Purchasing Department

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

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

23 August 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 statuary requirements, please place the following monthly credit card report and accompanying documentation on the minutes:

General County MasterCard Renasant Bank for billing period 11 August 2014 – 9 September 2014.

Thank you,

Purchasing Clerk

CREDIT CARD REPORT

CREDIT CARD:

MASTERCARD

XXXX XXXX XXXX 2176

NUMBER: PERIOD:

AUGUST 11, 2014 - SEPTEMBER 9, 2014

CARD USER

PURPOSE

DATE OF USE VENDOR NAME

AMOUNT

DESCRIPTION

LORETTA PHILLIPS PAT TRUESDALE AIRFARE LODGING 11-Aug-14 20-Aug-14 DELTA

HYATT SAN FRANCISO

\$323.20 \$622.26 CONFERENCE D.C.

ELECTION SCHOOL

\$945.46

AMOUNT TO PAY

\$945.46

Marchanges

TOTAL CHARGES

AMOUNT TO PAY

Hardy Crunk Purchase Clerk Page 1 of 1

MADISON BOARD SUPRVISRS1 Account Number: XXXX XXXX XXXX 2176

Send Billing Inquiries To:

800-854-7642

www.24-7cardaccess.com

Website:

P.O. Box 2988, Omaha, NE, 68103

MERCHANTS & FARMERS BANK Credit Card Account Statement August 11, 2014 to September 9, 2014

SUMMARY OF ACCOUNT ACTIVITY

| SUMMAR I OF ACCOUNT | ACTIVITI |
|---------------------|---------------------|
| Previous Balance | \$6,573.89 |
| - Payments | \$2,918.20 |
| - Other Credits | \$0.00 |
| + Purchases | \$945.46 |
| + Cash Advances | \$0.00 |
| + Fees Charged | \$0.00 |
| + Interest Charged | \$67.24 |
| = New Balance | \$4,668.39 |
| Account Number | XXXX XXXX XXXX 2176 |
| Credit Limit | \$20,000.00 |
| Available Credit | \$15,331.00 |
| | |

PAYMENT INFORMATION

New Balance: \$4,668.39 Minimum Payment Due: \$117.00 **Payment Due Date:** October 4, 2014

An amount followed by a minus sign (-) is a credit unless otherwise indicated. TRANSACTIONS Tran Post Amount Reference Number Transaction Description Date Date 8542120LB00XTRNZB \$2,918.20-PAYMENT - THANK YOU 09/04 09/04 \$323.20 08/11 08/11 5541734KGTQATZWA2 DELTA 00623662445000 DELTA.COM CA PHILLIPS/LORETT **JACKSON** 09/19/14 1 **ATLANTA** WASHINGTON 09/19/14 2 **ATLANTA** WASHINGTON **ATLANTA** 09/24/14 3 **ATLANTA** JA 09/24/14 4 5554186L303TSMGT2 HYATT HOTELS SAN FRANC SAN FRANCISCO CA \$622.26 08/29 08/29

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

0001 JRH

001 7 5 140909 0

CHECK-IN 08/28/14

PAGE 1 of 2

FOLIO #000005477

September 9, 2014

10 1443 0000 BS1

01AB5106

10775

Account Number: XXXX XXXX XXXX 2176

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

Statement Closing Date Days in Billing Cycle

Payment Due Date:

New Balance:

\$4,668,39 \$117.00

October 4, 2014

Minimum Payment Due:

Please complete and enclose the bottom portion for proper credit.

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

Make Check Payable to:

CARD SERVICES CENTER PO BOX 105025 ATLANTA GA 30348-5025 Amount Enclosed: \$

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.

MADISON BOARD SUPRVISRS1 10775 MADISON BOARD SUPERVISOR C209 PO BOX 608 CANTON MS 39046-0608

իլունույի իրկնի իրկնի իրկնի ինկունյում իրմին իրկ





MADISON BOARD SUPRVISRS1 Account Number: XXXX XXXX XXXX 2176

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) | \$5,566.87 | 30 | \$67.24 |
| Cash Advances | 20.49% (v) | \$0.00 | 30 | \$0.00 |

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 alive 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.

01AB5106

| | НОМЕ | SUPPORT | COMMENT/C | OMPLAINT? | LOG IN |
|------|----------|------------|-----------|-----------|--------|
| SHOP | TRAVELIN | IG WITH US | SKYMILES® | Search | (0) |

Flight Confirmation Number: G36AVP

YOUR PURCHASE IS COMPLETE. THANKS FOR CHOOSING DELTA.

- \$50 Statement Credit* after you use your new Card on a Delta purchase in your first 3 months
- 50,000 bonus miles after you make \$1,000 in purchases on your new Card in your first 3 months
- · First checked bag free and Priority Boarding on Delta flights
- \$0 introductory annual fee for the first year, then \$95

† Terms and Restrictions Apply

Yes! I'd like to apply now for a Card.

*Statement credit will be issued approximately 8-12 weeks after making a Delta purchase

WHAT'S NEXT

Now that you've finished booking your trip:

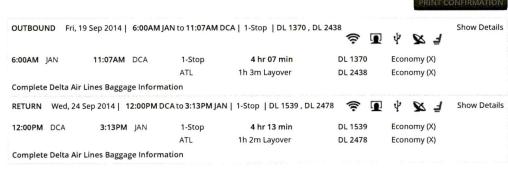
- · Your e-Tickets, confirmations, receipts, and flight notifications will be emailed to you at HARDY@MADISON-CO.COM.
- Obtain your receipt for Trip Extras purchased by selecting Email Receipts below. If you purchased a Delta 24 Hour Wi-Fi Pass your receipt will be sent from Gogo®.
- Visit My Trips to access your itinerary, manage your flight online and purchase Trip Extras.
- · Add Trip Protector to protect against trip cancellations and interruptions with Allianz Global Assistance.
- If you have a smartphone, get the Fly Delta app to check in, get alerts on flight and gate changes, and more.



Email Receipts

Get Notifications

Add to Calendar



In-Flight services and amenities may vary and are subject to change.

PASSENGER DETAILS

| Passenger | From | То | Seat Assignment | Special Services (e.g.Wheelchair) | Trip E | xtras |
|-----------------------|--|--------------------------------------|---------------------|---|--------------|----------------|
| Loretta D Phillips | Jackson, MS (JAN) | Atlanta, GA (ATL) | 18A Change Seats | Add/Edit | | |
| | Atlanta, GA (ATL) | Washington-Reagan National, DC (DCA) | 24A Change Seats | Add/Edit | | |
| | Baggage Information Visit delta.com for details on baggage embargoes that may apply to your itinerary. | | | | | s35 SECOND |
| | Washington-Reagan National, DC (DCA) | Atlanta, GA (ATL) | 21A Change Seats | Add/Edit | | |
| | Atlanta, GA (ATL) | Jackson, MS (JAN) | 28A Change Seats | Add/Edit | | |
| | Baggage Information $^{f f 0}$ | | | | ±25 FIRST | \$35 SECOND |
| | Visit delta.com for details on baggage embargoes that may apply to your itinerary. | | | | | |

10n Delta operated flights, you may carry on one bag and a small personal item at no charge. Carry-on allowances may differ and fees may apply for flights operated by carriers other than Delta. Contact the operating carrier for detailed carry-on limitations and





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PAYMENT INFORMATION

| Contact | Billing Information | Payee |
|---|---|--|
| Telephone number 601-940-8403 (Cell) | Payment Type MasterCard, *********2176 | Madison Board Supervisors P.O.Box608 Canton, MS 39046, United States |

| Passenger | Total Fare | Trip Extras | Total |
|--------------------|----------------|-------------|----------------|
| Loretta D Phillips | \$323.20 (USD) | \$0.0 (USD) | \$323.20 (USD) |

TOTAL AMOUNTS CHARGED

Flight:

\$323.20 (USD)

Trip Extras:

\$0.00 (USD)

Trip Protection:

\$0.00 (USD)

Total amount charged:

\$323.20 (USD)

Currency Calculator





Hyatt Regency San Francisco Five Embarcadero Center San Francisco, CA 94111 Tel: 415.788.1234 Fax: 415.398.2567 www.sanfrancisco.hyatt.com

INVOICE

Payee Patricia Truesdale

Po Box 608 Canton MS 39046 United States

Confirmation No. 4

4490700001

Group Name

Election Center

Booking No.

328BX6ZJ

Room No.

1648

Arrival

08-20-14

Departure

08-23-14

Page No.

1 of 1

0.00

Folio Window

Folio No.

589092

| Date | Description | Charges | Credits |
|----------|---------------------------------|---------|---------|
| 08-20-14 | Package Room | 179.00 | |
| 08-20-14 | * # Occupancy Tax | 24.37 | |
| 08-20-14 | * # Tourism Assessment | 1.74 | |
| 08-20-14 | * # CA Assessment | 0.13 | |
| 08-20-14 | * # Moscone District Assessment | 2.18 | |
| 08-21-14 | Package Room | 179.00 | |
| 08-21-14 | * # Occupancy Tax | 24.37 | |
| 08-21-14 | * # Tourism Assessment | 1.74 | |
| 08-21-14 | * # CA Assessment | 0.13 | |
| 08-21-14 | * # Moscone District Assessment | 2.18 | |
| 08-22-14 | Package Room | 179.00 | |
| 08-22-14 | * # Occupancy Tax | 24.37 | |
| 08-22-14 | * # Tourism Assessment | 1.74 | |
| 08-22-14 | * # CA Assessment | 0.13 | |
| 08-22-14 | * # Moscone District Assessment | 2.18 | |
| 08-23-14 | | | 622.26 |

Balance

Lat Iruesdale

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Hyatt Gold Passport Summary

No Membership to be credited

Join Hyatt Gold Passport today and start earning points for stays, dining and more. Visit goldpassport.com

Total 622.26 622.26

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For lost and found, please email qualitysfors@hyatt.com

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