



MARLA RUSSELL
MONROE COUNTY SCHOOLS
XXXX-XXXX-XXXX-XXXX

December 06, 2018 - January 05, 2019

Purchasing Card

Cardholder Activity

Account Information	Payment Information	Account Summary
Mail Billing Inquiries to: BANKCARD CENTER PO BOX 982238 EL PASO, TX 79998-2238	Statement Date 01/05/19 Credit Limit \$3,000 Cash Limit \$0 Days in Billing Cycle 31 Total Activity \$285.40	Credits \$0.00 Cash \$0.00 Purchases \$285.40 Other Debits \$0.00 Cash Fees \$0.00 Other Fees \$0.00 Total Activity \$285.40
Customer Service: 1.888.449.2273 24 Hours	THIS IS NOT A BILL - DO NOT PAY	
TTY Hearing Impaired: 1.800.222.7365 24 Hours		
Outside the U.S.: 1.509.353.6656 24 Hours		
For Lost or Stolen Card: 1.888.449.2273 24 Hours		

Transactions						
Posting Transaction						
Date	Date	Description	Reference Number	MCC	Charge	Credit
12/14	12/13	SQ *IRIE ISLAND EAT MARATHON FL	24492158347740313914123	5811	280.00	
12/31	12/27	NATIONAL CAR TOLLS 877-8601283 NY	24794878362900010044081	4784	5.40	

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Account Number: XXXX-XXXX-XXXX-XXXX
December 06, 2018 - January 05, 2019

BANK OF AMERICA
PO BOX 15731
WILMINGTON, DE 19886-5731

MARLA RUSSELL
MONROE COUNTY SCHOOLS
241 TRUMBO RD
KEY WEST, FL 33040-6684

Total Activity **\$285.40**

Marla Russell 01/09/2018
Cardholder Signature Date

Manager Signature Date

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing impaired (TTY/TDD): Contact our service for the hearing-impaired at 1.800.222.7365.

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

Disclosure: We may furnish to your employer information concerning your use of your account. To read more about our information disclosure, please visit www.bankofamerica.com/corporatecarddisclosure or call the customer service number listed on your statement to request a copy.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to BANKCARD CENTER, PO BOX 982238, EL PASO, TX 79998-2238. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen cards, call:	
	<u>Within the U.S.</u>	<u>Outside the U.S.</u>
	1.888.449.2273	1.509.353.6656 (collect calls accepted)

Thank you for your business.

Please write your change of address here:

Street

City

State

Zip

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Home Phone

Business Phone

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