


ORDER: SPREAD ON THE MINUTES MONTHLY CREDIT CARD REPORT

Motion was made by Larry Gillespie, duly seconded by David Rikard, to spread on the minutes monthly credit card report.

The vote on the motion was as follows:

Supervisor Brent Larson, voted absent
Supervisor Larry Gillespie, voted yes
Supervisor David Rikard, voted yes
Supervisor Chad McLarty, voted yes
Supervisor Mike Roberts, voted yes

After the vote, President Roberts, declared the motion carried, this the 6th day of March, 2023.



Mike Roberts, President
Board of Supervisors

Sherry Wall, Chancery Clerk

Visa® Business

LAFAYETTE CTY SHERIFF DE
JOSEPH B EAST

Account Number Ending in 0644
Jan 18 - Feb 17, 2023

Individual Account Summary

Page 1 of 4

Credit Limit	\$16,500	Previous Balance	\$1,171.19
Available Credit	\$16,068	Payments	-
Billing Date	02/17/23	Credits	\$0.00
Days in Billing Cycle	31	Purchases/Other	
Payment Due Date	03/16/23	Debits/Other Fees	+
Minimum Payment Due	\$10.00	Cash Advances	+
		Interest Charges	+
		Late Fees	+
		New Balance	\$431.79

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)	\$0.00	\$0.00
(d) Daily Periodic Rate				
(m) Monthly Periodic Rate				
(v) Variable Rate				

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 1-800-374-6791

Send Billing Inquiries To:
P.O. BOX 216
BIRMINGHAM, AL 35201-0216

Mail Payments To:
P.O. BOX 2224
BIRMINGHAM, AL 35246-3042

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

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

REGIONS COMMERCIAL BANKCARD
P.O. BOX 2224
BIRMINGHAM AL 35246-3042

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

REGIONS

3042410063000916064400043179000010003

Account Number Ending In 0644
Payment Due Date 03/16/23
Minimum Payment Due \$10.00
New Balance \$431.79

Amount Enclosed \$

☐ Check box and indicate address change on reverse.

Make check or money order payable to:
Regions Bank

11 4 10063 11 5000 206 11 0009160644 20

Cardholder Activity

Tran Date	Post Date	Category	Reference Number	Transactions	Amount
02/09	02/09	0000	0020	PAYMENT - THANK YOU	
02/08	02/10	3501	24943003040708292400839	HOLIDAY INN EXPRESS PICA PICAYUNE MS Check in Date: 02/07/23 Daily Rate \$0.00 Taxes: \$0.00	1,171.19 CR 143.93
02/08	02/10	3501	24943003040708292397100	HOLIDAY INN EXPRESS PICA PICAYUNE MS Check in Date: 02/07/23 Daily Rate \$0.00 Taxes: \$0.00	143.93
02/08	02/10	3501	24943003040708292401605	HOLIDAY INN EXPRESS PICA PICAYUNE MS Check in Date: 02/07/23 Daily Rate \$0.00 Taxes: \$0.00	143.93



02-13-23

Paul Lytle	Folio No. :	116268	Room No. :	322
711 Jackson Ave E	A/R Number :		Arrival :	02-07-23
Oxford 38655	Group Code :		Departure :	02-08-23
United States	Company :		Conf. No. :	29915072
	Membership No. :	PC 266276903	Rate Code :	IDME0
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
02-07-23	*Accommodation	132.05	
02-07-23	State Tax - Room	9.24	
02-07-23	City Tax - Room	2.64	
02-08-23	Visa XXXXXXXXXXXXXXX0644		143.93
Thank you for staying with us! 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 . We look forward to welcoming you back soon.		Total	143.93 143.93
		Balance	0.00

Guest Signature: _____

I have received the goods and / or services in the amount shown herein. 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.



02-08-23

Paul Lytle 711 Jackson Ave E Oxford 38655 United States	Folio No. : A/R Number : Group Code : Company : Membership No. : PC 266276903 Invoice No. :	Room No. : 310 Arrival : 02-07-23 Departure : 02-08-23 Conf. No. : 49433478 Rate Code : IDME0 Page No. : 1 of 1
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Date	Description	Charges	Credits
02-07-23	*Accommodation	132.05	
02-07-23	State Tax - Room	9.24	
02-07-23	City Tax - Room	2.64	
02-08-23	Visa XXXXXXXXXXXXXXX0644		143.93
Thank you for staying with us! 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 . We look forward to welcoming you back soon.		Total	143.93
		Balance	0.00

Guest Signature: Paul Lytle

I have received the goods and / or services in the amount shown hereon. 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.



02-08-23

Paul Lytle 711 Jackson Ave E Oxford 38655 United States	Folio No.	:		Room No. :	212
	A/R Number	:		Arrival :	02-07-23
	Group Code	:		Departure :	02-08-23
	Company	:		Conf. No. :	24845264
	Membership No.	:	PC 266276903	Rate Code :	IDME0
	Invoice No.	:		Page No. :	1 of 1

Date	Description	Charges	Credits
02-07-23	*Accommodation	132.05	
02-07-23	State Tax - Room	9.24	
02-07-23	City Tax - Room	2.64	
02-08-23	Visa XXXXXXXXXXXXX0644		143.93
Thank you for staying with us! 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 . We look forward to welcoming you back soon.		Total	143.93
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