

**Central Office  
(DUPLICATE)**

**Our P.O. Number must appear  
on all invoices, packing lists  
cartons, and correspondence.**

**Bill To:** Raytown C-2  
6608 Raytown Road  
Raytown, MO 64133-5265  
Phone: (816) 268-7000  
Fax: (816) 268-7063  
Email: [financegroup@raytownschools.org](mailto:financegroup@raytownschools.org)

**Tax Exempt Number:**  
12495239

<b>Purchase Order No:</b>	<b>21-0000-5641</b>
Page No:	1
P.O. Date:	02/22/21
Delivery Date:	ASAP
Bid/Quote No:	
Requisition No:	
<b>Purchase Order No:</b>	<b>21-0000-5641</b>

**Vendor:** CARD SERVICES  
PO BOX 875852  
KANSAS CITY MO 64187-5852

Fax: (816) 843-2485  
Vendor ID: 115223

**Ship to:** RAYTOWN ADMINISTRATION BU  
Attn: DEVILBISS  
6608 RAYTOWN ROAD  
RAYTOWN, MO 64133  
Phone: (816) 268-7000  
Fax: (816) 268-7063

<b>Terms:</b>	<b>Ship Via:</b>	<b>Render Invoice in duplicate, enclosing one copy with merchandise and mailing other copy to central office ('BILL TO' address above). For all equipment purchases, serial numbers must be indicated on the invoice.</b>
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Line	Qty	Unit	Part No. and Description	Unit Price	Adjustment	Amount
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Note: PLEASE SEND ALL INVOICES TO THE "SHIP TO" ADDRESS.

All references to this purchase order (PO) including packing slip and invoice must contain this PO number in order to receive payment.

1.	1.00	Ea.	LINKED IN RECRUITING/ADVERTISING 001-2642-6362-0000-00222-1	750.00	0.00	750.00
<b>Order Total -----&gt;</b>						<b>\$750.00</b>

*Maureen Devilbiss*

CARD SERVICES  
 PO BOX 419734  
 KANSAS CITY MO 64141-6734

Account Number Ending In: XXXX XXXX XXXX



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed
750.00	02/26/21	0.00	750.00	\$

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

MARLENE DEVILBISS  
 6608 RAYTOWN RD  
 6608 RAYTOWN ROAD  
 RAYTOWN MO 64133-5240



XXXXXXXXXXXX

Account Number Ending In: XXXX XXXX XXXX

Summary of Account Activity		
Previous Balance	\$	200.00
Payments	-	200.00
Other Credits	-	0.00
Purchases/Debits	+	750.00
Cash Advances	+	0.00
Finance Charges	+	0.00
<b>New Balance</b>		<b>750.00</b>
Credit Limit		3,000.00
Available Credit		2,250.00

Payment Information	
Statement Closing Date	02/01/21
New Balance	750.00
Minimum Payment Due	750.00
Payment Due Date	02/26/21
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 OR STOLEN CARDS  
 888-494-5141

CARD SERVICES  
 PO BOX 419734  
 KANSAS CITY MO 64141-6734

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
01/17	01/17	74715620KEHM8Z5BK	CK PAYMENT THANK YOU KANSAS CITY MO	200.00-
01/26	01/27	24692160S2XFP5VPM	LINKEDIN-627*1995194 LNKD.IN/BILL CA MCC: 5968 MERCHANT ZIP: 94043 SALES TAX: \$ 0.00 TAX INCLUDED: 2 CUSTOMER CODE: 6271995194	750.00

**Interest Charge Calculation**

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

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

Periodic rates and APRs may vary. See your Cardmember Agreement for an explanation. There is a 25-day grace period for Purchases but not for Cash Advances. You can avoid additional finance charges on Purchases if you pay the New Balance within 25 days of the Statement Closing Date (which may not be the same as the Payment Due Date). See reverse side for important information and disclosures and, if an Annual Fee was posted above, regarding renewals.

