



p-CARD SUMMARY FORM

ATTACH STATEMENT AND RECEIPTS TO THIS FORM

Cardholder: FRED BOUCHARD
(Please Print)

Credit Card No.: XXXX XXXX XXXX

Building: KEILStatement Date: 1/5/2020

Transaction Date	Vendor	Purchase Description	Purpose of Purchase	Amount	Account Number	Receipt Enclosed (X)
12/19/2019	Gaylord National	Refund for Hotel Stay	NIAAA Conference	(\$77.88)	10-82-1552-0550-0-410	
12/19/2019	Gaylord National	Refun for Hotel Stay	NIAAA Conference	(\$77.88)	10-81-2210-0123-0-332	
					10-85-1552-0550-0-410	
			TOTAL CHARGES (Must Match Statement)	(\$155.76)		

Cardholder Signature:

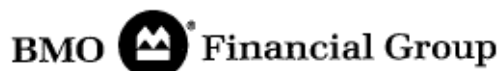
Date:

1-10-2020

Budget Manager Approval:

Date:

1-10-2020



Statement

Account Name:	BOUCHARD, FRED	Card Number:	XXXX-XXXX-XXXX
Company Name:	DECATUR PUBLIC SCH DIST 61	Account Limit:	\$ 5,000.00
Employee ID:	3		
Statement Date (MM/DD/YYYY):	01/05/2020	Currency:	U.S. DOLLAR

Statement Summary:

Report any items which do not agree with your records within 30 days of the statement date.

Payments:	\$ 0.00
Adjustments:	\$ 0.00
Net Purchases:	\$ -155.76
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
New Account Balance:	\$ -155.76

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
12/19	12/20 327656370	GAYLORD NATIONAL F/D 866-435-7627 MD	\$ -77.88 000000	\$ 0.00	\$ -77.88
12/19	12/20 327656369	GAYLORD NATIONAL F/D 866-435-7627 MD	\$ -77.88	\$ 0.00	\$ -77.88

TOTAL CREDITS	XXXX-XXXX-XXXX	\$ -155.76
TOTAL DEBITS	XXXX-XXXX-XXXX	\$ 0.00

* See attached deposit for \$75.26

(Notice of Receipt)

BOARD OF EDUCATION
DECATUR SCHOOL DISTRICT NO. 61

№ 27824

Decatur, Illinois

January 24

20 00

Received of

BMO

\$ 75.26

the sum of

Seventy-five + 26/100

DOLLARS

on account of

P-Card Reimb.

To be placed in the credit of

For

M. Dixon

Cashier

10.01.2210.0123.0.332

dep



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HOTELS®

GAYLORD NATIONAL HOTEL

GUEST FOLIO

8322	CRUTCHER/JASON	169.00	12/17/19	10:58	6853	34748
ROOM	NAME	RATE	DEPART	TIME	ACCT#	GROUP
T2	101 W SARAGORDO		12/14/19	17:05		
TYPE	DECATUR IL 62523		ARRIVE	TIME		
134						
ROOM	ADDRESS	PAYMENT			MBV#:	
CLERK						
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE		
09/07	ADVDP-MC		199.42			
	PAYMENT RECEIVED BY: MASTERCARD	XXXXXXXXXXXX				
09/20	ADVDP-CA	CK331225		1352.28		
10/08	ADVDP-CA	GL 6854	676.14			
	TO: THOMPSON					
10/08	CCARD-MC		199.42			
	PAYMENT RECEIVED BY: MASTERCARD	XXXXXXXXXXXX				
12/14	GP ROOM	8322, 1	169.00			
12/14	STATETAX	8322, 1	30.42			
12/15	GP ROOM	8322, 1	169.00			
12/15	STATETAX	8322, 1	30.42			
12/16	GP ROOM	8322, 1	169.00			
12/16	STATETAX	8322, 1	30.42			
12/17	CASH	OSTAT	.00			
				-77.88		

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NATIONAL HARBOR, MD 20745
PH# 301-965-2000 FAX# 301-965-2039

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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

Shelby Brown

From: Thanks for staying! <efolio@marriott.com>
Sent: Thursday, January 9, 2020 8:49 AM
To: Shelby Brown
Subject: Your Dec 14, 2019 - Dec 17, 2019 stay at the Gaylord National Resort & Convention Center

Thank you for choosing the Gaylord National Resort & Convention Center for your recent stay.

As requested, below is a billing summary or adjustment for your stay. **If you have questions about your bill**, please contact us at (866) 435-7627 or mbs.customer.svc@marriott.com.

Make another reservation on [Marriott.com](https://www.marriott.com) >>



Summary of Your Stay

Hotel: Gaylord National Resort & Convention Center
201 Waterfront Street
National Harbor, Maryland 20745
USA
(301) 965-4000

Guest: THOMPSON/STEVEN
101 W SARAGORDO
DECATUR, IL 62523
USA

Dates of stay: Dec 14, 2019 - Dec 17, 2019
Guest number: 6854
Marriott Bonvoy™ number: None

Room number: 15041
Group number: 34748

Date	Description	Reference	Charges	Credits
09/07/19	Payment - MasterCard XXXXXXXXXXXX			199.42
10/08/19	MISC ADJ	HOLD	0.00	
10/08/19	Payment - Cash	GL 6853		676.14
10/08/19	Payment - MasterCard XXXXXXXXXXXX		199.42	
12/14/19	GP ROOM	15041, 1	169.00	
12/14/19	STATETAX	15041, 1	30.42	
12/15/19	GP ROOM	15041, 1	169.00	
12/15/19	STATETAX	15041, 1	30.42	
12/16/19	RSRT FEE	RESORT	0.00	
12/16/19	GP ROOM	15041, 1	169.00	
12/16/19	STATETAX	15041, 1	30.42	
12/18/19	Payment - MasterCard XXXXXXXXXXXX		77.88	
				598.20
				refund

Total balance

0.00 USD

Important Information

Do Not Reply to this Email

This email is an auto-generated message. Replies to automated messages are not monitored. If you have any questions please contact the hotel directly at (301) 965-4000.

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Availability

Electronic versions of your hotel bill, available by email from our over 2,300 participating properties in the Marriott family of hotels in the USA and Canada, are emailed to you within 72 hours of check-out. These email messages reflect changes made to your bill up to 11pm on your day of departure. Any adjustments after that time may not be shown.

If you have received this email in error, please notify us.

Learn more about eFolio, receiving your hotel bills by email.

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Credit of Marriott Bonvoy™ Points

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