

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

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

9 June 2015

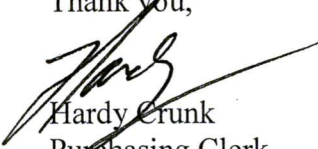
District 1 Supervisor John Bell Crosby
District 2 Supervisor John Howland
District 3 Supervisor Gerald Steen
District 4 Supervisor Karl Banks
District 5 Supervisor Paul Griffin

Subject: Place June 2015 Travel Card Reconciliation Report in Minutes

Gentlemen:

Per Department of Finance and Administration regulations, please place the attached Travel Card Reconciliation Report in the Minutes.

Thank you,



Hardy Crunk
Purchasing Clerk

TRAVEL CARD RECONCILIATION

STATEMENT CLOSING DATE: 06/01/15

CARD	CARD USER	PURPOSE	USE DATE	VENDOR NAME	AMOUNT	DESCRIPTION
BOS1	RONNIE LOTT	LODGING RESERVATION	28-May-15	BEAU RIVAGE	\$222.38	SUPS CONVENTION
BOS1 CARD TOTAL					\$222.38	
EMA	KAY LITTLE	LODGING	29-May-15	IP BILOXI	\$96.31	GIS CONFERENCE
EMA CARD TOTAL					\$96.31	
HR	LORETTA PHILLIPS	LODGING	13-May-15	BEAU RIVAGE	\$299.26	HR CONFERENCE
HR	VICKY MILLER	LODGING	13-May-15	BEAU RIVAGE	\$299.26	HR CONFERENCE
HR CARD TOTAL					\$598.52	
CONTROL ACCOUNT TOTAL CHARGES					\$917.21	
AMOUNT TO PAY					\$917.21	


Hardy Crunk
Purchase Clerk

CARD SERVICES
 PO BOX 419734
 KANSAS CITY MO 64141-6734



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed	
917.21	06/26/15	0.00	917.21		\$

Make Check Payable To:
 Card Services

Please check box if making address change as indicated on the back

Card Services
 PO Box 875852
 Kansas City MO 64187-5852

CONTROL ACCOUNT 5048
MADISON COUNTY BOS A206
PO BOX 608
CANTON MS 39046-0608



4715621981007611 0091721 0091721

Account Number Ending In: XXXX XXXX 8100 7611

Summary of Account Activity		
Previous Balance	\$	0.00
Payments	-	0.00
Other Credits	-	0.00
Purchases/Debits	+	917.21
Cash Advances	+	0.00
Finance Charges	+	0.00
New Balance		917.21
Credit Limit		20,000.00
Available Credit		19,082.00

Payment Information	
Statement Closing Date	06/01/15
New Balance	917.21
Minimum Payment Due	917.21
Payment Due Date	06/26/15
Past Due Amount	0.00

An amount followed by a minus (-) is a credit or a credit balance, unless otherwise indicated.

PAYMENT ADDRESS	ACCOUNT INQUIRIES AND	CARD SERVICES
CARD SERVICES	LOST STOLEN CARDS	PO BOX 419734
PO BOX 875852	800-821-5184	KANSAS CITY MO 64141-6734
KANSAS CITY, MO 64187-5852	816-843-2000 IN KANSAS CITY	

Telephoning about billing errors will not preserve your rights under federal law. See the Billing Rights Summary on the reverse side.

Transaction Information

Transaction Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount
05/28	05/31	24610434M03S1Q4HK	MADISON COUNTY BOS TOTAL XXXX XXXX 8100 7579 \$222.38 BEAU RIVAGE HOTEL CASINO BILOXI MS MCC: 3764 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/28/15 SALES TAX: \$ 0.00 TAX INCLUDED: 0 <i>BOS</i> <i>CHK</i>	222.38
05/29	06/01	24610434P03TKQ7F6	MADISON COUNTY BOS TOTAL XXXX XXXX 8100 7595 \$96.31 IP-MS LODGING BILOXI MS MCC: 7011 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/27/15 SALES TAX: \$ 0.00 TAX INCLUDED: 0 <i>EM</i>	96.31
05/13	05/15	24610434603TRT1H2	MADISON COUNTY BOS TOTAL XXXX XXXX 8100 7603 \$598.52 BEAU RIVAGE HOTEL CASINO BILOXI MS MCC: 3764 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/11/15 SALES TAX: \$ 0.00 TAX INCLUDED: 0 <i>HR</i>	299.26
05/13	05/15	24610434603TRT2LD	BEAU RIVAGE HOTEL CASINO BILOXI MS MCC: 3764 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/11/15 SALES TAX: \$ 0.00 TAX INCLUDED: 0	299.26

CARD SERVICES
 PO BOX 419734
 KANSAS CITY MO 64141-6734



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed
0.00	06/26/15	0.00	0.00	\$

Make Check Payable To:
 Card Services

Please check box if making address change as indicated on the back

Card Services
 PO Box 875852
 Kansas City MO 64187-5852

MADISON COUNTY BOS 5045
 MADISON COUNTY BOS A206
 PO BOX 608
 CANTON MS 39046-0608



BOS 1

4715621981007579 0000000 0000000

Account Number Ending In: XXXX XXXX 8100 7579

Summary of Account Activity		
Previous Balance	\$	0.00
Payments	-	0.00
Other Credits	-	0.00
Purchases/Debits	+	0.00
Cash Advances	+	0.00
Finance Charges	+	0.00
New Balance		0.00
Credit Limit		20,000.00
Available Credit		20,000.00

Payment Information	
Statement Closing Date	06/01/15
New Balance	0.00
Minimum Payment Due	0.00
Payment Due Date	06/26/15
Past Due Amount	0.00

An amount followed by a minus (-) is a credit or a credit balance, unless otherwise indicated.

PAYMENT ADDRESS
 CARD SERVICES
 PO BOX 875852
 KANSAS CITY, MO 64187-5852

ACCOUNT INQUIRIES AND
 LOST STOLEN CARDS
 800-821-5184
 816-843-2000 IN KANSAS CITY

CARD SERVICES
 PO BOX 419734
 KANSAS CITY MO 64141-6734

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Transaction Information

Transaction Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount
05/28	05/31	24610434M03S1Q4HK	BEAU RIVAGE HOTEL CASINO BILOXI MS MCC: 3764 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/28/15 SALES TAX: \$ 0.00 TAX INCLUDED: 0	222.38
06/01	06/01	000000000000COMPC	TOTAL PURCHASES \$222.38 TOTAL \$222.38	0.00

Interest Charge Calculation

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

Current Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Type of Balance			
Purchases	0.00	0.00	0.00
Cash Advances	0.00	0.00	0.00
Previous Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Type of Balance			
Purchases	0.00	0.00	0.00

(v) = Variable Rate



Thank you for choosing Beau Rivage as your resort destination.

Confirmation: 749868088

Arrival: Tue June 16, 2015

Staying: 1 night

Departure: Wed June 17, 2015

Guests: 1

Accommodations: Deluxe King Room(s)

Guest Information

Ronnie Lott
PO Box 608
Canton, MS 39046

Billing Information

Total: \$222.38
Deposit Paid: \$222.38
Credit Card: 7579

You'll discover a world of endless possibilities at Beau Rivage, the Mississippi Gulf Coast's Premier Entertainment Resort.

To accommodate your Spa & Salon, Dining and Entertainment preferences, allow us to make your reservations in advance. Simply call (888) 750-7111 and select the corresponding menu item. Our reservations agents will make all the necessary arrangements so that you'll be assured of enjoying our extraordinary amenities at your convenience.

Check-in to the hotel is 3:00 p.m. daily. Our Bell Desk can store your luggage until your room is ready for early arrivals.

Please note that guests registering at the resort must be at least 21 years of age and provide a major credit card at the time of check-in. Also, a daily resort fee of \$7.49 will be charged upon check in.

Upon check-in, a guest room will be assigned to you and while we do our utmost to ensure that all of your room requests are met, room types are not guaranteed.

Check out time is 11:00 a.m. If your travel plans necessitate a later check out, please contact the Front Desk to assist you with these arrangements. Please note that extended check out times are not always available and a late check out fee may apply. Again, our Bell Desk will be happy to hold your luggage until you are ready to depart if you are unable to arrange for a later check out time.

If your travel plans change and you need to cancel your reservations, please contact us at least 24 hours prior to your arrival in order to avoid forfeiting your advance deposit.

We look forward to seeing you soon and hope you have a wonderful time at Beau Rivage!

Sincerely,

Beau Rivage Customer Care
www.beaurivage.com

CARD SERVICES
 PO BOX 419734
 KANSAS CITY MO 64141-6734



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed
0.00	06/26/15	0.00	0.00	\$

Make Check Payable To:
 Card Services

Please check box if making address change as indicated on the back

Card Services
 PO Box 875852
 Kansas City MO 64187-5852

MADISON COUNTY BOS 5047
 MADISON COUNTY BOS A206
 PO BOX 608
 CANTON MS 39046-0608



4715621981007603 0000000 0000000

Account Number Ending In: XXXX XXXX 8100 7603

Summary of Account Activity		
Previous Balance	\$	0.00
Payments	-	0.00
Other Credits	-	0.00
Purchases/Debits	+	0.00
Cash Advances	+	0.00
Finance Charges	+	0.00
New Balance		0.00
Credit Limit		5,000.00
Available Credit		5,000.00

Payment Information	
Statement Closing Date	06/01/15
New Balance	0.00
Minimum Payment Due	0.00
Payment Due Date	06/26/15
Past Due Amount	0.00

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PAYMENT ADDRESS
 CARD SERVICES
 PO BOX 875852
 KANSAS CITY, MO 64187-5852

ACCOUNT INQUIRIES AND
 LOST STOLEN CARDS
 800-821-5184
 816-843-2000 IN KANSAS CITY

CARD SERVICES
 PO BOX 419734
 KANSAS CITY MO 64141-6734

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Transaction Information

Transaction Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount
05/13	05/15	24610434603TRT1H2	BEAU RIVAGE HOTEL CASINO BILOXI MS MCC: 3764 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/11/15 SALES TAX: \$ 0.00 TAX INCLUDED: 0	299.26
05/13	05/15	24610434603TRT2LD	BEAU RIVAGE HOTEL CASINO BILOXI MS MCC: 3764 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/11/15 SALES TAX: \$ 0.00 TAX INCLUDED: 0	299.26
06/01	06/01	000000000000COMPC	TOTAL PURCHASES \$598.52 TOTAL \$598.52	0.00

Interest Charge Calculation

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

Current Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Type of Balance			
Purchases	0.00	0.00	0.00
Cash Advances	0.00	0.00	0.00

Previous Billing Period	Annual Percentage	Balance Subject to	Interest



RESORT & CASINO • BILOXI

Loretta Phillips
Po Box 608

Conf No. 748022563
Arrival 2015-05-11
Departure 2015-05-13

DATE	DESCRIPTION	CHARGES	CREDITS
2015-05-11	BR Room	125.00	
2015-05-11	BR Room Tax - 12%	15.00	
2015-05-11	BR Resort Fee	9.00	
2015-05-11	BR Resort Fee Tax	0.63	
2015-05-12	BR Room	125.00	
2015-05-12	BR Room Tax - 12%	15.00	
2015-05-12	BR Resort Fee	9.00	
2015-05-12	BR Resort Fee Tax	0.63	
2015-05-13	Visa		299.26
	Total	\$299.26	\$299.26
	Balance	\$0.00	



RESORT & CASINO • BILOXI

Vickie Miller
Po Box 608

Conf No. 748022680
Arrival 2015-05-11
Departure 2015-05-13

DATE	DESCRIPTION	CHARGES	CREDITS
2015-05-11	BR Room	125.00	
2015-05-11	BR Room Tax - 12%	15.00	
2015-05-11	BR Resort Fee	9.00	
2015-05-11	BR Resort Fee Tax	0.63	
2015-05-12	BR Room	125.00	
2015-05-12	BR Room Tax - 12%	15.00	
2015-05-12	BR Resort Fee	9.00	
2015-05-12	BR Resort Fee Tax	0.63	
2015-05-13	Visa		299.26
	Total	\$299.26	\$299.26
	Balance	\$0.00	

CARD SERVICES
 PO BOX 419734
 KANSAS CITY MO 64141-6734



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed
0.00	06/26/15	0.00	0.00	\$

Make Check Payable To:
 Card Services

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Card Services
 PO Box 875852
 Kansas City MO 64187-5852

MADISON COUNTY BOS 5046
MADISON COUNTY BOS A206
 PO BOX 608
 CANTON MS 39046-0608



EMT
 4715621981007595 0000000 0000000

Account Number Ending In: XXXX XXXX 8100 7595

Summary of Account Activity			Payment Information	
Previous Balance	\$	0.00	Statement Closing Date	06/01/15
Payments	-	0.00	New Balance	0.00
Other Credits	-	0.00	Minimum Payment Due	0.00
Purchases/Debits	+	0.00	Payment Due Date	06/26/15
Cash Advances	+	0.00	Past Due Amount	0.00
Finance Charges	+	0.00		
New Balance		0.00		
Credit Limit		5,000.00		
Available Credit		5,000.00		

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PAYMENT ADDRESS	ACCOUNT INQUIRIES AND	CARD SERVICES
CARD SERVICES	LOST STOLEN CARDS	PO BOX 419734
PO BOX 875852	800-821-5184	KANSAS CITY MO 64141-6734
KANSAS CITY, MO 64187-5852	816-843-2000 IN KANSAS CITY	

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Transaction Information

Transaction Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount
05/29	06/01	24610434P03TKQ7F6	IP-MS LODGING BILOXI MS MCC: 7011 MERCHANT ZIP: 39530 LODGING CHECK-IN DATE: 05/27/15 SALES TAX: \$ 0.00 TAX INCLUDED: 0	96.31
06/01	06/01	000000000000COMPC	TOTAL PURCHASES \$96.31 TOTAL \$96.31	0.00

Interest Charge Calculation

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

Current Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
<u>Type of Balance</u>			
Purchases	0.00	0.00	0.00
Cash Advances	0.00	0.00	0.00
<u>Previous Billing Period</u>	<u>Annual Percentage Rate (APR)</u>	<u>Balance Subject to Interest Rate</u>	<u>Interest Charge</u>
<u>Type of Balance</u>			
Purchases	0.00	0.00	0.00

(v) = Variable Rate



Casino • Resort • Spa
BILOXI, MISSISSIPPI

Name: KAY LITTLE

Address: PO BOX 608

CANTON

MS 39046

Folio ID: 421501570473

Arrival Date: 05/27/2015

Departure Date: 05/29/2015

Room No: MT 2705

Guests: 1

Group Code: S150465

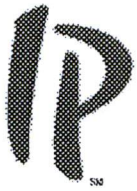
DATE	REFERENCE	DESCRIPTION	CHARGES	BALANCE
05/27/2015	421501570474	APPLIED DEPOSIT *****2630	85.11-	
05/27/2015	421509002866	ROOM CHARGE MT 2705 TAX2 MEMA- INDIV CALL IN	75.99 ✓ 9.12 ✓	
05/27/2015	421509100771	RESORT FEE RESORT FEE	5.60 ✓	
05/27/2015	421509100772	RESORT FEE \$9.00 RESORT FEE	10.08	
05/27/2015	421509100773	RESORT FEE REVERSAL OF RESORT F	10.08-	
05/28/2015	421519002759	ROOM CHARGE MT 2705 TAX2 MEMA- INDIV CALL IN	75.99 ✓ 9.12 ✓	
05/28/2015	421519100729	RESORT FEE RESORT FEE	5.60 ✓	
05/28/2015	421519100730	RESORT FEE \$9.00 RESORT FEE	10.08	
05/28/2015	421519100731	RESORT FEE REVERSAL OF RESORT F	10.08-	
05/29/2015	421521602504	FRONT DESK VISA *****7595	96.31-	
		SUMMARY OF CHARGES		
		ROOM	151.98	
		MISC	10.00	

96.31

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: KAY LITTLE

Address: PO BOX 608

CANTON

MS 39046

Folio ID: 421501570473

Arrival Date: 05/27/2015

Departure Date: 05/29/2015

Room No: MT 2705

Guests: 1

Group Code: S150465

DATE	REFERENCE	DESCRIPTION	CHARGES	BALANCE
		TAX2	19.44	
<p>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.</p>				.00
GUEST SIGNATURE: _____				Balance Due: