## ORDER: SPREAD ON THE MINUTES MONTHLY CREDIT CARD REPORT

Motion was made by Greg Bynum, duly seconded by Tim Gordon, to spread on the minutes monthly credit card report.

The vote on the motion was as follows:

Supervisor Brent Larson, voted yes Supervisor John Morgan, voted yes Supervisor Tim Gordon, voted yes Supervisor Scott Allen, voted yes Supervisor Greg Bynum, voted yes

After the vote, President Larson, declared the motion carried, this the 3<sup>rd</sup> day of February, 2025.

Brent Larson, President Board of Supervisors Mike Roberts, Chancery Clerk



# Visa® Business

LAFAYETTE CTY SHERIFF DE JOSEPH B EAST

**Account Number Ending In 0644** 

Dec 18 - Jan 17, 2025

Individual Account Summary			Page 1 of 4	
Credit Limit	\$16,500	Previous Balance		\$10,696.94
Available Credit	\$15,937	Payments	-	\$10,836.52
Billing Date	01/17/25	Credits	-	\$0.00
Days in Billing Cycle	31	Purchases/Other		
Payment Due Date	02/13/25	Debits/Other Fees	+	\$507.14
Minimum Payment Due	\$199.69	Cash Advances	+	\$0.00
		Interest Charges	+	\$146.52
		Late Fees	+	\$49.00
		New Balance		\$563.08

To ensure the proper credit, please include the payment coupon from this statement with your check. Failure to include this coupon can result in delayed processing and a late payment fee.

### **Interest Charges**

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

Type of Balance	Periodic Rate	Annual Percentage Rate(APR)	Balance Subject to Interest Rate	Interest Charge
PURCHASES	0.04792% (d)	17.490% (v)	\$9,862.70	\$146.52
<ul><li>(d) Daily Periodic Rate</li><li>(m) Monthly Periodic Rate</li><li>(v) Variable Rate</li></ul>				

#### **Account Inquiries**

Visit us online at www.regions.com Call Customer Service, for Billing Inquiries or to Report a Lost or Stolen Card

1-800-253-2265 TTY 1-800-374-5791 Send Billing Inquiries To: P.O. BOX 216

BIRMINGHAM, AL 35201-0216

Mail Payments To : PO BOX 71075

CHARLOTTE, NC 28272-1075

DETACH HERE: to ensure the proper credit, please include lower portion with your payment.

# 3042410063000916064400056308000199698

REGIONS BANK P.O. BOX 11007 BIRMINGHAM AL 35288-0001

REGIONS

Account Number Ending In

0644

արժայիրոնինինիրաբենիրիկիրորնըություն

REGIONS CREDIT CARD COMMERCIAL PO BOX 71075 CHARLOTTE NC 28272-1075

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JOSEPH B EAST LAFAYETTE CTY SHERIFF DE PO BOX 1240 OXFORD MS 38655-1240 Payment Due Date

rayment due date

02/13/25

Minimum Payment Due

\$199.69

New Balance

\$563.08

Amount

Enclosed

\$

Make check or money order payable to: Regions Bank

E#P\$0000\*\*

Dec 18 - Jan 17, 2025

Cardho	lder .	Activity
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	- Cultural Control Con				
Tran Date	Post Date	Category	Reference Number	Transactions	Amount
12/20	12/23	3501	24943004356116445219005	HOLIDAY INN EXPRESS & SU 6622054031 MS	507.14
				Check in Date: 12/16/24 Daily Rate \$0.00	
01/13	01/13	0000		LATE PAYMENT FEE	49.00
01/14	01/15	0000	0020	PAYMENT - THANK YOU	1 <del>0,695.94 CR</del>
01/14	01/15	0000	0020	PAYMENT - THANK YOU	6 <u>9 79 - OR</u>
01/15	01/16	0000	0020	PAYMENT - THANK YOU	69.79 CR
01/17	01/17	0000		INTEREST CHARGE-PURCHASES	146.52



12-20-24

Paul Lytle 711 Jackson Ave E Oxford MS 38655 United States Folio No. : A/R Number :

Group Code Company

Lafayette County Sheriff PC 266276903

Membership No. : PC Invoice No. :

Room No. : 309 Arrival : 12-16-24

Departure : 12-20-24 Conf. No. : 26813617 Rate Code : IDMES

Page No. : 1 of 1

Date	Description		Charges	Credits
12-16-24	*Accommodation		118.84	
12-16-24	State Tax - Room		8.32	
12-16-24	Bed/Occupancy Room Tax		2.38	
12-16-24	Tourism Tax		1.19	
12-17-24	*Accommodation		113.47	
12-17-24	State Tax - Room	•	7.94	
12-17-24	Bed/Occupancy Room Tax		2.27	
12-17-24	Tourism Tax		1.13	
12-18-24	*Accommodation		117.05	
12-18-24	State Tax - Room		8.19	
12-18-24	Bed/Occupancy Room Tax		2.34	
12-18-24	Tourism Tax		1.17	
12-19-24	*Accommodation		111.68	
12-19-24	State Tax - Room	•	7.82	
12-19-24	Bed/Occupancy Room Tax		2.23	
12-19-24	Tourism Tax		1.12	
12-20-24	Vîsa			507.14
Thenk you	Thank you for staying with ust. Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews.		507.14	507.14
We look fo	rward to welcoming you back soon.  4.01 POURISM	Balance	0.00	

Guest Signature:

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.