

Fax (270) 928-2112



**PO'S
Attached as
necessary**

Name of Vendor	Card Services Center (FARMER'S BANK)
Address	PO Box 105025
City/State/Zip	Atlanta, GA 30348-5025
Contact Info.	

Purchase Order No.

[illegible]

Signed

IF NECESSARY

Building Principal/Supervisor

APPROVED FOR PAYMENT

By

Vendor # **4457**

VENDOR LEAVE BLANK

*

Check Number

Amount Paid **\$ 494.59**

Date Paid



ok to pay 1/2/18

BILLING ACCOUNT

Account Number: XXXX XXXX XXXX 0051

Billing Questions:

800-854-7642

Website:

www.24-7cardaccess.com

Send Billing Inquiries To:

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

FARMERS BANK & TRUST Credit Card Account Statement

December 1, 2017 to December 31, 2017

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$0.00
- Payments	\$0.00
- Other Credits	\$0.00
+ Purchases	\$494.59
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$494.59

Account Number XXXX XXXX XXXX 0051
 Credit Limit \$20,000.00
 Available Credit \$19,505.00
 Statement Closing Date December 31, 2017
 Days in Billing Cycle 31

PAYMENT INFORMATION

New Balance: \$494.59
 Minimum Payment Due: \$25.00
 Payment Due Date: January 25, 2018

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!

TRANSACTIONS

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

Tran Date	Post Date	Reference Number	Transaction Description	Amount
12/12	12/12	5531658ASMHG12HVQ	BP#6174957SKYLINE BQPS LEXINGTON KY	\$21.00
12/13	12/13	5543286AV5S9Z66WT	MARRIOTT LEXINGTON LEXINGTON KY	\$283.98
		CHECK-IN 12/10/17	FOLIO #002890	
12/18	12/18	0531461B1EHW2V4PT	PATTIS ANNEX - NEW GRAND RIVERS KY	\$189.61

Transactions continued on next page

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



Account Number: XXXX XXXX XXXX 0051

New Balance: \$494.59

Minimum Payment Due: \$25.00

Payment Due Date: January 25, 2018

Amount Enclosed: \$

494.59

Make Check Payable to:

CARD SERVICES CENTER
 PO BOX 105025
 ATLANTA GA 30348-5025

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.

BILLING ACCOUNT
 LIVINGSTON COUNTY BOE
 PO BOX 219
 SMITHLAND KY 42081-0219



BILLING ACCOUNT
Account Number: XXXX XXXX XXXX 0051

TRANSACTIONS (continued)

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

Tran Date	Post Date	Reference Number	Transaction Description	Amount
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VICTOR ZIMMERMAN

TOTAL XXXXXXXXXXXXX0069 \$494.59

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	14.99% (v)	\$0.00	31	\$0.00
Cash Advances	18.49% (v)	\$0.00	31	\$0.00

(v) - variable

To report a lost or stolen card or for any other information about your account, call our Customer Service Department at 1-800-854-7642.

HOW WE COMPUTE THE BALANCE UPON WHICH PERIODIC INTEREST CHARGES ARE ASSESSED

A monthly periodic rate charge is assessed on your purchases average daily balance and your cash advances average daily balance (as shown on the reverse side) as follows:

(a) Purchases Average Daily Balance

We figure a portion of the interest charges on your account by applying the periodic rate to the purchases "average daily balance" of your account (including current transactions). To get the purchases "average daily balance", we take the beginning purchase balance of your account each day, add any new purchases and subtract any payments or purchase credits. This gives us the purchases daily balance. Then, we add up all the purchases daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the purchases "average daily balance."

(b) Cash Advances Average Daily Balance

We figure a portion of the interest charges on your account by applying the periodic rate to cash advances "average daily balance" of your account (including current transactions). To get the cash advances "average daily balance", we take the beginning advance balance of your account each day, add any new cash advances and subtract any payments or cash advance credits. This gives us the cash advances daily balance. Then, we add up all the cash advances daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the cash advances "average daily balance."

Eligible promotional balances and activity will be calculated separately as stated above. Periodic rates may vary if a variable rate plan is involved.

LIABILITY FOR UNAUTHORIZED USE

You may be liable for the unauthorized use of your credit card account. You will not be liable for unauthorized use that occurs after you notify us at the address shown on this statement, orally or in writing, of the loss, theft, or possible unauthorized use. In any case, your liability will not exceed \$50.

BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake On Your Statement
If you think there is an error on your statement, write to us at: **Card Assets, LLC, P.O. Box 2988, Omaha, NE 68103.**
You may also contact us on the Web: **www.24-7cardaccess.com**

In your letter, give us the following information:

- **Account Information:** Your name and account number.
- **Dollar Amount:** The dollar amount of the suspected error.
- **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors *in writing* [or electronically]. You may call us, but if you do, we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

If you are dissatisfied with the goods or services that you have purchased with your credit card and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, all of the following must be true:

1. The purchase must have been made in your home state or within 100 miles of your current mailing address and the purchase price must have been more than \$50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us *in writing* [or electronically] at:
Card Assets, LLC, P.O. Box 2988, Omaha, NE 68103
www.24-7cardaccess.com

While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

O1AB5106-4-04/14/14

Cardholder Account Changes

Name _____
Street Address _____
City _____ State _____ ZIP _____
Home Phone (_____) _____ Business Phone (_____) _____
Email Address _____
Signature _____

Please check the box on the front of this statement if you have filled in a new address or phone.

Payment must be sent to the mailing address listed on the reverse side. If payment is received at any of our other locations, it may result in a delay in posting up to 5 days.

SKYLINE BP
1005 NEWTOWN PIKE

Skyline BP
1005 Newtown Pike
Lexington, Ky
40511
12/12/2017 7:19:33 7555
12:15:15 PM

PUMP# 6
REGULAR 8.753G
PRICE/GAL \$2.399

FUEL TOTAL \$ 21.00

CREDIT \$ 21.00

MASTERCARD
XXXXXXXXXXXX0000
Auth #: 01204C
Ref: 40612004
Resp Code: 000
Term ID: 00000
Stan: 0454850007
SITE ID: 6174957
REWARD

ok to pay
JS

THANK YOU COME AGAIN



MARRIOTT

LEXINGTON GRIFFIN GATE

GUEST FOLIO

366	ZIMMERMAN/VICTOR	129.00	12/12/17	11:53	2890	2217
ROOM	NAME	RATE	DEPART	TIME	ACCT#	GROUP
GQ	LIVINGSTON CO BOARD		12/10/17	19:37		
TYPE	PO BOX 219		ARRIVE	TIME		
214	SMITHLAND KY	PASSPORT:				
ROOM	42081	MCXXXXXXXXXXXX0069			MRW#:	
CLERK	ADDRESS	PAYMENT				

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
12/10	ROOMGR 366, 1	129.00		
12/10	ROOMTAX 366, 1	7.74	A	
12/10	CITYFEES 366, 1	12.99	B	
12/11	ROOMGR 366, 1	129.00		
12/11	ROOMTAX 366, 1	7.74	A	
12/11	CITYFEES 366, 1	12.99	B	
12/11	TAXEXMT JM			15.48 AD
12/12	CCARD-MC			283.98
	SETTLED TO: MASTER CARD			

.00

===== SUMMARY OF TAXES =====			
DESCRIPTION	TAXED AMOUNT	TAX	
K RESORT FEE TAX	.00	.00	
NET CHARGES 283.98	TAX .00	CREDITS 283.98	FOLIO .00

See our "Privacy & Cookie Statement" on Marriott.com

OKay to pay
J



MARRIOTT

LEXINGTON GRIFFIN GATE
1800 NEWTON PIKE
LEXINGTON, KY 40511

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

Professional Meeting and/or Travel Request FormEmployee Name: Victor ZimmermanToday's Date: 5/19/17School/Work Location: Board OfficeLocation of Conference/Workshop: WKEC Out of StateCity, State Location of Conference/Workshop: Edgelyville, Paducah (Attached) (Requires Board Approval)Conference/Workshop Date(s): July 10 or 31, 8/13, 9/11 or 9/20, 10/15, 11/15, 12/13 Departure Time:Conference/Workshop Name: WKEC Board of Directors

Return Time:

Rationale for Attendance: I am on the Board of Directors for WKEC

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name:

Employee Name:

Employee Name:

Employee Name:

Location/Position:

Location/Position:

Location/Position:

Location/Position:

Yes No

Yes No

Yes No

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTITUTIONAL LEADERSHIP CREDIT?

WILL YOU BE PARTICIPATING AS A CONSULTANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

ESTIMATED EXPENSES:

Substitute Needed: YES or NO No. of Days

Registration Fee: \$

Use of Board Vehicle: YES or NO

Use of Personal Vehicle: YES or NO

Mileage \$

No. of Miles

Hotel/Lodging (amount per night) \$

How many nights

Meals \$

Car Rental (amount per day) \$

How many days

Air Fair \$

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant

Date

Signature of Principal/Supervisor

Date

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016

Reprint 1

Patti's 1880 Settlement
1793 J H O'Bryan Ave
Grand Rivers, KY 42045
(270) 362-8844

Check 94	Table 19
Luke F.	12/18/2017
Guests 11	3:06 PM

L Ribeye Sand	13.19
Fries	1.29
L Don's Gr Chkn Sand	10.99
Fries	1.29
L Ribeye Sand	13.49
Sub Baked Potato	1.99
2 Frd Chkn Sal (14.29)	28.58
2 Gr Chkn Sal (14.29)	28.58
Hot Ham and Cheese	10.49
L Fr Chkn Sand	9.99
L Don's Gr Chkn Sand	10.99
L KY Hot Brown	12.99
4 Tea (2.59)	10.36
4 Soda (2.59)	10.36

T. Subtotal	164.88
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TOTAL	164.88
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Tip (15% 24.73) (18% 29.68) (20% 32.98)

BALANCE DUE	164.88
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Thank you!

24.73
\$189.61

