

Purchasing Department
Madison County Board of Supervisors
146 West Center Street
Canton, Mississippi 39046

601-855-5503
hardy@madison-co.com

14 April 2014

District 1 Supervisor John Bell Crosby
District 2 Supervisor Ronny Lott
District 3 Supervisor Gerald Steen
District 4 Supervisor Karl Banks
District 5 Supervisor Paul Griffin

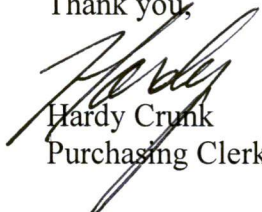
Subject: Place monthly general county credit card report on minutes

Gentlemen:

Per statutory requirements, please place the following monthly credit card report and accompanying documentation on the minutes:

General County MasterCard Renasant Bank for billing period 11 March 2014 – 9 April 2014.

Thank you,


Hardy Crunk
Purchasing Clerk

CREDIT CARD REPORT

CREDIT CARD: MASTERCARD GC
NUMBER: XXXXXXXXXXXXX1970
PERIOD: 11 MARCH 2014 - 9 APRIL 2014

CARD USER	PURPOSE	DATE OF USE	VENDOR NAME	AMOUNT	DESCRIPTION
Banks, Bell, Griffin and Vance	Registration	21-Mar-14	NACO	1,960.00	NACO Conference
Mark Houston	Registration	21-Mar-14	NACO	515.00	NACO Conference
Mark Houston	Hotel Reservation	26-Mar-14	Beau Rivage	284.00	PDD Conference
John Bell Crosby	Hotel Reservation	26-Mar-14	Beau Rivage	426.00	PDD Conference
Brad Sellers	Hotel Reservation	26-Mar-14	Beau Rivage	426.00	PDD Conference

TOTAL CHARGES 3,611.00

AMOUNT TO PAY 3,611.00



Hardy Crunk
Purchase Clerk



MADISON BOARD SUPRVISRS1
Account Number: XXXX XXXX XXXX 1970

Billing Questions:
800-854-7642

Website:
www.24-7cardaccess.com

Send Billing Inquiries To:
P.O. Box 2988, Omaha, NE, 68103

MERCHANTS & FARMERS BANK Credit Card Account Statement
March 11, 2014 to April 9, 2014

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$7,010.41
- Payments	\$3,397.51
- Other Credits	\$0.00
+ Purchases	\$3,611.00
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$76.30
= New Balance	\$7,300.20

Account Number XXXX XXXX XXXX 1970
Credit Limit \$20,000.00
Available Credit \$12,699.00
Statement Closing Date April 9, 2014
Days in Billing Cycle 30

PAYMENT INFORMATION

New Balance: \$7,300.20
Minimum Payment Due: NONE
Payment Due Date: May 4, 2014

MESSAGES

ENROLL WITH E-STATEMENTS TODAY! GO TO WWW.24-7CARDACCESS.COM TO ENROLL WITH E-STATEMENTS, SET UP EMAIL ALERTS TO NOTIFY YOU WHEN YOUR STATEMENT IS AVAILABLE, AND DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER, INCREASE THE SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENT IN THE MAIL, AND SAVE PAPER BY ENROLLING WITH E-STATEMENTS TODAY!

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 140409 0

PAGE 1 of 2

10 1443 0000 BS1 01AB5106

30453

MERCHANTS & FARMERS BANK
PO BOX 723847
ATLANTA GA 31139-0847



Account Number: XXXX XXXX XXXX 1970
New Balance: \$7,300.20
Payment Due Date: May 4, 2014

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

3611.00

Indicate name or address change on reverse side and check here.

Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt. *NC*

Make Check Payable to:

CARD SERVICES CENTER
PO BOX 105025
ATLANTA GA 30348-5025

MADISON BOARD SUPRVISRS1 30453
MADISON BOARD SUPERVISOR 0201
PO BOX 608
CANTON MS 39046-0608



547795007529197000000000007300204



TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
03/20	03/20	8542120F300XTVZJV	PAYMENT - THANK YOU	\$3,397.51-
03/21	03/21	7545491F1BVAFW7EE	NATIONAL ASSC COUNTIES 202-393-6226 DC	\$1,960.00
03/21	03/21	7545491F1BVAFW7H9	NATIONAL ASSC COUNTIES 202-393-6226 DC	\$515.00
03/26	03/26	5554186F603TM093W	BEAU RIVAGE-RESERVATIO BILOXI MS	\$284.00
		CHECK-IN 03/26/14	FOLIO #000005477	
03/26	03/26	5554186F603TM094Q	BEAU RIVAGE-RESERVATIO BILOXI MS	\$426.00
		CHECK-IN 03/26/14	FOLIO #000005477	
03/26	03/26	5554186F603TM0944	BEAU RIVAGE-RESERVATIO BILOXI MS	\$426.00
		CHECK-IN 03/26/14	FOLIO #000005477	

INTEREST CHARGE CALCULATION

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

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$6,316.74	30	\$76.30
Cash Advances	20.49% (v)	\$0.00	30	\$0.00

(v) - variable

You can avoid additional interest on purchases by paying the New Balance in full by the payment due date. Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt. Payments and credits are effective as of the post date shown on this statement.

In order to ensure timely application of your payment, please remit payments to the following address:

CARD SERVICES CENTER
 PO BOX 105025
 ATLANTA, GA 30348-5025

For more information about your account, please contact us at: 1-800-854-7642 to speak to a live representative (24 hours/7 days).

ENROLL WITH E-STATEMENTS TODAY! Go To: www.24-7cardaccess.com TO ENROLL WITH E-STATEMENTS, SET UP EMAIL ALERTS TO NOTIFY YOU WHEN YOUR STATEMENT IS AVAILABLE, AND DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER, INCREASE THE SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENTS IN THE MAIL, AND SAVE PAPER BY ENROLLING WITH E-STATEMENTS TODAY!

NOTICE: See reverse side of page 1 for important information.

Hardy Crunk

From: naco@naco.org
Sent: Friday, March 21, 2014 2:06 PM
To: Hardy Crunk
Subject: NACo Order Confirmation: Invoice #100185



Order Confirmation Notice

This message is to confirm the receipt of your recent order.

Customer: Mr. Hardy Crunk
Date: 3/21/2014

Credit Card Confirmation #: 02148E
Reference#: VTYEBA647A55
Transaction Date: 03/21/2014

Bill To:

Madison County
PO BOX 404
Canton, MS 39046-0404

Total: \$1,960.00
Payment Amount: 1,960.00
Balance: \$0.00

Payment Method: MASTERCARD

Customer	Qty	Item	Sub-Total	Discount	Paid	Balance
Banks Karl	1.00	Member Registration Rate (Early)	\$490.00	\$0.00	\$490.00	\$0.00
Crosby John Bell	1.00	Member Registration Rate (Early)	\$490.00	\$0.00	\$490.00	\$0.00
Griffin Paul	1.00	Member Registration Rate (Early)	\$490.00	\$0.00	\$490.00	\$0.00
Vance Shelton	1.00	Member Registration Rate (Early)	\$490.00	\$0.00	\$490.00	\$0.00

Remittance Addresses

National Association of Counties
PO Box 79007
Baltimore, MD 21279-007

2014 ANNUAL CONFERENCE & EXPOSITION



REGISTRATION FORM

Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Please make a copy for your records.

*Last Name HOUSTON
 *First Name MARK
 *Title ADMINISTRATOR
 *Nick Name (ie: Buddy, Cindy, Joe, etc.) _____
 *County/Organization Madison County, MS
 ADDRESS:
 *City Canton
 *State MS Zip Code 39046
 Phone 601-855-5503 Cell _____

RECEIVE TEXT MESSAGE UPDATES DURING THE CONFERENCE ...
 Fax _____
 Email _____

OPT OUT. Please check if you do not want your information shared.
● Conference Tote Bag
 Please indicate if you would like to receive a Conference Bag and one will be ordered for you.
 Yes, I would like to receive one. No thank you.

● Dietary Restrictions
 Please let us know if you have any of the following dietary needs:
 Gluten Free Vegan
 Vegetarian Low Sodium
 List any Allergies: _____

● New to NACo?
 (Please check any of the statements below that apply to you.)
 My county is a new NACo member.
 This is my first NACo Conference.
 I am a member of the _____ affiliate.

● Family/Guest Information (if applicable)
 Spouse/Guest and Youth registration fees include admission to all General Sessions, the Conference Celebration Event, the Exhibit Hall.
 Spouse/Guest* Full Name _____
 * If you are a County or Corporate employee, you may not register as a guest or spouse.
 Youth(s) Full Name _____

Conference Tote Bag for Spouse/Guest
 Yes, they would like to receive one. No thank you.

● Special Services (check if applicable)
 Yes, I will require special assistance.
 Please let us know your requirements by attaching a separate sheet of paper outlining your needs.

● Registration Fees (check box that applies)

	Early Bird (Fax/Mail) Postmarked by 5/30	Advance (Fax/Mail) 5/31-7/10	On-Site New Orleans, LA
NACo Board of Directors	<input type="checkbox"/> \$515	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
NACo County Member	<input checked="" type="checkbox"/> \$515	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
State Association of Counties Staff	<input type="checkbox"/> \$515	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
NACo Corporate Member	<input type="checkbox"/> \$515	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
County Non-Member	<input type="checkbox"/> \$740	<input type="checkbox"/> \$765	<input type="checkbox"/> \$850
Corporate Non-Member	<input type="checkbox"/> \$765	<input type="checkbox"/> \$815	<input type="checkbox"/> \$900
Government (Federal or State employees only)	<input type="checkbox"/> \$565	<input type="checkbox"/> \$615	<input type="checkbox"/> \$770
Spouse/Guest	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170	<input type="checkbox"/> \$180
Youth	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170	<input type="checkbox"/> \$180
Working Press (Editorial Staff ONLY)	<input type="checkbox"/> Complimentary		
Sub-total	\$ 515.00		

● NACo Awards Luncheon Tickets
 If you plan on attending the Sunday, July 13 Awards Luncheon, an additional fee of \$15 will apply. You must be a fully registered attendee to attend this luncheon.
 YES, I will attend the Awards Luncheon for an additional fee of \$15.
 YES, my registered guest will attend the Awards Luncheon for an additional fee of \$15.
 Sub-Total Awards Luncheon Tickets: \$ _____

● Additional Conference Celebration Event Tickets
 One ticket is included with your registration fee. You may purchase additional tickets for the Conference Celebration Event on Monday, July 14 for \$50 each for non-registered guests.
 # of Tickets: _____ @ \$50 each. Sub-Total for Extra tickets: \$ _____

● Pre-Conference Seminar
NACo Tech Innovations Summit (Available for County Attendees ONLY. No additional fee required) Friday, July 11 • 8:00 a.m. – 5:00 p.m.
 Yes, I would like to attend this session at no charge
 Total Registration and Ticket Fees \$ 515.00

● Payment Method (select one)
 Check PO American Express Visa MasterCard Discover
 Card Number _____ Exp. Date _____
 Cardholder's Name MADISON BOARD SUPERVISORS
 Signature Mark A. Purchase Clerk
 Your signature authorizes NACo to charge your credit card for the total amount due.

Payment Policy: Conference registration fee must accompany this form. Send check or company purchase order, made payable to the National Association of Counties, to the Conference Registration Center at the address listed below. A purchase order will only HOLD a registration. All fees must be paid in full in order to obtain your badge and registration materials at the conference.

Cancellation Policy: Refer to brochure for more information.
 Please return your completed conference registration form to:

NACo Conference Registration Center
PO Box 79007 / Baltimore, MD 21279-0007
 Or fax your completed forms to: (866) 741-5129 • On-line Registration at: www.naco.org
 Questions? Please call: (202) 942-4292 or email: nacomeetings@naco.org

Office Use Only
 Date Received: _____ Total: _____
 Check #: _____ Date Entered: _____
 Amount of Check: _____
 Entered by: _____



ATTN: Hardy Crunk
Madison County Board of Supervisors

Date: 03/26/2014

CREDIT CARD AUTHORIZATION REQUEST FORM

This information is required to verify the credit card account name, number and signature. Reservation(s) will **NOT** be guaranteed until this completed authorization form is received back in our office within 24 hours.

I hereby authorize the charges of room, tax (12%) and/or incidentals only as outlined below to be charged by Beau Rivage to my credit card for the following guest(s). I understand that late cancellations and unused reservations are subject to a cancellation penalty charge which is non-refundable. Please be advised that the total authorized amount is due and your account will be charged upon completion of your credit card authorization form.

<u>Name of Guest(s)</u>	<u>Confirmation #</u>	<u>Arrival Date</u>	<u>Departure Date</u>	<u>1st night</u>	<u>Total Stay</u>
John Crosby	700244949	04/29/14	05/02/14	\$158.69	\$467.07
Mark Houston	700244949	04/29/14	05/01/14	\$158.69	\$317.38
Brad Sellers	700244955	04/29/14	05/02/14	\$158.69	\$467.07

Room/Tax/Resort Fee Only

All nights' room/tax/resort fee(s) will be charged for the guest(s) listed above. Guest(s) must present a credit card at check-in for any incidentals.

All Charges (Room/Tax/Resort Fee/Incidentals)

All nights' room/tax/resort fee(s) and all incidental charges will be charged for the guest(s) listed above.

1st night's deposit (includes room/tax/resort fee)

ONLY the first night's room/tax/resort fee will be charged for the guest(s) listed above. Guest(s) must present a credit card at check-in for any incidentals or additional nights.

Incidentals Only

Guest(s) will be responsible for room/tax/resort fee(s) for their entire stay. Credit card holder is authorizing Beau Rivage to charge incidentals to the credit card listed below. Policy minimum of \$60 per stay will be authorized at time of check-in. The authorization 'hold' will fall off in 7-14 business days should there not be any incidentals charged to the room.

Tax Exemption: Yes **No**

Letter of Exemption with Mississippi Seal must be returned with this form. All payments for tax exempt guests must be from the organization that is tax exempt. Payment will only be accepted from Company/Organization credit card or check.

ACCOUNT INFORMATION

CREDIT CARD NUMBER:

CARDHOLDER'S NAME: Madison board of supervisors

EXP DATE: 11/16

BILLING ADDRESS: PO Box 608 **STATE/ZIP:** Canton, MS 39046

Signature of Cardholder: Hardy Crunk, Purchase Clerk

Date: 26 March 2014 **PHONE #:** (601) 855-5503

I do understand that this transaction is non-reversible unless the reservation(s) is/are canceled 24 hours prior to the arrival date. I acknowledge that all of the aforementioned charges will be processed to my credit card in the form of an advanced deposit for the person(s) designated above with exception of incidentals that will not be charged until time of checkout.

Our fax number is (228) 386-7446. For any questions, please contact us at 1-888-567-6667