

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

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

18 May 2015

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


Subject: Place May 2015 SO credit card report on minutes

Gentlemen:

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

Sheriff's Department MasterCard for billing period 10 April 2015 – 10 May 2015.

Thank you,



Hardy Crunk
Purchasing Clerk

SO CREDIT CARD REPORT

M&F MASTERCARD
XXXX XXXX XXXX 2655
10 April 2015 - 10 May 2015

CARD USER	PURPOSE	DATE OF USE	VENDOR NAME	AMOUNT	DESCRIPTION
KIM HENDERSON	FOOD	10-Apr-15	WHITE CAP	25.47	CONFERENCE
KIM HENDERSON	FOOD	10-Apr-15	WAFFLE HOUSE	2.79	CONFERENCE
KIM HENDERSON	FOOD	10-Apr-15	POPEYE'S	7.09	CONFERENCE
KIM HENDERSON	LODGING	10-Apr-15	IP BILOXI	196.77	CONFERENCE
RADFORD SHEARF	REGISTRATION	21-Apr-15	DARE AMERICA	395	CONFERENCE REGISTRATION

TOTAL \$627.12

AMOUNT TO PAY \$627.12

Handwritten signature
18 May 2015



CARD ONE

Account Number: XXXX XXXX XXXX 2655

Billing Questions:

800-854-7642

Website:

www.24-7cardaccess.com

Send Billing Inquiries To:

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

THE EVERYWHERE CARD Credit Card Account Statement
April 10, 2015 to May 10, 2015

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$4,027.81
- Payments	\$2,137.42
- Other Credits	\$0.00
+ Purchases	\$627.12
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$42.26
= New Balance	\$2,559.77

PAYMENT INFORMATION

New Balance:	\$2,559.77
Minimum Payment Due:	\$64.00
Payment Due Date:	June 4, 2015

Account Number XXXX XXXX XXXX 2655
 Credit Limit \$10,000.00
 Available Credit \$7,440.00
 Statement Closing Date May 10, 2015
 Days in Billing Cycle 31

TRANSACTIONS

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

Tran Date	Post Date	Reference Number	Transaction Description	Amount
04/09	04/09	85421203400XTNG2J	PAYMENT - THANK YOU	\$302.56
05/07	05/07	85421204000XTN6DY	PAYMENT - THANK YOU	\$1,834.86
04/09	04/09		*FINANCE CHARGE* PREV CYCLE PURCHASES	\$0.12
04/09	04/10	25247803300JALQB3	WHITE CAP GULFPORT MS	\$25.47 A-9
04/09	04/10	553102034606SXXH1	WAFFLE HOUSE 1084 BILOXI MS	\$2.79 A-9
04/10	04/10	552635235600W9F9A	POPEYE'S #04890 GULFPORT MS	\$7.09 A-9
04/10	04/10	55541863603TGEK6N	IP-MS LODGING BILOXI MS	\$196.77 A-9
		CHECK-IN 04/07/15	FOLIO #000005477	
04/21	04/21	55480773G612LAKEN	D A R E AMERICA 03102150575 CA	\$395.00 29

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

5106 0001 JRH 001 7 5 150510 0 PAGE 1 of 2 10 1443 0000 BS1 01AB5106 1563

THE EVERYWHERE CARD
PO BOX 723847
ATLANTA GA 31139-0847



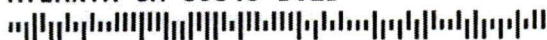
Account Number: XXXX XXXX XXXX 2655
 New Balance: \$2,559.77
 Minimum Payment Due: \$64.00
 Payment Due Date: June 4, 2015

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

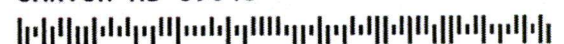


Amount Enclosed: \$

627.12

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. HC

CARD ONE 1563
 MADISON SHERIFFS DEPT
 2941 HWY 51
 CANTON MS 39046
 UPCR



547795007529265500006400002559772



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)	\$3,508.37	31	\$42.38
Cash Advances	20.49% (v)	\$0.00	31	\$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.

Welcome to Popeyes Restaurant #4890
12152 Hwy 49
Gulfport, MS 39503
Restaurant Phone# (228) 831-1098

EAT IN

4/10/2015 Reg 2 2:07:38 PM
Order 216485 Cashier : Jennifer

2 pc combo -Spicy White	5.89
Reg. Cajun Rice	
1 Lg. Fountain Drink	0.49
1 Biscuit	
Extra Gravy	0.25
SubTotal	6.63
Tax	0.46
Total	7.09
MasterCard	7.09

Your order number is : 285
we welcome your feedback
877-POPEYES or 877-767-3937
www.tellpopeyes.com

Waffle House 1084

1759 BEACH BLVD
BILOXI, MS 39531
(228) 436-9812

Ticket #848449440 User:Cashier
Apr 9, 2015 12:34:47 PM

Item Description	Qty	Price	Total
Check	1	\$2.79	\$2.79
Total			\$2.79
Tender:			
MC			\$2.79
XXXX2655 Swiped APPROVED 00912Z TWO/CARD			

Number of line items purchased:1

WHITE CAP
250 E BEACH BLVD
GULFPORT MS 39507
228-604-4444

Merchant ID: 000004204064
Term ID: 00796813 Ref #: 0076
Server ID: 174

Sale

*****2655
MASTERCARD Entry Method: Swiped
Amount: \$ 25.47
Tip: 4
Total: 4

04/09/15 19:51:01
Inv #: 000076 Appr Code: 00936Z
Apprvd: Online Batch#: 000254



Casino • Resort • Spa
 BROOKL. MISSISSIPPI

Name: KIM HENDERSON

Address: 2941 HWY 51

CANTON

MS. 39046

Folio ID: 421010278414

Arrival Date: 04/07/2015

Departure Date: 04/10/2015

Room No: MT 620

Guests: 2

Group Code: S15322

DATE	REFERENCE	DESCRIPTION	CHARGES	BALANCE
04/07/2015	421009001586	ROOM CHARGE MT 620 CACM-ONE LOUD VOICE	59.99	
04/07/2015	421009100715	RESORT FEE	5.60	
04/07/2015	421009100716	RESORT FEE	10.08	
04/07/2015	421009100717	RESORT FEE \$9.00 RESORT FEE	10.08-	
04/08/2015	421019001655	ROOM CHARGE MT 620 CACM-ONE LOUD VOICE	59.99	
04/08/2015	421019100847	RESORT FEE	5.60	
04/08/2015	421019100848	RESORT FEE	10.08	
04/08/2015	421019100849	RESORT FEE \$9.00 RESORT FEE	10.08-	
04/09/2015	421029001598	ROOM CHARGE MT 620 CACM-ONE LOUD VOICE	59.99	
04/09/2015	421029100811	RESORT FEE	5.60	
04/09/2015	421029100812	RESORT FEE	10.08	
04/09/2015	421029100813	RESORT FEE \$9.00 RESORT FEE	10.08-	
04/10/2015	421030349315	FRONT DESK MASTERCAR *****2655	196.77-	

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

GUEST SIGNATURE: _____

Balance Due:



Casino • Resort • Spa
 BILOXI, MISSISSIPPI

Name: KIM HENDERSON

Address: 2941 HWY 51

CANTON

MS 39046

Folio ID: 421010278414

Arrival Date: 04/07/2015

Departure Date: 04/10/2015

Room No: MT 620

Guests: 2

Group Code: S15322

DATE	REFERENCE	DESCRIPTION	CHARGES	BALANCE
		SUMMARY OF CHARGES		
		ROOM	179.97	
		MISC	15.00	
		TAX2	1.80	
				.00
I agree that my liability is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges.				
GUEST SIGNATURE: _____				Balance Due:



[Printable View](#)

Radford Shearrill Tuesday, April 21, 2015

**Please print the confirmation below for your records.
Registration Confirmation**

Dear Radford Shearrill:

Welcome to 2015 D.A.R.E. Int'l Conference Series - New Orleans, Louisiana!
Thank you for registering for what promises to be an exciting and educational event.
Below, you will find important information regarding the event and your registration.

To facilitate completion of on-site registration, please bring this print out.

Registration Code: 54673-12565623-9265
Date Completed: 2015-04-21 09:04:23

Registrant Profile

First name	Radford
Last name	Shearrill
Email Address	ralph.shearrill@madison-co.com
Company name	Madison County Sheriff's Office
Address	2941 Hwy 51
City	Canton
State/Province	MS
Zip Code	39046
Country	United States
Phone Number	601-540-4067

Other Information

Passkey Hyatt Hotel Confirmation # 526722076W

Registration Category

Online DARE Int'l Trng w/Passkey Hyatt Conf.# \$ 750.00

Transaction Detail

Description	Quantity	Amount	Total
Discount Online Reg w/Passkey Hyatt Conf.#	1	\$(355.00)	\$(355.00)
Online DARE Int'l Trng w/Passkey Hyatt Conf.#	1	\$750.00	\$750.00
		Total:	\$395.00
Received			
Date	Payments	Yes	\$395.00 \$395.00
21-Apr-15	Madison Cty Sheriffs Dept (MasterCard 2655)		
			Total: \$395.00
Balance due:			\$0.00

Cancellation Policy:

- Cancellations recieved in writing before July 19, 2015 will be refunded in full, less a \$100.00 non-refundable administrative fee.
- No Refunds will be issued on written cancelations recieved after July 19, 2015.

Thank you for your registration.

[Email Registration Assistance](#) [New Registration](#)