\$139.00		
4/15/2026	GUEST ROOM EXEMPT	MSHEPER ED17	195596	\$139.00		
4/16/2026	GUEST ROOM EXEMPT	MSHEPER ED17	195843	\$139.00		
4/17/2026	VS *0603	SBRAZIEL 3	196003		(\$417.00)	
**BALANCE**						\$0.00

EXPENSE REPORT SUMMARY

	4/14/2026	4/15/2026	4/16/2026	STAY TOTAL
ROOM AND TAX	\$139.00	\$139.00	\$139.00	\$417.00
DAILY TOTAL	\$139.00	\$139.00	\$139.00	\$417.00

CREDIT CARD DETAIL

APPR CODE	038764	MERCHANT ID	000100682400
CARD NUMBER	VS *0603	EXP DATE	11/28
TRANSACTION ID	196003	TRANS TYPE	Sale

**Fw: Room Booking Confirmation Email - Beau Rivage**

---

**From** Kesha Jackson <Kesha.Jackson@madison-co.com>  
**Date** Thu 4/23/2026 8:48 AM  
**To** Kesha Jackson <Kesha.Jackson@madison-co.com>

**Kesha M. Jackson**

MADISON COUNTY BOARD OF SUPERVISORS  
County Administrative Assistant  
Purchase Clerk & Director of Tax Exemption Administration II  
146 West Center Street  
P.O. Box 608  
Canton, MS 39046  
(601) 855-5534 (Direct)  
(601) 790-2590 (BOS Office)  
(601) 859-5875 (Fax)



---

**From:** Beau Rivage <booking@notification.beaurivage.com>  
**Sent:** Monday, April 20, 2026 10:02 AM  
**To:** Kesha Jackson <Kesha.Jackson@madison-co.com>  
**Subject:** Room Booking Confirmation Email - Beau Rivage

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



## CONFIRMATION

Hello CJ,

Thanks for choosing Beau Rivage Resort & Casino for your upcoming trip. Please take a moment to look over your reservation information carefully. If you have any questions or concerns, or if there's anything we can do in anticipation of your visit, please reach out to our Reservation team at [customer care@beaurivage.com](mailto:customer care@beaurivage.com) or 888.567.6667.

We look forward to hosting you!

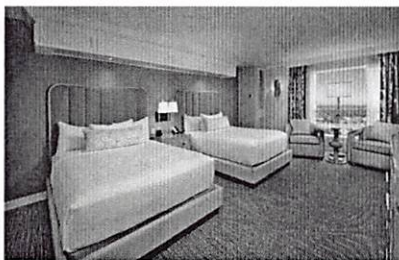
### CONFIRMATION NUMBER

03701D6M9Y

[View/Modify Reservation](#)

Arrival Date: 2026-05-26  
Departure Date: 2026-05-28

2 Night Stay | Beau Rivage Resort & Casino



### BEST AVAILABLE RATE

#### Best Available Rates

Best Available Rate

Amount Paid

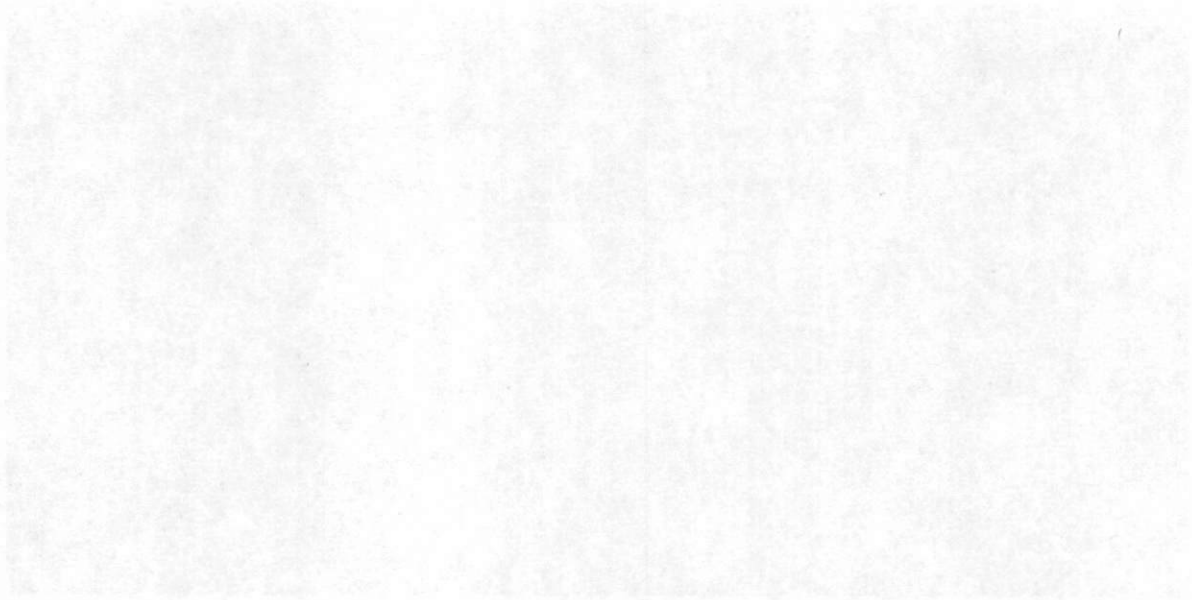
\$178.08

Estimated Balance Due Upon Check-In\*

\$225.12

### Full Payment Details

Room Rate and Estimated Tax*	\$356.16
Resort Fee (\$21.00 per night and estimated tax)	\$47.04
Reservation Total	\$403.20



UNCLASSIFIED

Faint, illegible text lines, possibly a header or introductory paragraph.



Faint, illegible text lines, possibly a paragraph or list item.

dy

2005

Faint, illegible text lines, possibly a signature or date.



UNCLASSIFIED

Faint, illegible text lines, possibly a footer or concluding paragraph.

Faint, illegible text lines, possibly a footer or concluding paragraph.

---

**Fw: Payment Confirmation for Your Reservation at MGM Resorts**

---

**From** Kesha Jackson <Kesha.Jackson@madison-co.com>  
**Date** Thu 4/23/2026 11:12 AM  
**To** Kesha Jackson <Kesha.Jackson@madison-co.com>

**Kesha M. Jackson**

MADISON COUNTY BOARD OF SUPERVISORS  
County Administrative Assistant  
Purchase Clerk & Director of Tax Exemption Administration II  
146 West Center Street  
P.O. Box 608  
Canton, MS 39046  
(601) 855-5534 (Direct)  
(601) 790-2590 (BOS Office)  
(601) 859-5875 (Fax)



---

**From:** MGM Resorts International <no-reply@notification.mgmresorts.com>  
**Sent:** Thursday, April 23, 2026 11:05 AM  
**To:** Kesha Jackson <Kesha.Jackson@madison-co.com>  
**Subject:** Payment Confirmation for Your Reservation at MGM Resorts

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



**Your payment is confirmed**

Hi Cj Garavelli

Congratulations! Here's your payment details.

For your convenience, your payment receipt is below.



## Beau Rivage

2026-04-23 09:03 PST

### Category

Group Individual Attendee Reservation

### Type

Credit Card

### Summary

Reservation confirmation number	Approval Code	Amount
2931566838	086163	\$181.92

Amount Paid

\$181.92

### Payment details

Deposit Amount	\$181.92
Convenience fee	\$0.00
Total	\$181.92
Payment method	Visa ending in 0603

---

Transaction Id	44430
Cardholder name	Madison Co BOS 1
Cardholder address	P.O. Box 608, Canton, MS, 39046, US
Cardholder e-mail	kesha.jackson@madison-co.com

Beau Rivage  
, 875 Beach Blvd, Biloxi, MS 39530  
888.567.6667

[Privacy policy](#) | [Mgmresorts.com](#)

©2026 MGM Resorts International®. All rights reserved.





05/12/2026  
 08:26 AM  
 CI: MLOCKE  
 CO: AMACOMBER

MARTINA GRIFFIN

Wing/Room VV 2084

P.O. BOX 608

No Party 1  
 Resv No 460862488640  
 Page 1 04/27/2026 12:46

PM

Arrival 04/23/2026  
 Departure 04/27/2026  
 Bill code  
 Group SMAJA6

DATE	REFERENCE	DESCRIPTION	\$ CHARGES	CREDITS
04/23/2026	461349101092	RESORT FEE	62.30	
		GROUP RESORT FEE \$54.95 +		
04/23/2026	461349103852	ROOM CHARGE VV 2084	279.00	
		ROOM	37.33	
04/23/2026	461346539250	APPLIED DEPOSIT *****0603		316.33
04/23/2026	461346539252	APPLIED DEPOSIT *****0603		836.74
04/23/2026	461346540312	INTERNET ROOM CHARGE 2084 17:46 DEVICE- 25002		
04/24/2026	461359101263	RESORT FEE	62.30	
		GROUP RESORT FEE \$54.95 +		
04/24/2026	461359103832	ROOM CHARGE VV 2084	153.00	
		ROOM	20.47	
04/25/2026	461369101354	RESORT FEE	62.30	
		GROUP RESORT FEE \$54.95 +		
04/25/2026	461369103818	ROOM CHARGE VV 2084	153.00	

		ROOM	20.47
04/26/2026	461379101288	RESORT FEE	62.30
		GROUP RESORT FEE	
		\$54.95 +	
04/26/2026	461379103848	ROOM CHARGE VV 2084	153.00
		ROOM	20.47
04/26/2026	461376731911	INTERNET ROOM	
		CHARGE	
		2084 14:55 DEVICE-	
		25002	
04/27/2026	461386797552	FRONT DESK VISA	67.13
		*****0603	
		Balance Due	.00

This e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any unauthorized review, use, disclosure or distribution is prohibited.

Thank you for staying with us! We truly appreciate your patronage. Visit [www.Caesars.com/myrewards](http://www.Caesars.com/myrewards) to book your next trip! Share your experience on TripAdvisor! <http://bit.ly/PHVtradv>

Account Number : ██████████3621  
 Unique ID: XXXX XXXX XXXX 2034  
 KESHA JACKSON  
 Statement Date : 04-30-2026



**Account Summary**

Previous Balance	\$0.00
Purchases and Other Charges	\$2,736.00
Cash Advances	\$0.00
Cash Advance Fees	\$0.00
Late Payment Charges	\$0.00
Credits	\$0.00 CR
Payments	\$0.00 PY

**General Information**

Total Activity \$2,736.00

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

Total Activity \$2,736.00

Disputed Amount \$0.00

**New Activity**

Post Date	Tran Date	Reference Number	Transaction Description	Amount
04-29	04-27	24692166118402797783452	BEAU RIVAGE - FRONT DE BILOXI MS CONCESSION ARRIVAL:04-27-26	234.08
04-29	04-27	24692166118402797783460	BEAU RIVAGE - FRONT DE BILOXI MS CONCESSION ARRIVAL:04-27-26	234.08
04-29	04-27	24692166118402797783486	BEAU RIVAGE - FRONT DE BILOXI MS CONCESSION ARRIVAL:04-27-26	234.08
04-29	04-27	24692166118402797783502	BEAU RIVAGE - FRONT DE BILOXI MS CONCESSION ARRIVAL:04-27-26	234.08
04-30	04-28	24692166119403745249009	BEAU RIVAGE - ADV DEP 877-880-0880 MS CONCESSION ARRIVAL:04-28-26	221.92
04-30	04-28	24692166119403745249017	BEAU RIVAGE - ADV DEP 877-880-0880 MS CONCESSION ARRIVAL:04-28-26	449.92
04-30	04-28	24692166119403745249025	BEAU RIVAGE - ADV DEP 877-880-0880 MS CONCESSION ARRIVAL:04-28-26	677.92
04-30	04-28	24692166119403745249033	BEAU RIVAGE - ADV DEP 877-880-0880 MS CONCESSION ARRIVAL:04-28-26	449.92

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

Account Number: ██████████3621  
 Unique ID: XXXX XXXX XXXX 2034  
 Amount Due: \$0.00

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



106481844772101 S  
 KESHA JACKSON  
 MADISON CO BOS 1  
 146 WEST CENTER ST  
 P.O. BOX 608  
 CANTON MS 39046-0608

**This area intentionally left blank.**

Deposits applied

From Customer Care Beau Rivage <CustomerCare@beaurivage.com>  
Date Tue 5/12/2026 9:14 AM  
To Kesha Jackson <Kesha.Jackson@madison-co.com>

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

Greetings,

Attached is the deposits applied

Confirmation Number  
**2931663221**  
Name  
**Griffin, Paul, Mr**  
Projected Room Revenue  
**\$684.00**

Projected Total Revenue  
**\$684.00**  
Total Deposit Requests  
**\$234.08**

Total Deposit Payments  
**\$684.00**  
Deposit Maturity Type  
**Check in**

Deposit

View Options

Deposit Rule	Type	Requested	Due Date	Paid	Outstanding	Comments
1NT	Rooms	\$234.08	04/27/2026	\$684.00	-\$449.92	First Night's ...

Deposit Payment

Paid  
**\$234.08**  
Transaction Date  
**04/27/2026 Mon**

Credit Card Number  
**XXXXXXXXXXXX3621**  
Expiration  
**XX/XX**

Receipt Number  
**1,505,102**  
Comments  
**Posted Deposit Amount 234.08 - Request Deposit Amount 234.08.**

Deposit Payment

Paid  
**\$449.92**  
Transaction Date  
**04/28/2026 Tue**

Credit Card Number  
**XXXXXXXXXXXX3621**  
Expiration  
**XX/XX**

Receipt Number  
**1,505,272**  
Remarks  
**GPAP Online Deposit**

Confirmation Number  
**2931677850**  
Name  
**Bacon, Cornelius, Mr**  
Projected Room Revenue  
**\$912.00**

Projected Total Revenue  
**\$912.00**  
Total Deposit Requests  
**\$234.08**

Total Deposit Payments  
**\$912.00**  
Deposit Maturity Type  
**Check in**

## Deposit

⚙ View Options

Deposit Rule	Type	Requested	Due Date	Paid	Outstanding	Comments
INT	Rooms	\$234.08	04/27/2026	\$912.00	-\$677.92	First Night's ...

### Deposit Payment

Paid  
**\$234.08**  
Transaction Date  
**04/27/2026 Mon**

Credit Card Number  
**XXXXXXXXXXXX3621**  
Expiration  
**XX/XX**

Receipt Number  
**1,505,095**  
Comments  
**Posted Deposit Amount 234.08 - Requested Deposit Amount 234.08.**

### Deposit Payment

Paid  
**\$677.92**  
Transaction Date  
**04/28/2026 Tue**

Credit Card Number  
**XXXXXXXXXXXX3621**  
Expiration  
**XX/XX**

Receipt Number  
**1,505,274**  
Remarks  
**GPAP Online Deposit**

*Andrea*

Customer Care Host  
Beau Rivage Casino Resort  
875 Beach Blvd. Biloxi, MS 39530  
[beaurivage.mgmresorts.com](http://beaurivage.mgmresorts.com)  
[customercare@beaurivage.com](mailto:customercare@beaurivage.com)

**Beau Rivage**

RESORT & CASINO • BILOXI

An MGM Resorts Luxury Destination

Deposits applied

From Customer Care Beau Rivage <CustomerCare@beaurivage.com>  
Date Tue 5/12/2026 9:17 AM  
To Kesha Jackson <Kesha.Jackson@madison-co.com>

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

Greetings,

Confirmation Number  
**2931663272**  
Name  
**Steen, Gerald, Mr**  
Projected Room Revenue  
**\$456.00**

Projected Total Revenue  
**\$456.00**  
Total Deposit Requests  
**\$234.08**

Total Deposit Payments  
**\$456.00**  
Deposit Maturity Type  
**Check in**

Deposit

View Options

Deposit Rule	Type	Requested	Due Date	Paid	Outstanding	Comments
1NT	Rooms	\$234.08	04/27/2026	\$456.00	-\$221.92	First Night's ...

Deposit Payment

Paid  
**\$234.08**  
Transaction Date  
**04/27/2026 Mon**

Credit Card Number  
**XXXXXXXXXXXX3621**  
Expiration  
**XX/XX**

Receipt Number  
**1,505,106**  
Comments  
**Posted Deposit Amount 234.08 - Requested Deposit Amount 234.08.**

Deposit Payment

Paid  
**\$221.92**  
Transaction Date  
**04/28/2026 Tue**

Credit Card Number  
**XXXXXXXXXXXX3621**  
Expiration  
**XX/XX**

Receipt Number  
**1,505,273**  
Remarks  
**GPAP Online Deposit**

Confirmation Number  
**2931698917**  
Name  
**Bryan, Tim, Mr**  
Projected Room Revenue  
**\$684.00**

Projected Total Revenue  
**\$684.00**  
Total Deposit Requests  
**\$234.08**

Total Deposit Payments  
**\$684.00**  
Deposit Maturity Type  
**Check in**

## Deposit

View Options

Deposit Rule	Type	Requested	Due Date	Paid	Outstanding	Comments
1NT	Rooms	\$234.08	04/27/2026	\$684.00	-\$449.92	First Night's ...

## Deposit Payment

Paid  
**\$234.08**  
Transaction Date  
**04/27/2026 Mon**

Credit Card Number  
**XXXXXXXXXXXX3621**  
Expiration  
**XX/XX**

Receipt Number  
**1,505,096**  
Comments  
**Posted Deposit Amount 234.08 - Requested Deposit Amount 234.08.**

## Deposit Payment

Paid  
**\$449.92**  
Transaction Date  
**04/28/2026 Tue**

Credit Card Number  
**XXXXXXXXXXXX3621**  
Expiration  
**XX/XX**

Receipt Number  
**1,505,275**  
Remarks  
**GPAP Online Deposit**

*Andrea*

Customer Care Host  
Beau Rivage Casino Resort  
875 Beach Blvd. Biloxi, MS 39530  
[beaurivage.mgmresorts.com](http://beaurivage.mgmresorts.com)  
[customercare@beaurivage.com](mailto:customercare@beaurivage.com)

**Beau Rivage**

RESORT & CASINO • BILOXI

An MGM Resorts Luxury Destination

Account Number : ██████████ 7398  
Unique ID: XXXX XXXX XXXX 6891  
LEEANN SANDERS  
Statement Date : 04-30-2026



**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	\$45.70 CR
Payments	\$0.00 PY

**Total Activity** \$45.70 CR

Disputed Amount \$0.00

**General Information**

**Total Activity** \$45.70 CR

QUESTIONS OR TO REPORT A LOST OR STOLEN CARD,  
CALL CUSTOMER SERVICE 1-800-344-5686

**New Activity**

Post Date	Tran Date	Reference Number	Transaction Description	Amount
04-24	04-22	74943008113418097517965	HOLIDAY INN EXPRESS STAR 6623240076 MS	45.70 CR

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

Account Number: ██████████ 7398  
Unique ID: XXXX XXXX XXXX 6891  
Amount Due: \$0.00

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



106481844772268 S  
LEEANN SANDERS  
MADISON CO SHERIFF 1  
146 WEST CENTER ST  
P.O. BOX 608  
CANTON MS 39046-0608

**This area intentionally left blank.**







14

04-22-26

<b>Kristen Byrd</b> <b>2941 U.S. 51</b> <b>Canton MS 39046</b> <b>United States</b>	Folio No.	: 255200	Room No.	: 220
	A/R Number	:	Arrival	: 03-22-26
	Group Code	:	Departure	: 03-25-26
	Company	:	Conf. No.	: 46505325
	Membership No.	:	Rate Code	: IGCOR
	Invoice No.	:	Page No.	: 1 of 2

Date	Description	Charges	Credits
03-22-26	*Accommodation	139.00	
03-22-26	State Tax - Room	9.73	
03-22-26	Occupancy Room Tax	2.78	
03-22-26	STARKVILLE PARKS AND REI	1.39	
03-23-26	*Accommodation	159.00	
03-23-26	State Tax - Room	11.13	
03-23-26	Occupancy Room Tax	3.18	
03-23-26	STARKVILLE PARKS AND REI	1.59	
03-24-26	*Accommodation	159.00	
03-24-26	State Tax - Room	11.13	
03-24-26	Occupancy Room Tax	3.18	
03-24-26	STARKVILLE PARKS AND REI	1.59	
03-25-26	Visa XXXXXXXXXXXXX7398		502.70
04-22-26	State Tax - Room	-22.26	
04-22-26	Occupancy Room Tax	-6.36	
04-22-26	STARKVILLE PARKS AND REI	-3.18	
04-22-26	State Tax - Room	-9.73	
04-22-26	Occupancy Room Tax	-2.78	
04-22-26	STARKVILLE PARKS AND REI	-1.39	
04-22-26	Visa <del>XXXXXXXXXXXX7398</del>		-45.70

Holiday Inn Express Hotel and Suites Starkville  
 110 B Hwy 12 West  
 Starkville, MS 39759  
 Telephone: (662) 324-0076 Fax: (662) 338-5190



14

04-22-26

Kristen Byrd 2941 U.S. 51 Canton MS 39046 United States	Folio No. :	255200	Room No. :	220
	A/R Number :		Arrival :	03-22-26
	Group Code :		Departure :	03-25-26
	Company :		Conf. No. :	46505325
	Membership No. :		Rate Code :	IGCOR
	Invoice No. :		Page No. :	2 of 2

Date	Description	Charges	Credits	
		Total	457.00	457.00
		Balance	0.00	

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

I have received the goods and / or services in the amount shown heron. 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 Hotel and Suites Starkville  
110 B Hwy 12 West  
Starkville, MS 39759  
Telephone: (662) 324-0076 Fax: (662) 338-5190

Account Number : ██████████8600  
Unique ID: XXXX XXXX XXXX 0399  
LEEANN SANDERS  
Statement Date : 04-30-2026



<b>Account Summary</b>	<b>General Information</b>
------------------------	----------------------------

Previous Balance	\$0.00
Purchases and Other Charges	\$100.79
Cash Advances	\$0.00
Cash Advance Fees	\$0.00
Late Payment Charges	\$0.00
Credits	\$0.00 CR
Payments	\$0.00 PY

Total Activity \$100.79

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

**Total Activity** \$100.79

Disputed Amount \$0.00

<b>New Activity</b>
---------------------

Post Date	Tran Date	Reference Number	Transaction Description	Amount
04-08	04-07	24943006097408722042674	IP-MS ADV DEPOSIT 6014364555 MS 20992216014364555 ARRIVAL:04-28-26	100.79

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

Account Number: ██████████8600  
Unique ID: XXXX XXXX XXXX 0399  
Amount Due: \$0.00

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



106481844772044 S  
LEEANN SANDERS  
MADISON CO SHERIFF 2  
146 WEST CENTER ST  
P.O. BOX 608  
CANTON MS 39046-0608

LEFANN SANDERS

Account Number : ██████████ 3600

Unique ID: XXXX XXXX XXXX 0399

Statement Date : 04-30-2026

**This area intentionally left blank.**

**NAME:** MCSO - card 2  
**CARD NUMBER:** XXXX 8600  
**BILLING PERIOD:** Apr-26

<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>
4/7/2026	IP Casino	\$100.79	Andrew Brooks	hotel	001	200	480	Y

**TOTAL** \$100.79

Account Number: [REDACTED] 8600  
Unique ID: XXXX XXXX XXXX 0399  
LEEANN SANDERS  
Statement Date : 04-30-2026



Account Summary		General Information	
Previous Balance	\$0.00	Total Activity	\$100.79
Purchases and Other Charges	\$100.79		
Cash Advances	\$0.00		
Cash Advance Fees	\$0.00		
Late Payment Charges	\$0.00		
Credits	\$0.00 CR		
Payments	\$0.00 PY		
<b>Total Activity</b>			
	\$100.79		
Disputed Amount	\$0.00		

QUESTIONS OR TO REPORT A LOST OR STOLEN CARD,  
CALL CUSTOMER SERVICE 1-800-344-5698

**New Activity**

Post Date	Tran Date	Reference Number	Transaction Description	Amount
04-08	04-07	24943006097408722042674	IP-MS ADV DEPOSIT 6014364555 MS 20992216014364555	100.79

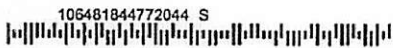
ARRIVAL: 04-28-26

*97 mil 302  
5-8-26*

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

Account Number: [REDACTED] 8600  
Unique ID: XXXX XXXX XXXX 0399  
Amount Due: \$0.00

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



106481844772044 S  
LEEANN SANDERS  
MADISON CO SHERIFF 2  
146 WEST CENTER ST  
P.O. BOX 608  
CANTON MS 39046-0608

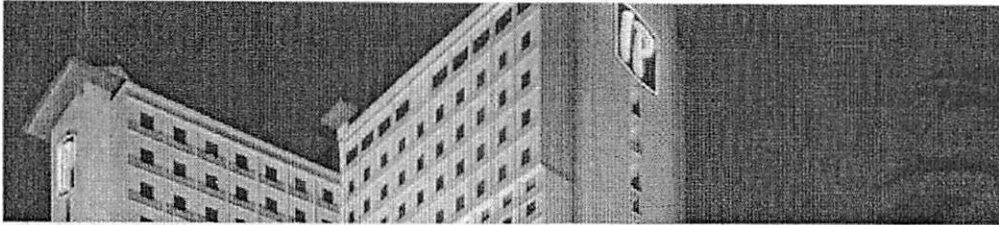
LeeAnn Sanders

---

**From:** IP Casino Resort Spa <donotreply@boydgamingmail.com>  
**Sent:** Monday, April 6, 2026 4:57 PM  
**To:** ANDREW BROOKS  
**Subject:** IP Casino Resort Spa Reservation Confirmation

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

IP Casino Resort Spa Reservation Confirmation



## CONFIRMATION INFORMATION

Dear ANDREW BROOKS

Please take a moment to review your reservation information below. You can make changes to this reservation by calling 877-335-4831.

Here are your reservation details:

Name:	ANDREW BROOKS
Confirmation Number:	KMYZ3
Arrival Date:	Tuesday, 04/28/2026

**Departure Date:** Wednesday, 04/29/2026  
**Check-in Time:** 04:00 PM  
**Check-out Time:** 11:00 AM  
**Number of Nights:** 1  
**Number of Rooms:** 1  
**Room Type:** IP/D1  
**Room Description:** DLX KING NONSMK

Please note a refundable deposit equal to the first nights' room and tax will be charged on your credit card at the time of booking to guarantee your reservation. Cancellations must be made at least 24 hours prior to arrival to avoid forfeiting the deposit amount unless a non-refundable offer is booked, then no refund is provided. Packages, offers and special events may require different deposits and cancellation periods. \$100 authorization is required at check-in. Reservations are non-transferrable. Rates do not include the nightly resort fee of \$20.33 (tax included) which will be charged at check-in. If tax exempt, please present tax exemption form at check-in. Tax collected will be applied to balance and or refunded.

**Reservation Information**

**Stay Total:** 89.99  
**Stay Tax:** 10.80  
**Stay Total w/Tax:** 100.79

**Deposit Received:** 100.79

Date	Rate	Nights
4/28/26	100.79	1

This is an automated message. Please call 877-335-4831 if you have any questions or would like to make changes to your reservation.



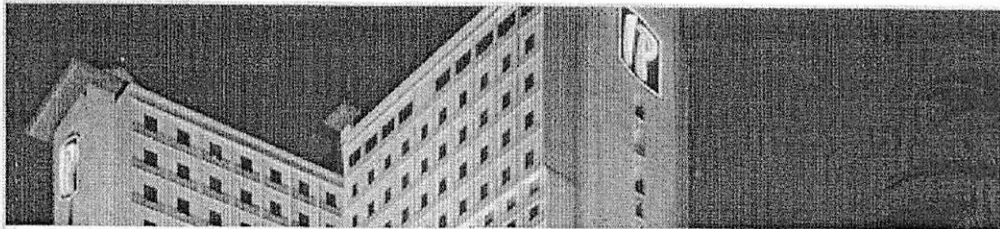
**IP Casino Resort Spa - Biloxi**  
 850 Bayview Avenue • Biloxi, MS 39530  
[ipbiloxi.boydgaming.com](http://ipbiloxi.boydgaming.com)  
 1-888-946-2847

LeeAnn Sanders

---

**From:** IP Casino Resort Spa <donotreply@boydgamingmail.com>  
**Sent:** Wednesday, April 29, 2026 11:32 AM  
**To:** LeeAnn Sanders  
**Subject:** IP Casino Resort Spa Folio

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



Dear ANDREW BROOKS ,

Thank you for staying with us. We hope you took advantage of all the IP Biloxi has to offer.

We invite you to stay with us again.

Can't wait to see you during your next visit to with us.

Sincerely,  
IP Casino Resort Spa

Date	Ref	Description	Charge	Credit	Balance
04/28/2026	461392507239	APPLIED DEPOSIT		-100.79	
		*****8600			
04/28/2026	461399100168	RESORT FEE	20.33		
		\$19 RESORT FEE + TAX			

04/28/2026	461399100169	RESORT FEE	19.00	
		\$19 RESORT FEE NO TAX		
04/28/2026	461399100170	RESORT FEE		-20.33
		REVERSAL OF \$19+TX RESORT		
04/28/2026	461399100463	ROOM CHARGE IP 1133	89.99	
		SUMMARY OF CHARGES		
		ROOM	108.99	
		BALANCE DUE		8.20



**IP Casino Resort Spa - Biloxi**  
 850 Bayview Avenue • Biloxi, MS 39530  
[ipbiloxi.com](http://ipbiloxi.com)  
 1-888-946-2847

Copyright © Boyd Gaming. All rights reserved. [Privacy](#) | [Responsible Gaming](#)  
 Gambling Problem? Call 1-800-GAMBLER