

DANIELLE L STERN FL BREVARD COUNTY BOC XXXX-XXXX-XXXX-4809

Purchasing Card

October 05, 2024 - November 04, 2024

Cardholder Activity

	94(555) 30, 2024 140(cmbc) 04, 2024	Odranolaci / totivity
Account Information	Payment Information	Account Summary
Mail Billing Inquiries to: BANKCARD CENTER PO Box 660441 Dallas, TX 75266-0441 TTY Hearing Impaired: Dial "711"	Statement Date 11/04/24 Credit Limit \$2,000 Cash Limit \$0 Days in Billing Cycle 31 Total Activity \$29.20	Credits \$0.00 Cash \$0.00 Purchases \$29.20 Other Debits \$0.00
Outside the U.S.: 1.509.353.6656 24 Hours For Lost or Stolen Card: 1.888.449.2273 24 Hours	THIS IS NOT A BILL - DO NOT PAY	Other Fees\$0.00 Total Activity\$29.20 Accounting Code: 0001/200050

Important Messages

Global Card Access - your card information whenever, wherever and however you need it. From the dashboard, you can quickly check your credit limit, balance, available credit and recent card activity. Other features like View PIN, Change PIN, Lock Card and Alerts help you keep your card secure. For added convenience, you can easily view or download your current statement up to 12 months of past statements. Visit www.bofa.com/globalcardaccess to register your card and start using Global Card Access today.

Tran	saction	S			N. H.		N. S. S. S.
Posting	Transact	tion					
ate	Date	Description		Reference Number	MCC	Charge	Credit
10/18	10/17	USPS PO 1157980464	INDIALANTIC FL	24137464292001587979104	9402	29.20	O/Out

0000000 0000000 0000000 4715290017764809

Account Number: XXXX-XXXX-XXXX-4809 October 05, 2024 - November 04, 2024

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

րդիլիիլիկինիկին արեգուներիկությիլը և իրկիլիի DANIELLE L STERN **N000029A

FL BREVARD COUNTY BOC DISTRICT 5 COMMISSION OFFICE 490 CENTRE LAKE DR NE STE 175 PALM BAY, FL 32907-1177

Cardholder Signature

Manager Signature

Total Activity

PAGE of

BREVARD COUNTY PURCHASING CARD MONTHLY RECONCILIATION REPORT

Date Purchased or Ordered F	Cardholder's Name:		Signature	Sign	Maye	Equipment valued in excess of \$750	I (Cardholder) have co						Purchased or Ordered	рерагинент.	Cardholder's	Cardholder's Name:	
Date Received	Name:		of App	ture of	1	we uses and	implied with						Date Received			Name:	
Vendor Name	•	AL	Signature of Approving Official / Date	Signature of Cardholder / Date Date	11/19/24	approvals for restrictive uses and quote log for purchases with a Equipment valued in excess of \$750	I (Cardholder) have complied with the Purchase Card Administrative Order (AO-41) and have retained all required					((Vendor Name		D5 Commissioner	Danielle Stern	DKE VAKU COUN
Description of Item Purchased	Cardho	ADDITIONAL PURCHASING CARD INFORMATION				0001 200050 5420200	SUMMARY OF FUND / COST CENTUND COST CTR	GRAND TOTAL (ALL PAGES)	ADD'L PAGES SUBTOTAL			run-i po	Description of Item Purchased		Closing Date: Novemb	Cardholder Phone Ext:	BREVARD COUNTY FUNCHASING CARD MONTHLY RE
Amou (indica quote	Cardholder's Phone Ext.	ARD INFORN	(must agree to ab			200	GL ACCT	\$29.20				£ 1	Amount Billed (indicate "Q"for quoted items)	(enter cl	November 4th, 2024	t: <u>321-253-6611</u>	NIHLY KECK
Amount Billed (indicate "Q"for quoted items)	ĺ	IATIO	to above figure)				NT TO BILL INT. ORDER						"Q"for	osing date		611	JIVCIL
Fund (4 digits)		Z	TOTAL				RDER						Fund (4 digits)	(enter closing date of statement)		Per	CONCILIATION REPORT
Cost Center (6 digits)			FAL \$29.20			\$29.20		(must agree to figure below)				00000	Cost Center (6 digits)			Personnel #:	EFORI
GL Account #							Amount)W)	•			0040410	GL Account # (7 digits)			11006140	
Internal / Work Order # (6 or 7 digits)													Internal / Work Order # (6 or 7 digits)				



INDIALANTIC 200 N PALM AVE INDIALANTIC, FL 32903-9998 (800)275-8777

10/17/2024

03:23 PM

Product

Oty Uni t

Price Price

US FlagsBklt/20 2

\$14.60

\$29.20

Grand Totals

\$29.20

Credit Card Remit Card Name: VISA \$29,20

Account #: XXXXXXXXXXXXXX4809

Approval #: 032594 Transaction #: 891 AID: A0000000031010

Chip

AL: VISA CREDIT PIN: Not Required

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or call 1-800-410-7420.

UFN: 115798-0464

Receipt #: 840-53270066-1-6349099-2

Clerk: 1





PO: 45001184224

Account Number: 6707868370 Invoice Number: Activity From: Billing Date: Delivery Address:

04K6707868370 10/19/24 - 11/18/24 11/20/24

DIST. V COMMISSION OFFICE 490 CENTRE LAKE DR NE PALM BAY FL 32907

Previous Balance Payments / Credits Current Activity from 10/19/24 - 11/18/24

Total Account Balance as of 11/20/24

\$41.5 \$20.76

\$20.76

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Date	Ticket #	Qty	Description		Amount
11/14	540223		PREVIOUS BALANCE PAYMENT-THANK YOU	RECEIVED	41.52 -41.52
10/29	8637634455	4	PURE LIFE .5L TUXEDO PACK CASE OF 24	NOV 2 0 2024	20.76
Do.	u500	126	23U3	BY:05 Commiscio	² h
U	Vendo			ALCA.	Q
			-x Dalle	llest	
0		~	Daniell	le Sem	

Doc# 5105691108

Total Account Balance as of 11/20/24

Detach below stub and return with your payment

\$20.76

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PO Box 30080 College Station, TX 77842

Get the App today! Just use your camera or QR app to scan.



ACCOUNT NUMBER - 6707868370 INVOICE NUMBER - 04K6707868370

Total Amount Due by 12/10/24

\$20.76

Amount Enclosed:

\$

502667078683702 0002076 00020763 5

Please send payment to:

ReadyRefresh BlueTriton Brands, Inc. P.O. Box 856680 Louisville, KY 40285-6680

ADDRESS SERVICE REQUESTED

DIST-V COMMISSION OFFICE JANETTE ROIG 490 CENTRE LAKE DR NE STE 175 PALM BAYFL 32907-1177