



# **p-CARD SUMMARY FORM** ATTACH STATEMENT AND RECEIPTS TO THIS FORM

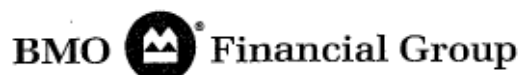
**Cardholder:** Kathleen Horath  
**Building:** MPSED Office

**Credit Card No.:** XXXX XXXX XXXX  
**Statement Date:** 11/05/2019

Transaction Date	Vendor	Purchase Description	Purpose of Purchase	Amount	Account Number	Receipt Enclosed (X)
10/17/2019	Holiday Inn, Tinley Park, IL	Hotel Stay	IAASE Fall 2019 Conference	\$ 142.50	1200-2210-0810-0-332	✓
10/18/2019	Holiday Inn, Tinley Park, IL	Hotel Stay	IAASE Fall 2019 Conference	\$ 285.00	1200-2210-0810-0-332	✓
10/18/2019	Holiday Inn, Tinley Park, IL	Hotel Stay	IAASE Fall 2019 Conference	\$ 285.00	1200-2210-0810-0-332	✓
10/18/2019	Holiday Inn, Tinley Park, IL	Hotel Stay	IAASE Fall 2019 Conference	\$ 285.00	1200-2210-0810-0-332	✓
10/18/2019	Holiday Inn, Tinley Park, IL	Hotel Stay	IAASE Fall 2019 Conference	\$ 285.00	1200-2210-0810-0-332	✓
10/18/2019	Holiday Inn, Tinley Park, IL	Hotel Stay	IAASE Fall 2019 Conference	\$ 285.00	1200-2210-0810-0-332	✓
10/18/2019	Holiday Inn, Tinley Park, IL	Hotel Stay	IAASE Fall 2019 Conference	\$ 285.00	1200-2210-0810-0-332	✓
10/18/2019	Holiday Inn, Tinley Park, IL	Hotel Stay	IAASE Fall 2019 Conference	\$ 285.00	1200-2210-0810-0-332	✓
10/18/2019	Holiday Inn, Tinley Park, IL	Hotel Stay	IAASE Fall 2019 Conference	\$ 285.00	1200-2210-0810-0-332	✓
10/18/2019	Holiday Inn, Tinley Park, IL	Hotel Stay	IAASE Fall 2019 Conference	\$ 285.00	1200-2210-0810-0-332	✓
11/04/2019	Sam's Club	Supplies	SEAP Incentives	\$ 342.84	12 00 1220 0844 0410	
			<b>TOTAL CHARGES</b>			
			(Must Match Statement)	\$ 3,050.34		

**Cardholder Signature:** Kathleen Horath **Date:** 11/25/2019

**Budget Manager Approval:** Paul Lopez **Date:** 12/31/2019



## Statement

<b>Account Name:</b>	HORATH, KATHY	<b>Card Number:</b>	XXXX-XXXX-XXXX-
<b>Company Name:</b>	DECATUR PUBLIC SCH DIST 61	<b>Account Limit:</b>	\$ 5,000.00
<b>Employee ID:</b>	KHorath		
<b>Statement Date (MM/DD/YYYY):</b>	11/05/2019	<b>Currency:</b>	U.S. DOLLAR

### Statement Summary:

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

<b>Payments:</b>	\$ 0.00
<b>Adjustments:</b>	\$ 0.00
<b>Net Purchases:</b>	\$ 3,050.34
<b>Cash Advance:</b>	\$ 0.00
<b>Fees:</b>	\$ 0.00
<b>Other Charges:</b>	\$ 0.00
<b>New Account Balance:</b>	\$ 3,050.34

**For your records only. No payment required.**

### Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
10/17	10/21 316706939	HOLIDAY INN CHICAGO 3129193216 IL	\$ 142.50 026959	\$ 0.00	\$ 142.50
10/18	10/21 316706945	HOLIDAY INN CHICAGO 3129193216 IL	\$ 285.00 037966	\$ 0.00	\$ 285.00
10/18	10/21 316706943	HOLIDAY INN CHICAGO 3129193216 IL	\$ 285.00 010810	\$ 0.00	\$ 285.00
10/18	10/21 316706940	HOLIDAY INN CHICAGO 3129193216 IL	\$ 285.00 059876	\$ 0.00	\$ 285.00
10/18	10/21 316706944	HOLIDAY INN CHICAGO 3129193216 IL	\$ 285.00 033158	\$ 0.00	\$ 285.00
10/18	10/21 316706947	HOLIDAY INN CHICAGO 3129193216 IL	\$ 285.00 083827	\$ 0.00	\$ 285.00
10/18	10/21 316706946	HOLIDAY INN CHICAGO 3129193216 IL	\$ 285.00 058839	\$ 0.00	\$ 285.00
10/18	10/21 316706941	HOLIDAY INN CHICAGO 3129193216 IL	\$ 285.00 008462	\$ 0.00	\$ 285.00
10/18	10/21 316706942	HOLIDAY INN CHICAGO 3129193216 IL	\$ 285.00 024563	\$ 0.00	\$ 285.00
10/18	10/21 316706948	HOLIDAY INN CHICAGO 3129193216 IL	\$ 285.00 032368	\$ 0.00	\$ 285.00
11/04	11/05 319598725	SAMSLUB #6334 DECATUR IL	\$ 318.18 053820	\$ 24.66 (e)	\$ 342.84

<b>TOTAL CREDITS</b>	XXXX-XXXX-XXXX	\$ 0.00
<b>TOTAL DEBITS</b>	XXXX-XXXX-XXXX	\$ 3,050.34



*Holiday Inn*

11-25-19

<b>Kathy Horath</b> <b>United States</b>	Folio No. :	395042	Cashier No. :	100	Room No. :	307
	A/R Number :				Arrival :	10-16-19
	Group Code :	119			Departure :	10-17-19
	Company :				Conf. No. :	28663217
	Membership No. :				Rate Code :	
	Invoice No. :				Page No. :	1 of 1

Date	Description	Charges	Credits
11-16-19	*Accommodation	125.00	
11-16-19	Room Tax	8.75	
11-16-19	Occupancy Tax	7.50	
11-16-19	Cook County Tax	1.25	
11-17-19	MasterCard XXXXXXXXXXXXX		142.50
Total		142.50	142.50
Balance		0.00	

Guest Signature: \_\_\_\_\_

*A. Maggio*

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 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.



**Holiday Inn**

Marianne Black

10-18-19

**Kathy Horath  
United States**

Folio No. :  
A/R Number :  
Group Code : **119**  
Company :  
Membership No. :  
Invoice No. :

Cashier No. : **108**

Room No. : **329**  
Arrival : **10-16-19**  
Departure : **10-18-19**  
Conf. No. : **24538646**  
Rate Code :  
Page No. : **1 of 1**

Date	Description	Charges	Credits
10-16-19	*Accommodation	125.00	
10-16-19	Room Tax	8.75	
10-16-19	Occupancy Tax	7.50	
10-16-19	Cook County Tax	1.25	
10-17-19	*Accommodation	125.00	
10-17-19	Room Tax	8.75	
10-17-19	Occupancy Tax	7.50	
10-17-19	Cook County Tax	1.25	
10-18-19	MasterCard		285.00
<b>Total</b>		<b>285.00</b>	<b>285.00</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:**

*M. Black*

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.



**Holiday Inn**

10-18-19

io No. :	Cashier No. : 108	Room No. : 529
Number :		Arrival : 10-16-19
oup Code : 119		Departure : 10-18-19
mpany :		Conf. No. : 43840745
mbership No. :		Rate Code :
oice No. :		Page No. : 1 of 1

Description	Charges	Credits
	125.00	
	8.75	
	7.50	
	1.25	
	125.00	
	8.75	
	7.50	
	1.25	
		285.00
<b>Total</b>	<b>285.00</b>	<b>285.00</b>
<b>Balance</b>	<b>0.00</b>	

*ch*

I agree that my liability for this bill is not waived and agree to be  
person, company, or associate fails to pay for any part or the full amount of these  
from the obligations set forth in the cardholder's agreement with the issuer.



**Holiday Inn**

10-18-19

<b>Kathy Horath United States</b>	Folio No. :	Cashier No. : 108	Room No. : 213
	A/R Number :		Arrival : 10-16-19
	Group Code : 119		Departure : 10-18-19
	Company :		Conf. No. : 27580566
	Membership No. :		Rate Code :
	Invoice No. :		Page No. : 1 of 1

Date	Description	Charges	Credits
10-16-19	*Accommodation	125.00	
10-16-19	Room Tax	8.75	
10-16-19	Occupancy Tax	7.50	
10-16-19	Cook County Tax	1.25	
10-17-19	*Accommodation	125.00	
10-17-19	Room Tax	8.75	
10-17-19	Occupancy Tax	7.50	
10-17-19	Cook County Tax	1.25	
10-18-19	MasterCard		285.00
<b>Total</b>		<b>285.00</b>	<b>285.00</b>
<b>Balance</b>		<b>0.00</b>	

Guest Signature: Andrea Kellinger

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.



**Holiday Inn**

10-18-19

<b>Kathy Horath</b>	Folio No. :	Cashier No. : 108	Room No. : 237
<b>United States</b>	A/R Number :		Arrival : 10-16-19
	Group Code : 119		Departure : 10-18-19
	Company :		Conf. No. : 25409721
	Membership No. :		Rate Code :
	Invoice No. :		Page No. : 1 of 1

Date	Description	Charges	Credits
10-16-19	*Accommodation	125.00	
10-16-19	Room Tax	8.75	
10-16-19	Occupancy Tax	7.50	
10-16-19	Cook County Tax	1.25	
10-17-19	*Accommodation	125.00	
10-17-19	Room Tax	8.75	
10-17-19	Occupancy Tax	7.50	
10-17-19	Cook County Tax	1.25	
10-18-19	MasterCard		285.00
<b>Total</b>		<b>285.00</b>	<b>285.00</b>
<b>Balance</b>		<b>0.00</b>	

Guest Signature:

*Kathy Horath*

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.



**Holiday Inn**

*Mark Hughes*

\* 10-18-19

<b>Kathy Horath</b> <b>United States</b>	Folio No. : <b>395109</b>	Cashier No. : <b>109</b>	Room No. : <b>121</b>
	A/R Number :		Arrival : <b>10-16-19</b>
	Group Code : <b>119</b>		Departure : <b>10-18-19</b>
	Company :		Conf. No. : <b>41949834</b>
	Membership No. :		Rate Code :
	Invoice No. :		Page No. : <b>1 of 1</b>

Date	Description	Charges	Credits
10-16-19	*Accommodation	125.00	
10-16-19	Room Tax	8.75	
10-16-19	Occupancy Tax	7.50	
10-16-19	Cook County Tax	1.25	
10-17-19	*Accommodation	125.00	
10-17-19	Room Tax	8.75	
10-17-19	Occupancy Tax	7.50	
10-17-19	Cook County Tax	1.25	
10-18-19	MasterCard XXXXXXXXXXXXX		285.00
<b>Total</b>		<b>285.00</b>	<b>285.00</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:**

*Mark Hughes*

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.





**Holiday Inn**

10-18-19

**Kathy Horath  
United States**

Folio No. :  
A/R Number :  
Group Code : **119**  
Company :  
Membership No. :  
Invoice No. :

Cashier No. : **108**

Room No. : **511**  
Arrival : **10-16-19**  
Departure : **10-18-19**  
Conf. No. : **24522474**  
Rate Code :  
Page No. : **1 of 1**

Date	Description	Charges	Credits
10-16-19	*Accommodation	125.00	
10-16-19	Room Tax	8.75	
10-16-19	Occupancy Tax	7.50	
10-16-19	Cook County Tax	1.25	
10-17-19	*Accommodation	125.00	
10-17-19	Room Tax	8.75	
10-17-19	Occupancy Tax	7.50	
10-17-19	Cook County Tax	1.25	
10-18-19	MasterCard		285.00
<b>Total</b>		<b>285.00</b>	<b>285.00</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:**

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.

*Chris Koerwitz*



**Holiday Inn**

10-18-19

<b>Kathy Horath</b>	Folio No. :	Cashier No. : <b>108</b>	Room No. : <b>127</b>
<b>United States</b>	A/R Number :		Arrival : <b>10-16-19</b>
	Group Code : <b>119</b>		Departure : <b>10-18-19</b>
	Company :		Conf. No. : <b>49163958</b>
	Membership No. :		Rate Code :
	Invoice No. :		Page No. : <b>1 of 1</b>

Date	Description	Charges	Credits
10-16-19	*Accommodation	125.00	
10-16-19	Room Tax	8.75	
10-16-19	Occupancy Tax	7.50	
10-16-19	Cook County Tax	1.25	
10-17-19	*Accommodation	125.00	
10-17-19	Room Tax	8.75	
10-17-19	Occupancy Tax	7.50	
10-17-19	Cook County Tax	1.25	
10-18-19	MasterCard		285.00
<b>Total</b>		<b>285.00</b>	<b>285.00</b>
<b>Balance</b>		<b>0.00</b>	

Guest Signature: Maria Lopez

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.



**Holiday Inn**

10-18-19

**Kathy Horath  
United States**

Folio No. :  
A/R Number :  
Group Code : **119**  
Company :  
Membership No. :  
Invoice No. :

Cashier No. : **108**

Room No. : **217**  
Arrival : **10-16-19**  
Departure : **10-18-19**  
Conf. No. : **49847117**  
Rate Code :  
Page No. : **1 of 1**

Date	Description	Charges	Credits
10-16-19	*Accommodation	125.00	
10-16-19	Room Tax	8.75	
10-16-19	Occupancy Tax	7.50	
10-16-19	Cook County Tax	1.25	
10-17-19	*Accommodation	125.00	
10-17-19	Room Tax	8.75	
10-17-19	Occupancy Tax	7.50	
10-17-19	Cook County Tax	1.25	
10-18-19	MasterCard		285.00
<b>Total</b>		<b>285.00</b>	<b>285.00</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:**

*L. McCoy*

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.



# Holiday Inn

11-25-19

Kathy Horath  
United States

Folio No. : 395136  
A/R Number :  
Group Code : 119  
Company :  
Membership No. :  
Invoice No. :

Cashier No. : 100

Room No. : 404  
Arrival : 10-16-19  
Departure : 10-18-19  
Conf. No. : 28833974  
Rate Code :  
Page No. : 1 of 1

Date	Description	Charges	Credits
11-16-19	*Accommodation	125.00	
11-16-19	Room Tax	8.75	
11-16-19	Occupancy Tax	7.50	
11-16-19	Cook County Tax	1.25	
11-17-19	*Accommodation	125.00	
11-17-19	Room Tax	8.75	
11-17-19	Occupancy Tax	7.50	
11-17-19	Cook County Tax	1.25	
11-18-19	MasterCard XXXXXXXXXXXXXXX		285.00
<b>Total</b>		<b>285.00</b>	<b>285.00</b>
<b>Balance</b>		<b>0.00</b>	

Guest Signature:

*V. Stock*

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.

*Stock*

P-Card 12-00-1220-0844-0

SAM'S CLUB  
CLUB MANAGER ROBERT CAMPBELL  
(217) 876 - 9202  
DECATUR, IL

410

11/04/19 09:56 0393 06334 006 1796

KATHLEEN

*Kathy Horath*

\*\*\*\*\* Bottom of Basket Count 6 \*\*\*\*\*  
E 634984 FAYGO VAR F 5.28 E  
E 634984 FAYGO VAR F 5.28 E  
E 634984 FAYGO VAR F 5.28 E  
E 634984 FAYGO VAR F 5.28 E  
E 634984 FAYGO VAR F 5.28 E  
E 676407 DT PEPSI F 7.78 E  
\*\*\*\*\* Bottom of Basket Count 6 \*\*\*\*\*  
E 258863 GATORADE UPF 12.78 E  
E 258863 GATORADE UPF 12.78 E  
E 634984 FAYGO VAR F 5.28 E  
E 634984 FAYGO VAR F 5.28 E  
E 676407 DT PEPSI F 7.78 E  
E 980197246 FLAMIN HOT F 13.38 E  
E 980197246 FLAMIN HOT F 13.38 E  
E 980197246 FLAMIN HOT F 13.38 E  
E 980197246 FLAMIN HOT F 13.38 E  
E 980197246 FLAMIN HOT F 13.38 E  
E 980007554 PREMIERE MIF 13.38 E  
E 980087540 DORTO CHEET 13.38 E  
E 980197246 FLAMIN HOT F 13.38 E  
E 678395 LANCE VTY PF 9.26 E  
E 980079747 P3 PACKS F 6.98 E  
E 515933 SLIN JIM F 19.48 E  
E 980011990 GARDETTOS UF 12.98 E  
E 190736 AIRNEADBITEF 14.18 E  
E 190736 AIRNEADBITEF 14.18 E  
E 980101300 KARS 40 CT F 12.98 E  
E 980097526 MIXED MINISF 14.98 E  
E 980077180 CHEEZITDUQZF 11.40 E  
E 980101300 KARS 40 CT F 12.98 E  
E 699366 GOLDFISH F 9.98 E  
E 699366 GOLDFISH F 9.98 E  
E 489811 LTSTRINGCHSF 8.28 E  
SUBTOTAL 342.84

TOTAL 342.84

VOIDED BANKCARD TRANSACTION

MasterCard \*\*\*\* \* I 1

AID A0000000041010

TERMINAL # SC010265

TRANSACTION NOT COMPLETE

11/04/19 09:58:53

HCARD TEND 342.84

MasterCard \*\*\*\* \* I 1

APPROVAL # 053820

AID A0000000041010

TC F3A2B30A932E454F

TERMINAL # SC010265

\*NO SIGNATURE REQUIRED

CHANGE DUE 0.00

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You have declined a pre-approved offer  
for a SAM'S CLUB MasterCard Credit  
Account. The offer you received today  
will remain valid until 11/04/19  
Please visit the membership desk to  
accept this offer..

Finder File Number 99136053594

TCN 3363 5042 3322 5453 6771 3



\*\*\* MEMBER COPY \*\*\*