

**LESLIE A BOOZER**

Business Card

May 18, 2016 - June 17, 2016

Cardholder Activity

Account Information	
<b>Web Address:</b> www.bankofamerica.com	<b>Customer Service:</b> 1.800.673.1044, 24 Hours
<b>Mail Billing Inquiries to:</b> BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998-2238	<b>TTY Hearing Impaired:</b> 1.888.500.6287, 24 Hours
<b>Mail Payments to:</b> BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796	<b>Outside the U.S.:</b> 1.509.353.6656, 24 Hours
	<b>For Lost or Stolen Card:</b> 1.800.673.1044, 24 Hours
	<b>Business Offers:</b> www.bankofamerica.com/mybusinesscenter


Account Summary	
Payments and Other Credits .....	\$0.00
Balance Transfer Activity .....	\$0.00
Cash Advance Activity .....	\$0.00
Purchases and Other Charges .....	\$715.49
Fees Charged .....	\$0.00
<b>Total Activity .....</b>	<b>\$715.49</b>
Credit Limit .....	\$10,000
Credit Available .....	\$10,000.00
Statement Closing Date .....	06/17/16
Days in Billing Cycle .....	31
Payment Due Date .....	07/14/16
<b>Important Information:</b> All finance charges for this account are assessed to the Corporate Account.	

**Transactions**

Posting Date	Transaction Date	Description	Reference Number	Amount
		<b>Purchases and Other Charges</b>		
06/10	06/08	SMF DOS COYOTES SACRAMENTO CA	24692166161000760649969	15.84
06/10	06/09	CORNER BAKERY CAFE1510 DENVER CO	24692166161000772171945	11.32
06/10	06/09	SUPERSHUTTLE EXECUCARDIA 8002583826 CO	24493986161602529776132	40.00
06/13	06/09	EARL'S GLENARM DENVER CO	24692166162000434985657	32.54
06/13	06/09	YARD HOUSE 83200083295 DENVER CO	24164076162574129068003	21.51
06/13	06/10	SQ *BWI AIRPORT, TA BALTIMORE MD	24492156162741473542056	43.00
06/13	06/10	EINSTEIN BAGELS DENVER CO	24013396163001502454364	8.62
06/13	06/10	MARRIOTT GRILLE 700 BALTIMORE MD	24692166163000086101081	19.96
		Arr: 06/10/16		
06/13	06/11	SHERATON DENVER DENVER CO	24755425163261632169087	456.70
		Arr: 06/08/16		
06/13	06/11	PHILLIPS SEAFO10318525 BALTIMORE MD	24164076164531918790674	30.00

0000000 0000000 0000000 [REDACTED]

  
 BUSINESS CARD  
 PO BOX 15796  
 WILMINGTON, DE 19886-5796

  
 LESLIE A BOOZER  
 FONTANA UNIF SCHL  
 9680 CITRUS AVE  
 PO BOX 5090  
 FONTANA, CA 92334-509090

Account Number: [REDACTED]  
 May 18, 2016 - June 17, 2016

**This is not a bill. No payment is required, see company statement.**

If you choose to make a payment, use this remittance slip.

Enter payment amount

\$

Check here for a change of mailing address or phone numbers for this account only. Please provide all corrections on the reverse side.

**CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)**

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call 1.866.601.4410, 8am-8pm Est. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.



**PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT.** Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Posting Date: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Reference Number: \_\_\_\_\_  
Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Below tell us why you think the item noted above is in error. **Check one box only.**

- 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- 3. Although I did engage in a transaction with this merchant, I was billed for \_\_\_\_\_ transaction(s) totaling \$ \_\_\_\_\_ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- 4. I have not received the merchandise that was to be shipped to me on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY). I have asked the merchant to credit my account.
- 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.
- 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.
- 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ \_\_\_\_\_. I have contacted the merchant, returned the merchandise on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because \_\_\_\_\_. Please supply proof of return or if unable to return merchandise please explain.
- 8. I notified the merchant on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: \_\_\_\_\_
- 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.
- 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- 11. The amount of the charge was increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- 12. Other: Please explain

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

**PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS**

**PAYMENTS**

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

**SERVICE FOR THE HEARING IMPAIRED:** 1.888.500.6267, 24 Hours

**CUSTOMER CORRESPONDENCE**

If you prefer to send a written inquiry regarding your account, please send the request to **BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA**. This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

**CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.**

**PLEASE PRINT LEGIBLY.**

\_\_\_\_\_

Cardholder Name Change

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_ - \_\_\_\_\_

State

ZIP

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Telephone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,

**BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA**

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
06/13	06/12	ONTARIO AIRPORT LOT 5 ONTARIO CA	24755426164171645138186	36.00
<b>TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD</b>				<b>\$716.49</b>

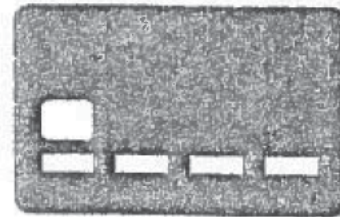
# Don't forget all that your card offers

Continue using it for business purchases, expense tracking and more.

In addition to offering you low-rate financing when you need it, your Platinum Business credit card helps you keep a handle on spending with:

- Employee cards with credit limits you set
- The ability to download your transactions into QuickBooks® for easy account management

**Bonus tip:** Review your transactions at any time using Online Banking at [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness)



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Bank of America



LESLIE A BOOZER

May 18, 2016 - June 17, 2016

Page 4 of 4





**Fontana Unified School District**  
**District Credit Card Reimbursement - Leslie Boozer VISA ending in**  
**Statement dated January 18, 2016 - February 17, 2016 total charges \$2,051.65**

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
10-Jun-16	\$15.84	01-0000-0-0000-7150-5220-000-SUPT	Conf Meal / Sacramento CA / Global Mind Ed. Conf. / June 8, 2016	Conference Presenter: Leslie Boozer
10-Jun-16	\$11.32	01-0000-0-0000-7150-5220-000-SUPT	Conf Meal / Denver, CO / Global Mind Ed. Conf / June 9, 2016	Conference Presenter: Leslie Boozer
10-Jun-16	\$40.00	01-0000-0-0000-7150-5220-000-SUPT	Shuttle Service / Denver, CO / Global Mind. Ed. Conf / June 9, 2016	Conference Presenter: Leslie Boozer
13-Jun-16	\$32.54	01-0000-0-0000-7150-5220-000-SUPT	Conf. Meal / /Denver, CO / Global Mind. Edu. Conf. / June 9, 2016	Conference Presenter: Leslie Boozer
13-Jun-16	\$21.51	01-0000-0-0000-7150-5220-000-SUPT	Conf Meal / Denver, CO / Global Mind Edu. Conf. / June 6/9/16	Conference Presenter: Leslie Boozer
13-Jun-16	\$43.00	01-0000-0-0000-7150-5220-000-SUPT	Shuttle Service to & from hotel/ Ballimore, MD / Superintendents Working Group Conf. / June 10, 2016	Conference Presenter: Leslie Boozer
13-Jun-16	\$8.62	01-0000-0-0000-7150-5220-000-SUPT	Conf Meal / Denver CO / Superintendents Working Group Conf. / June 10, 2016	Conference Presenter: Leslie Boozer
13-Jun-16	\$19.96	01-0000-0-0000-7150-5220-000-SUPT	Conf. Meal / Baltimore MD / Superintendents Working Group Conf. / June 10, 2016	Conference Presenter: Leslie Boozer
13-Jun-16	\$456.70	01-0000-0-0000-7150-5220-000-SUPT	Conference Hotel/ Denver CO / Global Mind. Edu. Conf. / June 11, 2016	Conference Presenter: Leslie Boozer
13-Jun-16	\$30.00	01-0000-0-0000-7150-5220-000-SUPT	Conference Hotel/ Denver CO / Global Mind. Edu. Conf. / June 11, 2016	Conference Presenter: Leslie Boozer
13-Jun-16	\$36.00	01-0000-0-0000-7150-5220-000-SUPT	Airport Parking / Global Mind Ed Conf. & Working Group Conf/ Denver, CO & Baltimore, MD/ June 12, 2016	Conference Presenter: Leslie Boozer
	<b>\$715.49</b>			

**Fontana Unified School District**  
**District Credit Card Reimbursement - Leslie Boozer VISA ending in**  
**Statement dated January 18, 2016 - February 17, 2016 total charges \$2,051.65**

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
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I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Fontana Unified School District and that each item is a business expense as defined by the school district and the Internal Revenue Service.

 Cardholder Signature / Date	7/13/16	 Board President Approval / Date
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\* All receipts, copies of conference registrations, hotel confirmations, etc. must be attached to this form.

**LORENA CORONA**

**Business Card**

May 18, 2016 - June 17, 2016

Cardholder Activity

Account Information	
<b>Web Address:</b> www.bankofamerica.com	<b>Customer Service:</b> 1.800.673.1044, 24 Hours
<b>Mail Billing Inquiries to:</b> BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998-2238	<b>TTY Hearing Impaired:</b> 1.888.500.6267, 24 Hours
<b>Mail Payments to:</b> BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796	<b>Outside the U.S.:</b> 1.509.353.6656, 24 Hours
	<b>For Lost or Stolen Card:</b> 1.800.673.1044, 24 Hours
	<b>Business Offers:</b> www.bankofamerica.com/mybusinesscenter

Account Summary	
Payments and Other Credits .....	-\$50.00
Balance Transfer Activity .....	\$0.00
Cash Advance Activity .....	\$0.00
Purchases and Other Charges .....	\$538.90
Fees Charged .....	\$0.00
<b>Total Activity .....</b>	<b>\$488.90</b>
Credit Limit .....	\$10,000
Credit Available .....	\$10,000.00
Statement Closing Date .....	06/17/16
Days in Billing Cycle .....	31
Payment Due Date .....	07/14/16
<b>Important Information:</b> All finance charges for this account are assessed to the Corporate Account.	

Posting Date	Transaction Date	Description	Reference Number	Amount
		<b>Payments and Other Credits</b>		
06/08	06/07	CALIFORNIA SCHOOL BOARD 9163714691 CA	74138296160207089100029	- 50.00
		<b>TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD</b>		<b>-\$50.00</b>
		<b>Purchases and Other Charges</b>		
05/18	05/17	UNITED CAB CO NORTH HIGHLANCA	24717056138161388677727	40.90
05/27	05/26	CALIFORNIA SCHOOL BOARD 9163714691 CA	24138296148207089200219	249.00
06/14	06/13	CALIFORNIA SCHOOL BOARD 9163714691 CA	24138296166207089500060	249.00
		<b>TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD</b>		<b>\$538.90</b>

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Account Number: [REDACTED]  
May 18, 2016 - June 17, 2016

**This is not a bill. No payment is required, see company statement.**

**If you choose to make a payment, use this remittance slip.**

**Enter payment amount**

\$



BUSINESS CARD  
PO BOX 15796  
WILMINGTON, DE 19886-5796



LORENA CORONA  
FONTANA UNIF SCHL  
9680 CITRUS AVE  
PO BOX 5090  
FONTANA, CA 92334-509090

\*\*\*0001938

Check here for a change of mailing address or phone numbers for this account only. Please provide all corrections on the reverse side.

[REDACTED]

**CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)**



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**PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT.** Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Posting Date: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Reference Number: \_\_\_\_\_  
Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Below tell us why you think the item noted above is in error. **Check one box only.**

- 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- 3. Although I did engage in a transaction with this merchant, I was billed for \_\_\_\_\_ transaction(s) totaling \$ \_\_\_\_\_ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
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- 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.  
\_\_\_\_\_  
\_\_\_\_\_
- 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on \_\_\_\_\_ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.  
\_\_\_\_\_  
\_\_\_\_\_
- 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ \_\_\_\_\_. I have contacted the merchant, returned the merchandise on \_\_\_\_\_ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because \_\_\_\_\_  
Please supply proof of return or if unable to return merchandise please explain.  
\_\_\_\_\_
- 8. I notified the merchant on \_\_\_\_\_ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: \_\_\_\_\_
- 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on \_\_\_\_\_ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.  
\_\_\_\_\_
- 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- 11. The amount of the charge was increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- 12. Other: Please explain  
\_\_\_\_\_

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

**PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS**

**PAYMENTS**

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays), 2) received at the payment address indicated on the front of this statement, 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

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**CUSTOMER CORRESPONDENCE**

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**CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.**

**PLEASE PRINT LEGIBLY.**

Cardholder Name Change

Address

Address

City

State

ZIP

Home Telephone

Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,  
**BANK OF AMERICA, PO BOX 982238,  
EL PASO, TX, 79998-2238, USA**

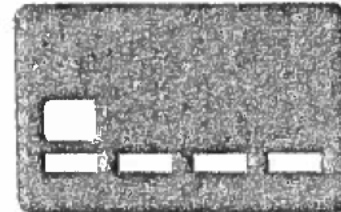


# Don't forget all that your card offers

Continue using it for business purchases, expense tracking and more.

In addition to offering you low rate financing when you need it, your Platinum Business credit card helps you keep a handle on spending with

- Employee cards with credit limits you set
- The ability to download your transactions into QuickBooks® for easy account management

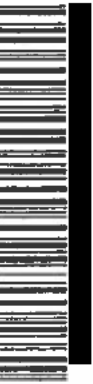


**Bonus tip:** Review your transactions at any time using Online Banking at [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness)

LORENA CORONA

May 18, 2016 - June 17, 2016


Page 4 of 4




**Fontana Unified School District**  
**District Credit Card Reimbursement - Lorena Corona VISA ending in**  
**Statement dated June 17, 2016 - total amount \$488.90**

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
7-Jun-16	\$ (50.00)	01-0000-0-0000-7110-5220-000-BDLC	CSBA: Discounted rate for 2016 Leadership Institute	Lorena Corona
17-May-16	\$ 40.90	01-0000-0-0000-7110-5220-000-BDLC / 01-0000-0-0000-7110-5220-000-BDJA \$20.45 each account	United Cab Co: Airport taxi while travelling to CSBA Delegate Assembly meeting / Sacramento / May 13, 2016	Lorena Corona / Jesse Armendarez
27-May-16	\$ 249.00	01-0000-0-0000-7110-5220-000-BDLC	CSBA: Registration to attend 2016 Leadership Institute / Sacramento / July 14-16, 2016	Lorena Corona
14-Jun-16	\$ 249.00	01-0000-0-0000-7110-5220-000-BDMT	CSBA: Registration for Matthew Slowik to attend 2016 Leadership Institute / Sacramento / July 14-16, 2016	Matthew Slowik

I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Fontana Unified School District and that each item is a business expense as defined by the school district and the Internal Revenue Service.

 06/21/2016  
 Cardholder Signature / Date

 06/29/16  
 Board Vice President/Clerk Approval / Date

 7/7/16  
 Administrative Approval / Date

\* All receipts, copies of conference registrations, hotel confirmations, etc. must be attached to this form.

219.45 Lorenas  
 249.00 Matt's



BARBARA L CHAVEZ

Business Card

June 18, 2016 - July 17, 2016

Cardholder Activity

Account Information

**Web Address:**  
www.bankofamerica.com

**Mail Billing Inquiries to:**  
BANK OF AMERICA  
PO BOX 982238  
EL PASO, TX 79998-2238

**Mail Payments to:**  
BUSINESS CARD  
PO BOX 15796  
WILMINGTON, DE 19886-5796

**Customer Service:**  
1.800.673.1044, 24 Hours

**TTY Hearing Impaired:**  
1.888.500.6287, 24 Hours

**Outside the U.S.:**  
1.509.353.6656, 24 Hours

**For Lost or Stolen Card:**  
1.800.673.1044, 24 Hours

**Business Offers:**  
www.bankofamerica.com/mybusinesscenter

Account Summary

Payments and Other Credits ..... \$0.00  
 Balance Transfer Activity ..... \$0.00  
 Cash Advance Activity ..... \$0.00  
 Purchases and Other Charges ..... \$384.95  
 Fees Charged ..... \$0.00  
**Total Activity ..... \$384.95**

Credit Limit ..... \$10,000  
 Credit Available ..... \$10,000.00  
 Statement Closing Date ..... 07/17/16  
 Days in Billing Cycle ..... 30  
 Payment Due Date ..... 08/11/16

Important Information: All finance charges for this account are assessed to the Corporate Account.


Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
07/01	06/30	<b>Purchases and Other Charges</b>		
		PAYPAL *CLSBA 402-935-7733 CA	24492156182894569427157	384.95
		<b>TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD</b>		<b>\$384.95</b>

Important Messages

Cash payments made with our tellers or ATM with Teller Assist (ATA) may only be accepted with valid identification (ID).

0000000 0000000 0000000

  
 BUSINESS CARD  
 PO BOX 15796  
 WILMINGTON, DE 19886-5796

  
 BARBARA L CHAVEZ  
 FONTANA UNIF SCHL  
 9680 CITRUS AVE  
 PO BOX 5090  
 FONTANA, CA 92334-509090

Account Number: [Redacted]  
June 18, 2016 - July 17, 2016

This is not a bill. No payment is required, see company statement.

If you choose to make a payment, use this remittance slip.

Enter payment amount

\$

Check here for a change of mailing address or phone numbers for this account only. Please provide all corrections on the reverse side.



**CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)**

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call **1.866.601.4410, 8am-8pm Est.** You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

**PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT.** Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Posting Date: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Reference Number: \_\_\_\_\_  
Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Below tell us why you think the item noted above is in error. **Check one box only.**

- 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- 3. Although I did engage in a transaction with this merchant, I was billed for \_\_\_\_\_ transaction(s) totaling \$ \_\_\_\_\_ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- 4. I have not received the merchandise that was to be shipped to me on \_\_\_\_\_ (MM/DD/YY). I have asked the merchant to credit my account.
- 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.
- 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on \_\_\_\_\_ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.
- 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ \_\_\_\_\_. I have contacted the merchant, returned the merchandise on \_\_\_\_\_ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because \_\_\_\_\_ Please supply proof of return or if unable to return merchandise please explain.
- 8. I notified the merchant on \_\_\_\_\_ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: \_\_\_\_\_
- 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on \_\_\_\_\_ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.
- 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- 11. The amount of the charge was increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- 12. Other: Please explain

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_  
Home Telephone: ( ) \_\_\_\_\_ Business Telephone: ( ) \_\_\_\_\_

**PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS**

**PAYMENTS**

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays), 2) received at the payment address indicated on the front of this statement, 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

**SERVICE FOR THE HEARING IMPAIRED: 1.888.500.6267, 24 Hours**

**CUSTOMER CORRESPONDENCE**

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

**CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.**

PLEASE PRINT LEGIBLY.

\_\_\_\_\_

Cardholder Name Change

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_ - \_\_\_\_\_

State

ZIP

( ) \_\_\_\_\_ - \_\_\_\_\_

Home Telephone

Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to, **BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA**

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**BARBARA J. CHAVEZ**

June 18, 2016 - July 17, 2016

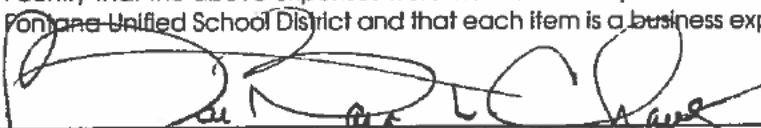
Page 4 of 4

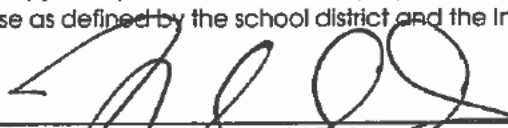


**Fontana Unified School District**  
**District Credit Card Reimbursement - BarBara Chavez VISA ending in**  
**Statement dated July 17, 2016 - total amount \$384.95**

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
<u>1-Jul-16</u>	<u>\$ 384.95</u>	<u>01-0000-0-0000-7110-5220-000-BDBC</u>	<u>Paypal CLSBA: Registration to attend California Latino School Boards Association Unity Conference / San Diego / Sep 8-11, 2016</u>	<u>BarBara L. Chavez</u>

I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Fontana Unified School District and that each item is a business expense as defined by the school district and the Internal Revenue Service.

  
 Cardholder Signature / Date 7/27/16

 *CONCURS* 7/29/16  
 Board President Approval / Date

 8/2/16  
 Administrative Approval / Date

\* All receipts, copies of conference registrations, hotel confirmations, etc. must be attached to this form.



**LESLIE A BOOZER**

Business Card

June 18, 2016 - July 17, 2016

Cardholder Activity

Account Information	
<b>Web Address:</b> www.bankofamerica.com	<b>Customer Service:</b> 1.800.673.1044, 24 Hours
<b>Mail Billing Inquiries to:</b> BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998-2238	<b>TTY Hearing Impaired:</b> 1.888.500.6267, 24 Hours
<b>Mail Payments to:</b> BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796	<b>Outside the U.S.:</b> 1.509.353.6656, 24 Hours
	<b>For Lost or Stolen Card:</b> 1.800.673.1044, 24 Hours
	<b>Business Offers:</b> www.bankofamerica.com/mybusinesscenter


Account Summary	
Payments and Other Credits .....	\$0.00
Balance Transfer Activity .....	\$0.00
Cash Advance Activity .....	\$0.00
Purchases and Other Charges .....	\$967.04
Fees Charged .....	\$0.00
<b>Total Activity .....</b>	<b>\$967.04</b>
Credit Limit .....	\$10,000
Credit Available .....	\$10,000.00
Statement Closing Date .....	07/17/16
Days in Billing Cycle .....	30
Payment Due Date .....	08/11/16
<b>Important Information:</b> All finance charges for this account are assessed to the Corporate Account.	

Transactions				
Posting Date	Transaction Date	Description	Reference Number	Amount
		<b>Purchases and Other Charges</b>		
06/23	06/21	LAKE ARROWHEAD RESORT LAKE ARROWHEACA Arr: 08/20/16	24610438174072004087612	196.04
06/29	06/28	CSBA 916-689-3308 CA	24492156180894521627847	771.00
		<b>TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD</b>		<b>\$967.04</b>

**Important Messages**  
Cash payments made with our tellers or ATM with Teller Assist (ATA) may only be accepted with valid identification (ID).

0000000 0000000 0000000 [REDACTED]

  
BUSINESS CARD  
PO BOX 15796  
WILMINGTON, DE 19886-5796

  
LESLIE A BOOZER  
FONTANA UNIF SCHL  
9680 CITRUS AVE  
PO BOX 5090  
FONTANA, CA 92334-509090

Account Number [REDACTED]  
June 18, 2016 - July 17, 2016

This is not a bill. No payment is required, see company statement.

If you choose to make a payment, use this remittance slip.

Enter payment amount

\$

Check here for a change of mailing address or phone numbers for this account only. Please provide all corrections on the reverse side.

[REDACTED]

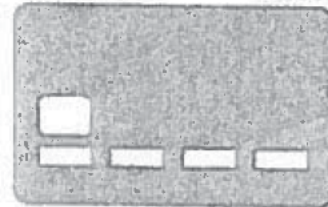
# Don't forget all that your card offers

Continue using it for business purchases, expense tracking and more.

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- Employee cards with credit limits you set
- The ability to download your transactions into QuickBooks<sup>®</sup> for easy account management

**Bonus tip:** Review your transactions at any time using Online Banking at [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness).



**Fontana Unified School District**  
**District Credit Card Reimbursement - Leslie Boozer VISA ending in**  
**Statement dated June 18, 2016 - July 17, 2016 total charges \$967.04**

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
<u>23-Jun-16</u>	<u>\$196.04</u>	<u>01-0000-0-0000-7150-5220-000-SUPT</u>	<u>Conference Hotel / Lake Arrowhead Resort / June 20, 2016</u>	<u>Conference Presenter: Leslie Boozer</u>
<u>29-Jun-16</u>	<u>\$771.00</u>	<u>01-0000-0-0000-7150-5220-000-SUPT</u>	<u>Conference Registration / CSBA Annual Education Conference / Nov. 30 - Dec. 3, 2016</u>	<u>Conference Attendee: Superintendent</u>

I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Fontana Unified School District and that each item is a business expense as defined by the school district and the Internal Revenue Service.

\_\_\_\_\_  
 Cardholder Signature / Date

  
 \_\_\_\_\_  
 Board President Approval / Date

\* All receipts, copies of conference registrations, hotel confirmations, etc. must be attached to this form



MARY B SANDOVAL

Business Card

June 18, 2016 - July 17, 2016

Cardholder Activity

Account Information	
<b>Web Address:</b> www.bankofamerica.com	<b>Customer Service:</b> 1.800.673.1044, 24 Hours
<b>Mail Billing Inquiries to:</b> BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998-2238	<b>TTY Hearing Impaired:</b> 1.888.500.6267, 24 Hours
<b>Mail Payments to:</b> BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796	<b>Outside the U.S.:</b> 1.509.353.6656, 24 Hours
	<b>For Lost or Stolen Card:</b> 1.800.673.1044, 24 Hours
	<b>Business Offers:</b> www.bankofamerica.com/mybusinesscenter

Account Summary	
Payments and Other Credits .....	\$0.00
Balance Transfer Activity .....	\$0.00
Cash Advance Activity .....	\$0.00
Purchases and Other Charges .....	\$751.00
Fees Charged .....	\$0.00
<b>Total Activity .....</b>	<b>\$751.00</b>
Credit Limit .....	\$10,000
Credit Available .....	\$10,000.00
Statement Closing Date .....	07/17/16
Days in Billing Cycle .....	30
Payment Due Date .....	08/11/16
<b>Important Information:</b> All finance charges for this account are assessed to the Corporate Account.	

Posting Date	Transaction Date	Description	Reference Number	Amount
06/29	06/28	Purchases and Other Charges CSBA 916-669-3308 CA	24492156180894520816185	751.00
		<b>TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD</b>		<b>\$751.00</b>

Cash payments made with our tellers or ATM with Teller Assist (ATA) may only be accepted with valid identification (ID).

0000

Account Number: [REDACTED]  
June 18, 2016 - July 17, 2016

This is not a bill. No payment is required, see company statement.

If you choose to make a payment, use this remittance slip.

Enter payment amount

\$

FONTANA UNIF SCHL  
ATTENTION RANDALL BASSETT, BUSINESS  
9680 CITRUS AVE  
FONTANA, CA 92335-557180

Check here for a change of mailing address or phone numbers for this account only. Please provide all corrections on the reverse side.



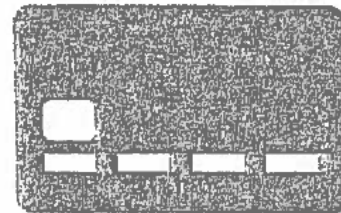
# Don't forget all that your card offers

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**Fontana Unified School District**  
**District Credit Card Reimbursement - Mary B Sandoval VISA ending in 8352**  
**Statement dated July 17, 2016 - total amount \$751.00**

**POSTED**  
AUG 15 2016  
OCT 12 2016

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
29-Jun-16	\$ 751.00	01-0000-0-0000-7110-5220-000-BDMS	CSBA: Annual conference registration / San Francisco / Nov 30 - Dec 3, 2016	Mary B Sandoval

I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Fontana Unified School District and that each item is a business expense as defined by the school district and the Internal Revenue Service.

Mary B Sandoval 7/22/16  
Cardholder Signature / Date

[Signature] 7/22/16  
Board President Approval / Date

[Signature] 7/25/2016  
Administrative Approval / Date

\* All receipts, copies of conference registrations, hotel confirmations, etc. must be attached to this form.

Original form and receipts sent to Accounts Payable:

26 July - 16  
(date)



LORENA CORONA

Business Card

June 18, 2016 - July 17, 2016

Cardholder Activity

Account Information

**Web Address:**  
www.bankofamerica.com

**Mail Billing Inquiries to:**  
BANK OF AMERICA  
PO BOX 982238  
EL PASO, TX 79998-2238

**Mail Payments to:**  
BUSINESS CARD  
PO BOX 15796  
WILMINGTON, DE 19886-5796

**Customer Service:**  
1.800.673.1044, 24 Hours

**TTY Hearing Impaired:**  
1.888.500.6267, 24 Hours

**Outside the U.S.:**  
1.509.353.6656, 24 Hours

**For Lost or Stolen Card:**  
1.800.673.1044, 24 Hours

**Business Offers:**  
www.bankofamerica.com/mybusinesscenter

Account Summary

Payments and Other Credits ..... \$0.00  
 Balance Transfer Activity ..... \$0.00  
 Cash Advance Activity ..... \$0.00  
 Purchases and Other Charges ..... \$4,026.91  
 Fees Charged ..... \$0.00  
**Total Activity ..... \$4,026.91**

Credit Limit ..... \$10,000  
 Credit Available ..... \$10,000.00  
 Statement Closing Date ..... 07/17/16  
 Days in Billing Cycle ..... 30  
 Payment Due Date ..... 08/11/16

**Important Information:** All finance charges for this account are assessed to the Corporate Account.

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
		<b>Purchases and Other Charges</b>		
06/29	06/28	PAYPAL *CLSBA 402-935-7733 CA	24492156180894518236149	384.95
06/29	06/28	CSBA 916-669-3308 CA	24492156180894523954033	3,402.00
07/08	07/06	SOUTHWES 5262425893590800-435-9792 TX CORONA/LORENA 5262425893590 Departure Date: 07/23/16 Airport Code: ONT WN S SMF Departure Date: 07/23/16 Airport Code: SMF WN S ONT	24692166189000367182446	239.96
		<b>TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD</b>		<b>\$4,026.91</b>

0000000 0000000 0000000

Account Number: [REDACTED]  
June 18, 2016 - July 17, 2016

This is not a bill. No payment is required, see company statement.

If you choose to make a payment, use this remittance slip.

Enter payment amount

\$



BUSINESS CARD  
PO BOX 15796  
WILMINGTON, DE 19886-5796



LORENA CORONA  
FONTANA UNIF SCHL  
9680 CITRUS AVE  
PO BOX 5090  
FONTANA, CA 92334-509090

\*\*\*N0001857

Check here for a change of mailing address or phone numbers for this account only. Please provide all corrections on the reverse side.

**CUSTOMER STATEMENT OF DISPUTED ITEM** (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call **1 888 601 4410, Ram-8pm Est.** You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

**PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT.** Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Posting Date: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Reference Number: \_\_\_\_\_  
Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Below tell us why you think the item noted above is in error. **Check one box only.**

- 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- 3. Although I did engage in a transaction with this merchant, I was billed for \_\_\_\_\_ transaction(s) totaling \$ \_\_\_\_\_ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- 4. I have not received the merchandise that was to be shipped to me on \_\_\_\_\_ (MM/DD/YY). I have asked the merchant to credit my account.
- 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.
- 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on \_\_\_\_\_ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.
- 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ \_\_\_\_\_. I have contacted the merchant, returned the merchandise on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because \_\_\_\_\_  
Please supply proof of return or if unable to return merchandise please explain.
- 8. I notified the merchant on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: \_\_\_\_\_
- 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.
- 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- 11. The amount of the charge was increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- 12. Other: Please explain

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

**PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS**

**PAYMENTS**

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays), 2) received at the payment address indicated on the front of this statement, 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

**SERVICE FOR THE HEARING IMPAIRED:** 1.888.500.6267, 24 Hours

**CUSTOMER CORRESPONDENCE**

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**CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW OR VISIT US ONLINE.**

PLEASE PRINT LEGIBLY.

Cardholder Name Change

Address

Address

City

State

ZIP

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Telephone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,  
**BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA**

Important Messages

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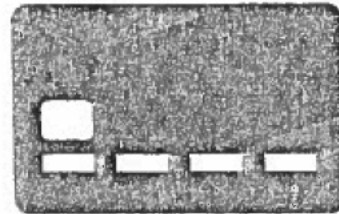
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LORENA CORONA

June 18, 2016 - July 17, 2016

Page 4 of 4



**Fontana Unified School District**  
**District Credit Card Reimbursement - Lorena Corona VISA ending in**  
**Statement dated July 17, 2016 - total amount \$4,026.91**

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
29-Jun-16	\$ 384.95	01-0000-0-0000-7110-5220-000-BDLC	Paypal CLSBA: Registration to attend California Latino School Boards Association Unity Conference / San Diego / Sep 8-11, 2016	Lorena Corona
29-Jun-16	\$ 3,402.00	01-0000-0-0000-7110-5220-000-BDLC \$743.00 / 01-0000-0-0000-7110-5220-000-BDJA \$651.00 / 01-0000-0-0000-7110-5220-000-BDBC \$1,165.00 / 01-0000-0-0000-7110-5220-000-BDMT \$843.00	CSBA: Annual Conference registration / San Francisco / Dec 1-3, 2016	Lorena Corona / Jesse Armendarez / BarBara Chavez / Matt Slowik
8-Jul-16	\$ 239.96	01-0000-0-0000-7110-5220-000-BDLC	Southwest: Airfare to attend CSBA Nominating Committee meeting / Sacramento / Jul 23, 2016	Lorena Corona

I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Fontana Unified School District and that each item is a business expense as defined by the school district and the Internal Revenue Service.

  
 Cardholder Signature / Date

7/27/16

  
 Board Vice President/Clerk Approval / Date



7/28/16

Administrative Approval / Date

\* All receipts, copies of conference registrations, hotel confirmations, etc. must be attached to this form.





RECEIVED  
 AUG 24 2016  
 STATEMENTS  
 OFFICE

**LORENA CORONA**

Business Card

July 18, 2016 - August 17, 2016

Cardholder Activity

Account Information	
<b>Web Address:</b> www.bankofamerica.com	<b>Customer Service:</b> 1.800.673.1044, 24 Hours
<b>Mail Billing Inquiries to:</b> BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998-2238	<b>TTY Hearing Impaired:</b> 1.888.500.6267, 24 Hours
<b>Mail Payments to:</b> BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796	<b>Outside the U.S.:</b> 1.509.353.6656, 24 Hours
	<b>For Lost or Stolen Card:</b> 1.800.673.1044, 24 Hours
	<b>Business Offers:</b> www.bankofamerica.com/mybusinesscenter

Account Summary	
Payments and Other Credits .....	\$0.00
Balance Transfer Activity .....	\$0.00
Cash Advance Activity .....	\$0.00
Purchases and Other Charges .....	\$353.20
Fees Charged .....	\$0.00
<b>Total Activity .....</b>	<b>\$353.20</b>
Credit Limit .....	\$10,000
Credit Available .....	\$10,000.00
Statement Closing Date .....	08/17/16
Days in Billing Cycle .....	31
Payment Due Date .....	09/13/16
<b>Important Information: All finance charges for this account are assessed to the Corporate Account.</b>	

**Transactions**

Posting Date	Transaction Date	Description	Reference Number	Amount
		<b>Purchases and Other Charges</b>		
07/25	07/23	BURGERS AND BR30072177 SACRAMENTO CA	24164076206531053906564	11.64
07/25	07/23	ONTARIO AIRPORT LOT 4 ONTARIO CA	24755426206162060501818	18.00
07/25	07/24	SUPERSHUTTLE EXECUCARSAC 8002583826 CA	24493986206602488756692	19.00
07/28	07/26	SOUTHWES 5262432100738800-435-9792 TX CORONA/LORENA 5262432100738 Departure Date: 08/06/16 Airport Code: ONT WN S SMF Departure Date: 08/06/16 Airport Code: SMF WN S ONT	24692166209000673295565	239.96
08/06	08/07	ONTARIO AIRPORT LOT 4 ONTARIO CA	24755426220162204212530	18.00
08/08	08/06	ESQUIRE GRILLE30078299 SACRAMENTO CA	24164076220531101411684	27.60

0000000 0000000 0000000 [REDACTED]

BUSINESS CARD  
 PO BOX 15796  
 WILMINGTON, DE 19886-5796

LORENA CORONA  
 FONTANA UNIF SCHL  
 9680 CITRUS AVE  
 PO BOX 5090  
 FONTANA, CA 92334-509090

Account Number: [REDACTED]  
 July 18, 2016 - August 17, 2016

**This is not a bill. No payment is required, see company statement.**

**If you choose to make a payment, use this remittance slip.**

Enter payment amount

\$

Check here for a change of mailing address or phone numbers for this account only. Please provide all corrections on the reverse side.

**CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)**

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 63101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call 1.866.601.4410, 8am-8pm Est. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

**PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT.** Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Posting Date: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Reference Number: \_\_\_\_\_  
Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Below tell us why you think the item noted above is in error. **Check one box only.**

- 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- 3. Although I did engage in a transaction with this merchant, I was billed for \_\_\_\_\_ transaction(s) totaling \$ \_\_\_\_\_ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- 4. I have not received the merchandise that was to be shipped to me on \_\_\_\_\_ (MM/DD/YY). I have asked the merchant to credit my account.
- 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.
- 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on \_\_\_\_\_ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.
- 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ \_\_\_\_\_. I have contacted the merchant, returned the merchandise on \_\_\_\_\_ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because \_\_\_\_\_. Please supply proof of return or if unable to return merchandise please explain.
- 8. I notified the merchant on \_\_\_\_\_ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: \_\_\_\_\_
- 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on \_\_\_\_\_ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.
- 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- 11. The amount of the charge was increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- 12. Other: Please explain \_\_\_\_\_

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

**PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS**

**PAYMENTS**

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays), 2) received at the payment address indicated on the front of this statement, 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

**SERVICE FOR THE HEARING IMPAIRED: 1.888.500.6267, 24 Hours**

**CUSTOMER CORRESPONDENCE**

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

**CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.**

**PLEASE PRINT LEGIBLY.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder Name Change

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_

City

\_\_\_\_\_  
\_\_\_\_\_

State

ZIP

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Telephone

Business Telephone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

For address changes on all accounts in your program, have the authorized contact mail a request to,

**BANK OF AMERICA, PO BOX 982238,  
EL PASO, TX, 79998-2238, USA**

Transactions				
Posting Date	Transaction Date	Description	Reference Number	Amount
08/08	08/07	SUPERSHUTTLE EXECUCARSAC 8002583826 CA	24493986220602798219805	19.00
TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD				\$353.20

**Important Messages**  
 Cash payments made with our tellers or ATM with Teller Assist (ATA) may only be accepted with valid identification (ID).

# Don't forget all that your card offers

Continue using it for business purchases, expense tracking and more.

In addition to offering you low-rate financing when you need it, your Platinum Business credit card helps you keep a handle on spending with:

- Employee cards with credit limits you set
- The ability to download your transactions into QuickBooks® for easy account management

**Bonus tip:** Review your transactions at any time using Online Banking at [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness).



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LORENA CORONA

July 18, 2016 - August 17, 2016

Page 4 of 4



FUS  
2016

Fontana Unified School District  
 District Credit Card Reimbursement - Lorena Corona VISA ending in 1544  
 Statement dated August 17, 2016 - total amount \$353.20

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
25-Jul-16	\$ 11.64	01-0000-0-0000-7110-5220-000-BDLC	Burgers and Brews: Meal while attending CSBA Nominating Committee meeting / Sacramento / Jul 23-24, 2016	Lorena Corona - In Lieu of Receipt Form attached
25-Jul-16	\$ 18.00	01-0000-0-0000-7110-5220-000-BDLC	Ontario Airport Lot 4: Parking while attending CSBA Nominating Committee meeting / Sacramento / Jul 23-24, 2016	Lorena Corona
25-Jul-16	\$ 19.00	01-0000-0-0000-7110-5220-000-BDLC	Super Shuttle: Transportation while attending CSBA Nominating Committee meeting / Sacramento / Jul 23-24, 2016	Lorena Corona - In Lieu of Receipt Form attached
28-Jul-16	\$ 239.96	01-0000-0-0000-7110-5220-000-BDLC	Southwest: Airfare to attend CSBA Nominating Committee meeting / Sacramento / Aug 6, 2016	Lorena Corona
8-Jul-16	\$ 18.00	01-0000-0-0000-7110-5220-000-BDLC	Ontario Airport Lot 4: Parking while attending CSBA Nominating Committee meeting / Sacramento / Aug 6, 2016	Lorena Corona
8-Aug-16	\$ 27.60	01-0000-0-0000-7110-5220-000-BDLC	Esquire Grille: Meal while attending CSBA Nominating Committee meeting / Sacramento / Aug 6, 2016	Lorena Corona
8-Aug-16	\$ 19.00	01-0000-0-0000-7110-5220-000-BDLC	Super Shuttle: Transportation while attending CSBA Nominating Committee meeting / Sacramento / Aug 6, 2016	Lorena Corona

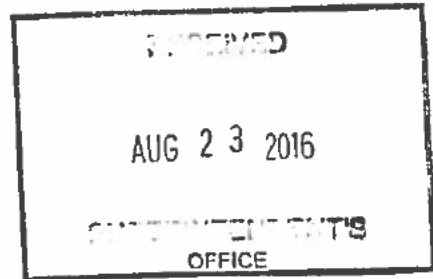
I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Fontana Unified School District and that each item is a business expense as defined by the school district and the Internal Revenue Service.

  
 Cardholder Signature / Date

10/5/16

  
 Board Vice President/Clerk Approval / Date

B# 2044 P  
 PV# 170717



JESSE ARMENDAREZ

Business Card

July 18, 2016 - August 17, 2016

Cardholder Activity

Account Information	
<b>Web Address:</b> www.bankofamerica.com	<b>Customer Service:</b> 1.800.673.1044, 24 Hours
<b>Mail Billing Inquiries to:</b> BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998-2238	<b>TTY Hearing Impaired:</b> 1.888.500.6267, 24 Hours
<b>Mail Payments to:</b> BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796	<b>Outside the U.S.:</b> 1.509.353.6656, 24 Hours
	<b>For Lost or Stolen Card:</b> 1.800.673.1044, 24 Hours
	<b>Business Offers:</b> www.bankofamerica.com/mybusinesscenter

Account Summary	
Payments and Other Credits .....	\$0.00
Balance Transfer Activity .....	\$0.00
Cash Advance Activity .....	\$0.00
Purchases and Other Charges .....	\$606.07
Fees Charged .....	\$0.00
<b>Total Activity .....</b>	<b>\$606.07</b>
Credit Limit .....	\$10,000
Credit Available .....	\$10,000.00
Statement Closing Date .....	08/17/16
Days in Billing Cycle .....	31
Payment Due Date .....	09/13/16
<b>Important Information:</b> All finance charges for this account are assessed to the Corporate Account.	

Transactions				
Posting Date	Transaction Date	Description	Reference Number	Amount
		<b>Purchases and Other Charges</b>		
07/18	07/14	CLAIM JUMPER SACRAMENTO SACRAMENTO CA	24431066197286288800194	47.42
07/18	07/14	SITOA LONG ISLAND NY	24164076197090153965021	35.00
07/18	07/17	ONTARIO AIRPORT LOT 4 ONTARIO CA	24755426199161991432340	54.00
07/18	07/16	SANDRA DEE'S SACRAMENTO CA	2422369619998000562397	31.36
07/18	07/16	HYATT HOTELS SACRAMENTO SACRAMENTO CA Arr: 07/14/16	24610436199072009270214	371.24
07/18	07/15	CHOPS STEAK HOUSE SACRAMENTO CA	24707806199715166787804	67.05
		<b>TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD</b>		<b>\$606.07</b>

**Important Messages**  
Cash payments made with our tellers or ATM with Teller Assist (ATA) may only be accepted with valid identification (ID).

0000000 0000000 0000000 [REDACTED]

Account Number: [REDACTED]  
July 18, 2016 - August 17, 2016

This is not a bill. No payment is required, see company statement.

If you choose to make a payment, use this remittance slip.

Enter payment amount

\$ [REDACTED]

Check here for a change of mailing address or phone numbers for this account only. Please provide all corrections on the reverse side.

BUSINESS CARD
   
PO BOX 15796
   
WILMINGTON, DE 19886-5796

JESSE ARMENDAREZ
   
FONTANA UNIF SCHL
   
ATTENTION RANDALL BASSETT
   
9680 CITRUS AVE
   
FONTANA, CA 92335-557180
   
\*\*N0002735

[REDACTED]



**CUSTOMER STATEMENT OF DISPUTED ITEM** (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call **1.866.601.4410, 8am-8pm Est.** You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

**PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT.** Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Posting Date: \_\_\_\_\_ Transaction Date: \_\_\_\_\_  
Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_ Reference Number: \_\_\_\_\_  
Merchant Name: \_\_\_\_\_

Below tell us why you think the item noted above is in error. **Check one box only.**

- 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- 3. Although I did engage in a transaction with this merchant, I was billed for \_\_\_\_\_ transaction(s) totaling \$ \_\_\_\_\_ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- 4. I have not received the merchandise that was to be shipped to me on \_\_\_\_\_ (MM/DD/YY). I have asked the merchant to credit my account.
- 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.
- 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on \_\_\_\_\_ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.
- 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ \_\_\_\_\_. I have contacted the merchant, returned the merchandise on \_\_\_\_\_ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because \_\_\_\_\_. Please supply proof of return or if unable to return merchandise please explain.
- 8. I notified the merchant on \_\_\_\_\_ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: \_\_\_\_\_
- 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on \_\_\_\_\_ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.
- 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- 11. The amount of the charge was increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- 12. Other: Please explain

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

**PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS**

**PAYMENTS**

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays), 2) received at the payment address indicated on the front of this statement, 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

**SERVICE FOR THE HEARING IMPAIRED:** 1.888.500.6267, 24 Hours

**CUSTOMER CORRESPONDENCE**

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

**CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.**

PLEASE PRINT LEGIBLY.

Cardholder Name Change: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ - \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

For address changes on all accounts in your program, have the authorized contact mail a request to:

**BANK OF AMERICA, PO BOX 982238,  
EL PASO, TX, 79998-2238, USA**



# Don't forget all that your card offers


Continue using it for business purchases, expense tracking and more.

In addition to offering you low-rate financing when you need it, your Platinum Business credit card helps you keep a handle on spending with:

- Employee cards with credit limits you set
- The ability to download your transactions into QuickBooks® for easy account management

**Bonus tip:** Review your transactions at any time using Online Banking at [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness).



JESSE ARMENDAREZ  
  
July 18, 2016 - August 17, 2016  
Page 4 of 4





**Fontana Unified School District**  
**District Credit Card Reimbursement - Jesse Armendarez VISA ending in 1557**  
**Statement dated August 17, 2016 - total amount \$606.07**

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
18-Jul-16	\$ 47.42	01-0000-0-0000-7110-5220-000-BDJA	Claim Jumper Sacramento: Meal while attending CSBA 2016 Leadership Insititute / Sacramento / Jul 14, 2016	Jesse Armendarez - In Lieu of Receipt Form attached
18-Jul-16	\$ 35.00	01-0000-0-0000-7110-5220-000-BDJA	SITOA: Transportation while attending CSBA 2016 Leadership Insititute / Sacramento / Jul 14, 2016	Jesse Armendarez - In Lieu of Receipt Form attached
18-Jul-16	\$ 54.00	01-0000-0-0000-7110-5220-000-BDJA	Ontario Airport Lot 4: Parking while attending CSBA 2016 Leadership Insititute / Sacramento / Jul 14-16, 2016	Jesse Armendarez - In Lieu of Receipt Form attached
18-Jul-16	\$ 31.36	01-0000-0-0000-7110-5220-000-BDJA	Sandra Dee's Sacramento: Meal while attending CSBA 2016 Leadership Insititute / Sacramento / Jul 16, 2016	Jesse Armendarez - In Lieu of Receipt Form attached
18-Jul-16	\$ 371.24	01-0000-0-0000-7110-5220-000-BDJA	Hyatt Hotels Sacramento: Lodging while attending CSBA 2016 Leadership Insititute / Sacramento / Jul 14-16, 2016	Jesse Armendarez
18-Jul-16	\$ 67.05	01-0000-0-0000-7110-5220-000-BDJA	Chops Steak House: Meal while attending CSBA 2016 Leadership Insititute / Sacramento / Jul 15, 2016	Jesse Armendarez - In Lieu of Receipt Form attached

**Total \$ 606.07**

I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Fontana Unified School District and that each item is a business expense as defined by the school district and the Internal Revenue Service.

 10/5/16  
 Cardholder Signature / Date

 10/14/2016  
 Board President Approval / Date

 10/21/16  
 Administrative Approval / Date

B# 2941 R  
 PV# 171184

\* All receipts, copies of conference registrations, hotel confirmations, etc. must be attached to this form.

P. CONED  
AUG 23 2016  
CORPORATE ACCOUNTS  
OFFICE

**MARY B SANDOVAL**

Business Card

July 18, 2016 - August 17, 2016

Cardholder Activity

Account Information	
<b>Web Address:</b> www.bankofamerica.com	<b>Customer Service:</b> 1.800.673.1044, 24 Hours
<b>Mail Billing Inquiries to:</b> BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998-2238	<b>TTY Hearing Impaired:</b> 1.888.500.6267, 24 Hours
<b>Mail Payments to:</b> BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796	<b>Outside the U.S.:</b> 1.509.353.6656, 24 Hours
	<b>For Lost or Stolen Card:</b> 1.800.673.1044, 24 Hours
	<b>Business Offers:</b> www.bankofamerica.com/mybusinesscenter

Account Summary	
Payments and Other Credits .....	\$0.00
Balance Transfer Activity .....	\$0.00
Cash Advance Activity .....	\$0.00
Purchases and Other Charges .....	\$1,426.88
Fees Charged .....	\$0.00
<b>Total Activity .....</b>	<b>\$1,426.88</b>
Credit Limit .....	\$10,000
Credit Available .....	\$10,000.00
Statement Closing Date .....	08/17/16
Days in Billing Cycle .....	31
Payment Due Date .....	09/13/16
<b>Important Information:</b> All finance charges for this account are assessed to the Corporate Account.	

**Transactions**

Posting Date	Transaction Date	Description	Reference Number	Amount
		<b>Purchases and Other Charges</b>		
07/18	07/15	FRANK FAT'S SACRAMENTO CA	24224436199101028093477	
07/18	07/16	ESQUIRE GRILLE30078299 SACRAMENTO CA	24164076199531032854645	42.89
07/18	07/16	SACRAMENTO YELLOW CAB SACRAMENTO CA	24492156199637003957136	52.20
07/18	07/16	HYATT HOTELS SACRAMENTO SACRAMENTO CA	24610436199072009271048	45.37
		Arr: 07/15/16		421.52
07/18	07/16	HYATT HOTELS SACRAMENTO SACRAMENTO CA	24610436199072009270735	
		Arr: 07/15/16		366.90
07/27	07/26	CALIFORNIA SCHOOL BOARD 9163714691 CA	24138296209207089600026	249.00
07/27	07/26	CALIFORNIA SCHOOL BOARD 9163714691 CA	24138296209207089600034	249.00
		<b>TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD</b>		<b>\$1,426.88</b>

0000000 0000000 0000000 [REDACTED]

Account Number: [REDACTED]  
July 18, 2016 - August 17, 2016


This is not a bill. No payment is required, see company statement.

If you choose to make a payment, use this remittance slip.

Enter payment amount

\$ [REDACTED]

  
BUSINESS CARD  
PO BOX 15796  
WILMINGTON, DE 19886-5796

  
MARY B SANDOVAL  
FONTANA UNIF SCHL  
ATTENTION RANDALL BASSETT, BUSINESS  
9680 CITRUS AVE  
FONTANA, CA 92335-557180  
\*\*N00003113

Check here for a change of mailing address or phone numbers for this account only. Please provide all corrections on the reverse side.

**CUSTOMER STATEMENT OF DISPUTED ITEM** (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call 1.866.601.4410, 8am-8pm Est. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

**PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT.** Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Posting Date: \_\_\_\_\_ Transaction Date: \_\_\_\_\_  
 Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_  
 Reference Number: \_\_\_\_\_  
 Merchant Name: \_\_\_\_\_

Below tell us why you think the item noted above is in error. **Check one box only.**

- 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- 3. Although I did engage in a transaction with this merchant, I was billed for \_\_\_\_\_ transaction(s) totaling \$ \_\_\_\_\_ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- 4. I have not received the merchandise that was to be shipped to me on \_\_\_\_\_ (MM/DD/YY). I have asked the merchant to credit my account.
- 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.
- 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on \_\_\_\_\_ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.
- 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ \_\_\_\_\_. I have contacted the merchant, returned the merchandise on \_\_\_\_\_ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because \_\_\_\_\_. Please supply proof of return or if unable to return merchandise please explain.
- 8. I notified the merchant on \_\_\_\_\_ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: \_\_\_\_\_
- 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on \_\_\_\_\_ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.
- 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- 11. The amount of the charge was increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- 12. Other: Please explain \_\_\_\_\_

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_  
 Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

**PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS**

**PAYMENTS**

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays), 2) received at the payment address indicated on the front of this statement, 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days; during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

**SERVICE FOR THE HEARING IMPAIRED:** 1.888.500.6267, 24 Hours

**CUSTOMER CORRESPONDENCE**

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

**CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.**

PLEASE PRINT LEGIBLY.

Cardholder Name Change									
Address									
Address									
City								State	
ZIP					Business Telephone				
Home Telephone									

For address changes on all accounts in your program, have the authorized contact mail a request to:  
**BANK OF AMERICA, PO BOX 982238,  
 EL PASO, TX, 79998-2238 (USA)**

**Important Messages**

Cash payments made with our tellers or ATM with Teller Assist (ATA) may only be accepted with valid identification (ID).

# Don't forget all that your card offers

Continue using it for business purchases, expense tracking and more.

In addition to offering you low-rate financing when you need it, your Platinum Business credit card helps you keep a handle on spending with:

- Employee cards with credit limits you set
- The ability to download your transactions into QuickBooks® for easy account management

**Bonus tip:** Review your transactions at any time using Online Banking at [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness).



MARY B SANDOVAL  
[REDACTED]  
July 18, 2016 - August 17, 2016  
Page 4 of 4





**Fontana Unified School District**  
**District Credit Card Reimbursement - Mary B Sandoval VISA ending in 8352**  
**Statement dated August 17, 2016 - total amount \$1,426.88**

CSBA / July 2016

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
18-Jul-16	\$ 42.89	01-0000-0-0000-7110-5220-000-BDMS \$21.44 / 01-0000-0-0000-7110-5220-000-BDLC \$21.45	PV# 170719 Frank Fai's: Meal while attend CSBA Leadership Institute / Sacramento / Jul 15, 2016	Mary B Sandoval / Lorena Corona
18-Jul-16	\$ 52.20	01-0000-0-0000-7110-5220-000-BDMS / 01-0000-0-0000-7110-5220-000-BDLC \$26.10 each account	Esquire Grille: Meal while attending CSBA Leadership Institute / Sacramento / Jul 16, 2016	Mary B Sandoval / Lorena Corona
18-Jul-16	\$ 45.37	01-0000-0-0000-7110-5220-000-BDMS \$22.69 / 01-0000-0-0000-7110-5220-000-BDLC \$22.68	Sacramento Yellow Cab: Cabfare while attending CSBA Leadership Institute / Sacramento / Jul 16, 2016	Mary B Sandoval / Lorena Corona
18-Jul-16	\$ 421.52	01-0000-0-0000-7110-5220-000-BDMS	Hyatt Hotels Sacramento: Lodging while attending CSBA Leadership Institute / Sacramento / Jul 14-16, 2016	Mary B Sandoval
18-Jul-16	\$ 366.90	01-0000-0-0000-7110-5220-000-BDLC	Hyatt Hotels Sacramento: Lodging while attending CSBA Leadership Institute / Sacramento / Jul 14-16, 2016	Lorena Corona
27-Jul-16	\$ 249.00	01-0000-0-0000-7110-5220-000-BDMS	PV# 170720 CSBA: Registration to attend MIG Course 2 / Anaheim / Oct 1, 2016	Mary B Sandoval
27-Jul-16	\$ 249.00	01-0000-0-0000-7110-5220-000-BDMS	PV# 170721 CSBA: Registration to attend MIG Course 5 / Sacramento / Oct 29, 2016	Mary B Sandoval

**\$ 1,426.88**

I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Fontana Unified School District and that each item is a business expense as defined by the school district and the Internal Revenue Service.

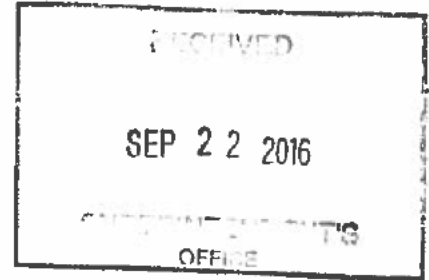
*Mary Sandoval* 8/2/16  
 Cardholder Signature / Date

*[Signature]* 9/14/16  
 Board President Approval / Date

*[Signature]* 10/3/16  
 Administrative Approval / Date

B# 2045 R

\* All receipts, copies of conference registrations, hotel confirmations, etc. must be attached to this form.



LORENA CORONA

Business Card

August 18, 2016 - September 17, 2016

Cardholder Activity

Account Information	
<b>Web Address:</b> www.bankofamerica.com	<b>Customer Service:</b> 1.800.673.1044, 24 Hours
<b>Mail Billing Inquiries to:</b> BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998-2238	<b>TTY Hearing Impaired:</b> 1.888.500.6267, 24 Hours
<b>Mail Payments to:</b> BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796	<b>Outside the U.S.:</b> 1.509.353.6656, 24 Hours
	<b>For Lost or Stolen Card:</b> 1.800.673.1044, 24 Hours
	<b>Business Offers:</b> www.bankofamerica.com/mybusinesscenter

Account Summary	
Payments and Other Credits .....	\$0.00
Balance Transfer Activity .....	\$0.00
Cash Advance Activity .....	\$0.00
Purchases and Other Charges .....	\$749.56
Fees Charged .....	\$0.00
<b>Total Activity .....</b>	<b>\$749.56</b>
Credit Limit .....	\$10,000
Credit Available .....	\$10,000.00
Statement Closing Date .....	09/17/16
Days in Billing Cycle .....	31
Payment Due Date .....	10/13/16
<b>Important Information:</b> All finance charges for this account are assessed to the Corporate Account.	

**Important Changes to Your Account Terms**

Most of our customers with recurring transactions (that is, Same Charge/Every Month) are asking us to manage them more smoothly, and we have listened. From now on, your recurring transactions will continue even when your account number changes, except for certain merchants who insist on customer contact. Your agreement will reflect this change. Here is how your agreement is changing:

**RECURRING PREAUTHORIZED TRANSACTIONS.** Recurring preauthorized transactions occur when you authorize a merchant to automatically initiate a transaction using your account on a recurring basis. If we issue a new credit card with a different account number or expiration date to you, we may (but are not obligated to) provide your new card account number and expiration date to a merchant with whom you have set up a recurring preauthorized transaction in order to continue your recurring preauthorized transactions. There will be circumstances where you will have to contact the merchant.

**Transactions**

Posting Date	Transaction Date	Description	Reference Number	Amount
		Purchases and Other Charges		

0000000 0000000 0000000 [REDACTED]

BUSINESS CARD  
 PO BOX 15796  
 WILMINGTON, DE 19886-5796

LORENA CORONA  
 FONTANA UNIF SCHL  
 9680 CITRUS AVE  
 PO BOX 5090  
 FONTANA, CA 92334-509090

Account Number: [REDACTED]  
August 18, 2016 - September 17, 2016

This is not a bill. No payment is required, see company statement.

If you choose to make a payment, use this remittance slip.

Enter payment amount

\$ [REDACTED]

Check here for a change of mailing address or phone numbers for this account only. Please provide all corrections on the reverse side.

[REDACTED]

**CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print)**

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call 1.866.601.4410, 8am-8pm Est. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

**PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT.** Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Posting Date: \_\_\_\_\_ Transaction Date: \_\_\_\_\_  
Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_  
Reference Number: \_\_\_\_\_  
Merchant Name: \_\_\_\_\_

Below tell us why you think the item noted above is in error. **Check one box only.**

- 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- 3. Although I did engage in a transaction with this merchant, I was billed for \_\_\_\_\_ transaction(s) totaling \$ \_\_\_\_\_ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- 4. I have not received the merchandise that was to be shipped to me on \_\_\_\_\_ (MM/DD/YY). I have asked the merchant to credit my account.
- 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.
- 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on \_\_\_\_\_ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.
- 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ \_\_\_\_\_. I have contacted the merchant, returned the merchandise on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because \_\_\_\_\_  
Please supply proof of return or if unable to return merchandise please explain \_\_\_\_\_
- 8. I notified the merchant on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: \_\_\_\_\_
- 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.
- 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- 11. The amount of the charge was increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- 12. Other: Please explain \_\_\_\_\_

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

**PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS**

**PAYMENTS**

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays), 2) received at the payment address indicated on the front of this statement, 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

**SERVICE FOR THE HEARING IMPAIRED:** 1.888.500.6267, 24 Hours

**CUSTOMER CORRESPONDENCE**

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**CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.**

**PLEASE PRINT LEGIBLY.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder Name Change

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_

City

\_\_\_\_\_-\_\_\_\_\_

State

ZIP

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Telephone

Business Telephone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

For address changes on all accounts in your program, have the authorized contact mail a request to,

**BANK OF AMERICA, PO BOX 982238,  
EL PASO, TX, 79998-2238, USA**

Transactions					
Posting Date	Transaction Date	Description	Reference Number	Amount	
09/13	09/11	HILTON SAN DIEGO DEL M DEL MAR CA Arr: 09/08/16	24692166256000130632840	712.23	
09/13	09/10	91 BURGER LOUNGE DEL MAR CA	24915766256323802742343	37.33	
<b>TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD</b>				<b>\$749.56</b>	

# Don't forget all that your card offers

Continue using it for business purchases, expense tracking and more.

In addition to offering you low-rate financing when you need it, your Platinum Business credit card helps you keep a handle on spending with:

- Employee cards with credit limits you set
- The ability to download your transactions into QuickBooks® for easy account management

**Bonus tip:** Review your transactions at any time using Online Banking at [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness).





How can we  
improve your  
business banking?

Join the **Bank of America<sup>®</sup> Advisory Panel**. You can help us learn what we're doing right and what we can do better. And you'll be entered into a drawing for a chance to win a **\$3,000 Visa<sup>®</sup>** gift card just for participating.



To learn more and join, enter code **SBCC** at **bankofamerica.com/advisorypanel** today.

No purchase necessary. Sweepstakes ends 2/28/2017. Open to all U.S. residents, 18 years of age or older. For official rules and entry go to [bankofamerica.com/advisorypanel](http://bankofamerica.com/advisorypanel).  
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**Fontana Unified School District**  
**District Credit Card Reimbursement - Lorena Corona VISA ending in 1544**  
**Statement dated September 17, 2016 - total charges \$749.56**

RECEIVED  
 FUSD ACCT'S PAY/REC  
 2016 OCT 11 A 10:47

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
13-Sep-16	\$ 712.23	01-0000-0-0000-7110-5220-000-8DLC	Hilton San Diego Del Mar: Lodging while attending CSBA Unity Conference 2016 / San Diego / Sep 8-11, 2016	Lorena Corona
13-Sep-16	\$ 37.33	01-0000-0-0000-7110-5220-000-8DLC \$18.66 / 01-0000-0-0000-7110-5220-000-BDBC \$18.67	91 Burger Lounge: Meal while attending CSBA Unity Conference 2016 / San Diego / Sep 10, 2016	Lorena Corona / BarBara Chavez

I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Fontana Unified School District and that each item is a business expense as defined by the school district and the Internal Revenue Service.

 10/5/16  
 Cardholder Signature / Date

 10/5/16  
 Board Vice President/ Clerk Approval / Date

 10/10/16  
 Administrative Approval / Date

\* All receipts, copies of conference registrations, hotel confirmations, etc. must be attached to this form.

R# 2754 R  
 PV# 171194





RECEIVED  
 SEP 22 2016  
 CARDHOLDER STATEMENTS  
 OFFICE

BARBARA L CHAVEZ

Business Card

August 18, 2016 - September 17, 2016

Cardholder Activity

Account Information	
<b>Web Address:</b> www.bankofamerica.com	<b>Customer Service:</b> 1.800.673.1044, 24 Hours
<b>Mail Billing Inquiries to:</b> BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998-2238	<b>TTY Hearing Impaired:</b> 1.888.500.6267, 24 Hours
<b>Mail Payments to:</b> BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796	<b>Outside the U.S.:</b> 1.509.353.6656, 24 Hours
	<b>For Lost or Stolen Card:</b> 1.800.673.1044, 24 Hours
	<b>Business Offers:</b> www.bankofamerica.com/mybusinesscenter

Account Summary	
Payments and Other Credits .....	\$0.00
Balance Transfer Activity .....	\$0.00
Cash Advance Activity .....	\$0.00
Purchases and Other Charges .....	\$652.23
Fees Charged .....	\$0.00
<b>Total Activity .....</b>	<b>\$652.23</b>
Credit Limit .....	\$10,000
Credit Available .....	\$10,000.00
Statement Closing Date .....	09/17/16
Days in Billing Cycle .....	31
Payment Due Date .....	10/13/16
<b>Important Information:</b> All finance charges for this account are assessed to the Corporate Account.	

**Important Changes to Your Account Terms**

Most of our customers with recurring transactions (that is, Same Charge/Every Month) are asking us to manage them more smoothly, and we have listened. From now on, your recurring transactions will continue even when your account number changes, except for certain merchants who insist on customer contact. Your agreement will reflect this change. Here is how your agreement is changing:

**RECURRING PREAUTHORIZED TRANSACTIONS.** Recurring preauthorized transactions occur when you authorize a merchant to automatically initiate a transaction using your account on a recurring basis. If we issue a new credit card with a different account number or expiration date to you, we may (but are not obligated to) provide your new card account number and expiration date to a merchant with whom you have set up a recurring preauthorized transaction in order to continue your recurring preauthorized transactions. There will be circumstances where you will have to contact the merchant.

**Transactions**

Posting Date	Transaction Date	Description	Reference Number	Amount
		Purchases and Other Charges		

0000000 0000000 0000000 [REDACTED]

BUSINESS CARD  
 PO BOX 15796  
 WILMINGTON, DE 19886-5796

BARBARA L CHAVEZ  
 FONTANA UNIF SCHL  
 9680 CITRUS AVE  
 PO BOX 5090  
 FONTANA, CA 92334-509090

Account Number: [REDACTED]  
 August 18, 2016 - September 17, 2016

This is not a bill. No payment is required, see company statement.

If you choose to make a payment, use this remittance slip.

Enter payment amount

\$

Check here for a change of mailing address or phone numbers for this account only. Please provide all corrections on the reverse side.

[REDACTED]

**CUSTOMER STATEMENT OF DISPUTED ITEM** (You must use a separate form for each dispute. Please print)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call **1.866.601.4410, 8am-8pm Est.** You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

**PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT.** Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Posting Date: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Reference Number: \_\_\_\_\_  
Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_

How tell us why you think the item noted above is in error. **Check one box only.**

- 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- 3. Although I did engage in a transaction with this merchant, I was billed for \_\_\_\_\_ transaction(s) totaling \$ \_\_\_\_\_ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- 4. I have not received the merchandise that was to be shipped to me on \_\_\_\_\_ (MM/DD/YY). I have asked the merchant to credit my account.
- 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.  
\_\_\_\_\_  
\_\_\_\_\_
- 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on \_\_\_\_\_ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.  
\_\_\_\_\_  
\_\_\_\_\_

- 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ \_\_\_\_\_. I have contacted the merchant, returned the merchandise on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because \_\_\_\_\_  
Please supply proof of return or if unable to return merchandise please explain.
- 8. I notified the merchant on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: \_\_\_\_\_
- 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.  
\_\_\_\_\_  
\_\_\_\_\_
- 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- 11. The amount of the charge was increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- 12. Other: Please explain  
\_\_\_\_\_

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

**PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS**

**PAYMENTS**

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays), 2) received at the payment address indicated on the front of this statement, 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

**SERVICE FOR THE HEARING IMPAIRED:** 1.888.500.6267, 24 Hours

**CUSTOMER CORRESPONDENCE**

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

**CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.**

PLEASE PRINT LEGIBLY.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder Name Change

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_ State

City

\_\_\_\_\_-\_\_\_\_\_  
ZIP

Home Telephone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business Telephone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

For address changes on all accounts in your program, have the authorized contact mail a request to,

**BANK OF AMERICA, PO BOX 982238,  
EL PASO, TX, 79998-2238, USA**

**Transactions**

Posting Date	Transaction Date	Description	Reference Number	Amount
09/13	09/11	HILTON SAN DIEGO DEL M DEL MAR CA Arr: 09/08/16	24692166256000130632832	652.23
<b>TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD</b>				<b>\$652.23</b>

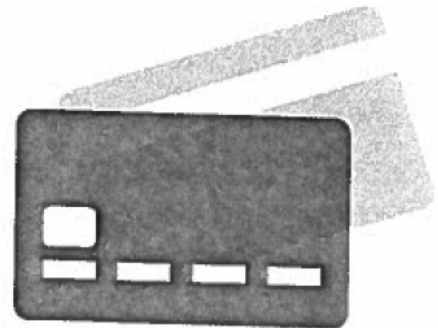
# Don't forget all that your card offers

Continue using it for business purchases, expense tracking and more.

In addition to offering you low-rate financing when you need it, your Platinum Business credit card helps you keep a handle on spending with:

- Employee cards with credit limits you set
- The ability to download your transactions into QuickBooks® for easy account management

**Bonus tip:** Review your transactions at any time using Online Banking at [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness).



How can we  
improve your  
business banking?

Join the **Bank of America® Advisory Panel**. You can help us learn what we're doing right and what we can do better. And you'll be entered into a drawing for a chance to win a **\$3,000 Visa®** gift card just for participating.



To learn more and join, enter code **SBCC** at **bankofamerica.com/advisorypanel** today.

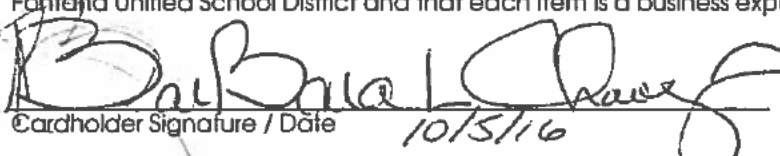
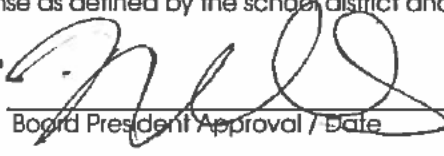

No purchase necessary. Sweepstakes ends 2/28/2017. Open to all U.S. residents, 18 years of age or older. For official rules and entry go to [bankofamerica.com/advisorypanel](http://bankofamerica.com/advisorypanel).  
Void where prohibited. ©2016 Bank of America Corporation. ARGGNCDF | SSM-05-16-0087.C



RECEIVED  
 FUSD ACCT'S PAY/DEC  
 2016 OCT 11 AM 11:11  
**Fontana Unified School District**  
**District Credit Card Reimbursement - BarBara Chavez VISA ending in 9651**  
**Statement dated September 17, 2016 - total amount \$652.23**

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
13-Sep-16	\$ 652.23	01-0000-0-0000-7110-5220-000-BDBC	Hilton San Diego Del Mar: Lodging while attending CSBA Unity Conference 2016 / San Diego / Sep 8-11, 2016	BarBara L. Chavez

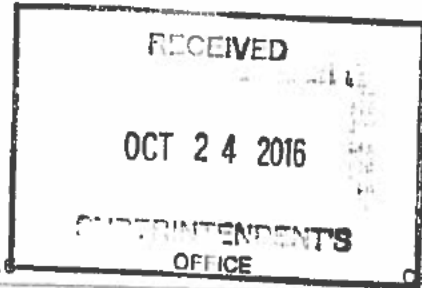
I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Fontana Unified School District and that each item is a business expense as defined by the school district and the Internal Revenue Service.


 Cardholder Signature / Date 10/5/16

 Board President Approval / Date 10/5/16  

 Administrative Approval / Date 10/10/16

\* All receipts, copies of conference registrations, hotel confirmations, etc. must be attached to this form.

B# 2755 R  
 PV# 171193





JESSE ARMENDAREZ

Business Card

September 18, 2016 - October 17, 2016

Cardholder Activity

Account Information

Web Address: www.bankofamerica.com

Customer Service: 1.800.673.1044, 24 Hours

Mail Billing Inquiries to: BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998-2238

TTY Hearing Impaired: 1.888.500.6267, 24 Hours

Mail Payments to: BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796

Outside the U.S.: 1.509.353.6656, 24 Hours

For Lost or Stolen Card: 1.800.673.1044, 24 Hours

Business Offers: www.bankofamerica.com/mybusinesscenter

Account Summary

Payments and Other Credits	\$0.00
Balance Transfer Activity	\$0.00
Cash Advance Activity	\$0.00
Purchases and Other Charges	\$214.24
Fees Charged	\$0.00
Total Activity	\$214.24
Credit Limit	\$10,000
Credit Available	\$10,000.00
Statement Closing Date	10/17/16
Days in Billing Cycle	30
Payment Due Date	11/13/16

Important Information: All finance charges for this account are assessed to the Corporate Account.

Important Changes to Your Account Terms

Most of our customers with recurring transactions (that is, Same Charge/Every Month) are asking us to manage them more smoothly, and we have listened. From now on, your recurring transactions will continue even when your account number changes, except for certain merchants who insist on customer contact. Your agreement will reflect this change. Here is how your agreement is changing. RECURRING PREAUTHORIZED TRANSACTIONS. Recurring preauthorized transactions occur when you authorize a merchant to automatically initiate a transaction using your account on a recurring basis. If we issue a new credit card with a different account number or expiration date to you, we may (but are not obligated to) provide your new card account number and expiration date to a merchant with whom you have set up a recurring preauthorized transaction in order to continue your recurring preauthorized transactions. There will be circumstances where you will have to contact the merchant.

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
		Purchases and Other Charges		

0000000 0000000 0000000 [REDACTED]

BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796

JESSE ARMENDAREZ FONTANA UNIF SCHL ATTENTION RANDALL BASSETT 9680 CITRUS AVE FONTANA, CA 92335-557180 \*\*N0001435

Account Number: [REDACTED] September 18, 2016 - October 17, 2016

This is not a bill. No payment is required, see company statement.

If you choose to make a payment, use this remittance slip.

Enter payment amount

\$ [REDACTED]

Check here for a change of mailing address or phone numbers for this account only. Please provide all corrections on the reverse side.

**CUSTOMER STATEMENT OF DISPUTED ITEM** (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call 1.866.601.4410, 8am-8pm Est. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

**PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT.** Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Posting Date: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_ Reference Number: \_\_\_\_\_  
Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Now tell us why you think the item noted above is in error. **Check one box only.**

- 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- 3. Although I did engage in a transaction with this merchant, I was billed for \_\_\_\_\_ transaction(s) totaling \$ \_\_\_\_\_ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- 4. I have not received the merchandise that was to be shipped to me on \_\_\_\_\_ (MM/DD/YY). I have asked the merchant to credit my account.
- 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.
- 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on \_\_\_\_\_ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.
- 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ \_\_\_\_\_. I have contacted the merchant, returned the merchandise on \_\_\_\_\_ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because \_\_\_\_\_. Please supply proof of return or if unable to return merchandise please explain.
- 8. I notified the merchant on \_\_\_\_\_ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: \_\_\_\_\_
- 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on \_\_\_\_\_ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.
- 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- 11. The amount of the charge was increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- 12. Other: Please explain

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

**PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS**

**PAYMENTS**

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays); 2) received at the payment address indicated on the front of this statement; 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order; and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days; during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

**SERVICE FOR THE HEARING IMPAIRED:** 1.866.500.6267, 24 Hours

**CUSTOMER CORRESPONDENCE**

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

**CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.**

PLEASE PRINT LEGIBLY.

Cardholder Name Change

Address

Address

City

State

ZIP

Home Telephone

Business Telephone

For address changes on all accounts in your program, have the authorized contact mail-a request to,  
**BANK OF AMERICA, PO BOX 982238,  
EL PASO, TX, 79998-2238, USA**



Transactions				
Posting Date	Transaction Date	Description	Reference Number	Amount
10/03	10/02	SHERATON ANAHEIM CA Arr: 09/30/16	24755426276172764446884	214.24
<b>TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD</b>				<b>\$214.24</b>

# Don't forget all that your card offers

Continue using it for business purchases, expense tracking and more.

In addition to offering you low-rate financing when you need it, your Platinum Business credit card helps you keep a handle on spending with:

- Employee cards with credit limits you set
- The ability to download your transactions into QuickBooks® for easy account management

**Bonus tip:** Review your transactions at any time using Online Banking at [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness).



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**Bank of America**



JESSE ARMENDAREZ

September 18, 2016 - October 17, 2016

Page 4 of 4



**Fontana Unified School District**  
**District Credit Card Reimbursement - Jesse Armendarez VISA ending in 1557**  
**Statement dated October 17, 2016 - total amount \$214.24**

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
3-Oct-16	\$ 214.24	01-0000-0-0000-7110-5220-000-BDJA	Sheraton Anaheim: Lodging while attending CSBA Masters In Governance Course 2 / Anaheim / Oct 1, 2016	Jesse Armendarez

I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Fontana Unified School District and that each item is a business expense as defined by the school district and the Internal Revenue Service.

Jesse Armendarez 11/16/16  
 Cardholder Signature / Date

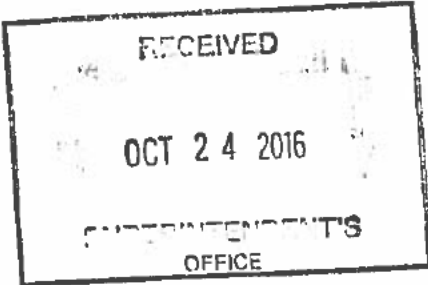
[Signature] 11/16/16  
 Board President Approval / Date

[Signature] 11/22/2016  
 Administrative Approval / Date

\* All receipts, copies of conference registrations, hotel confirmations, etc. must be attached to this form.

B#2936R  
 PV# 171181

NOV 28 10 56 AM '16  
 FUND ACCT'S PAY/REC



BARBARA L CHAVEZ

Business Card

September 18, 2016 - October 17, 2016

Cardholder Activity

Account Information	
<b>Web Address:</b> www.bankofamerica.com	<b>Customer Service:</b> 1.800.673.1044, 24 Hours
<b>Mail Billing Inquiries to:</b> BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998-2238	<b>TTY Hearing Impaired:</b> 1.888.500.6267, 24 Hours
<b>Mail Payments to:</b> BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796	<b>Outside the U.S.:</b> 1.509.353.6656, 24 Hours
	<b>For Lost or Stolen Card:</b> 1.800.673.1044, 24 Hours
	<b>Business Offers:</b> www.bankofamerica.com/mybusinesscenter

Account Summary	
Payments and Other Credits .....	\$0.00
Balance Transfer Activity .....	\$0.00
Cash Advance Activity .....	\$0.00
Purchases and Other Charges .....	\$455.32
Fees Charged .....	\$0.00
<b>Total Activity .....</b>	<b>\$455.32</b>
Credit Limit .....	\$10,000
Credit Available .....	\$10,000.00
Statement Closing Date .....	10/17/16
Days in Billing Cycle .....	30
Payment Due Date .....	11/13/16
<b>Important Information:</b> All finance charges for this account are assessed to the Corporate Account.	

**Important Changes to Your Account Terms**


Most of our customers with recurring transactions (that is, Same Charge/Every Month) are asking us to manage them more smoothly, and we have listened. From now on, your recurring transactions will continue even when your account number changes, except for certain merchants who insist on customer contact. Your agreement will reflect this change. Here is how your agreement is changing:


**RECURRING PREAUTHORIZED TRANSACTIONS.** Recurring preauthorized transactions occur when you authorize a merchant to automatically initiate a transaction using your account on a recurring basis. If we issue a new credit card with a different account number or expiration date to you, we may (but are not obligated to) provide your new card account number and expiration date to a merchant with whom you have set up a recurring preauthorized transaction in order to continue your recurring preauthorized transactions. There will be circumstances where you will have to contact the merchant.

**Transactions**

Posting Date	Transaction Date	Description	Reference Number	Amount
		Purchases and Other Charges		

0000000 0000000 0000000 [REDACTED]

  
 BUSINESS CARD  
 PO BOX 15796  
 WILMINGTON, DE 19886-5796

  
 BARBARA L CHAVEZ  
 FONTANA UNIF SCHL  
 9680 CITRUS AVE  
 PO BOX 5090  
 FONTANA, CA 92334-509090

Account Number: [REDACTED]  
 September 18, 2016 - October 17, 2016

This is not a bill. No payment is required, see company statement.

If you choose to make a payment, use this remittance slip.

Enter payment amount

\$

Check here for a change of mailing address or phone numbers for this account only. Please provide all corrections on the reverse side.

[REDACTED]

**CUSTOMER STATEMENT OF DISPUTED ITEM** (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call 1.866.601.4410, 8am-8pm Est. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

**PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT.** Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Posting Date: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Reference Number: \_\_\_\_\_  
Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Below tell us why you think the item noted above is in error. **Check one box only.**

- 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- 3. Although I did engage in a transaction with this merchant, I was billed for \_\_\_\_\_ transaction(s) totaling \$\_\_\_\_\_ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- 4. I have not received the merchandise that was to be shipped to me on \_\_\_\_\_ (MM/DD/YY). I have asked the merchant to credit my account.
- 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.
- 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on \_\_\_\_\_ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.
- 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$\_\_\_\_\_. I have contacted the merchant, returned the merchandise on \_\_\_\_\_ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because \_\_\_\_\_ Please supply proof of return or if unable to return merchandise please explain.
- 8. I notified the merchant on \_\_\_\_\_ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: \_\_\_\_\_
- 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on \_\_\_\_\_ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.
- 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- 11. The amount of the charge was increased from \$\_\_\_\_\_ to \$\_\_\_\_\_ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- 12. Other: Please explain \_\_\_\_\_

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

**PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS**

**PAYMENTS**

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays); 2) received at the payment address indicated on the front of this statement; 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order; and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

**SERVICE FOR THE HEARING IMPAIRED:** 1.888.500.6267, 24 Hours

**CUSTOMER CORRESPONDENCE**

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**CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.**

**PLEASE PRINT LEGIBLY.**

\_\_\_\_\_  
Cardholder Name Change

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Telephone Business Telephone

For address changes on all accounts in your program, have the authorized contact mail-a request to,  
**BANK OF AMERICA, PO BOX 982238,  
EL PASO, TX, 79998-2238, USA**

Transactions						
Posting Date	Transaction Date	Description		Reference Number		Amount
10/03	09/30	SQ *SHERATON PARK H ANAHEIM CA		24492156274741440368309		12.37
10/03	10/01	BILY J'S FAMILY RESTAU FONTANA CA		24323006276207766500677		51.17
10/03	10/02	SHERATON ANAHEIM CA		24755426276172764446637		391.78
		Arr: 09/29/16				
<b>TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD</b>						<b>\$455.32</b>

# Don't forget all that your card offers

Continue using it for business purchases, expense tracking and more.

In addition to offering you low-rate financing when you need it, your Platinum Business credit card helps you keep a handle on spending with:

- Employee cards with credit limits you set
- The ability to download your transactions into QuickBooks® for easy account management

**Bonus tip:** Review your transactions at any time using Online Banking at [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness).



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BARBARA L CHAVEZ  
████████████████████

September 18, 2016 - October 17, 2016

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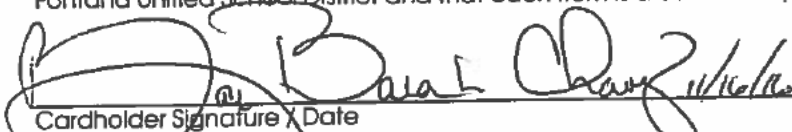


**Fontana Unified School District**  
**District Credit Card Reimbursement - BarBara Chavez VISA ending in 9651**  
**Statement dated October 17, 2016 - total amount \$455.32**

RECEIVED  
 FUSD ACCT'S PAY/REC  
 2016 NOV 29 P 3:34

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
3-Oct-16	\$ 12.37	01-0000-0-0000-7110-5220-000-BDBC	Sheraton Park Hotel Gift Shop: Meal while attending CSBA Masters In Governance Course 3 / Anaheim / Sep 30, 2016	BarBara L. Chavez
3-Oct-16	\$ 51.17	01-0000-0-0000-7110-5220-000-BDBC \$25.58 / 01-0000-0-0000-7110-5220-000-BDLC \$25.59	Billy Js Family Restaurant: Meal upon returning from CSBA Masters In Governance Course 2 / Anaheim / Oct 1, 2016	BarBara L. Chavez, Lorena Corona
3-Oct-16	\$ 391.78	01-0000-0-0000-7110-5220-000-BDBC	Sheraton Anaheim: Lodging while attending CSBA Masters In Governance Courses 3 & 2 / Anaheim / Sep 30, Oct 1, 2016	BarBara L. Chavez

I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Fontana Unified School District and that each item is a business expense as defined by the school district and the Internal Revenue Service.

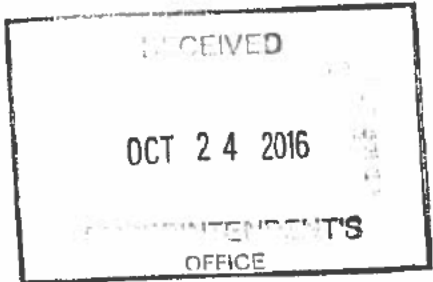
  
 Cardholder Signature / Date

 11/24/2016  
 Board President Approval / Date

 11/29/16  
 Administrative Approval / Date

\* All receipts, copies of conference registrations, hotel confirmations, etc. must be attached to this form.

B# 2937R  
 PV# 171182



LORENA CORONA

Business Card

September 18, 2016 - October 17, 2016

Cardholder Activity

Account Information	
<b>Web Address:</b> www.bankofamerica.com	<b>Customer Service:</b> 1.800.673.1044, 24 Hours
<b>Mail Billing Inquiries to:</b> BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998-2238	<b>TTY Hearing Impaired:</b> 1.888.500.6267, 24 Hours
<b>Mail Payments to:</b> BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796	<b>Outside the U.S.:</b> 1.509.353.6656, 24 Hours
	<b>For Lost or Stolen Card:</b> 1.800.673.1044, 24 Hours
	<b>Business Offers:</b> www.bankofamerica.com/mybusinesscenter

Account Summary	
Payments and Other Credits .....	\$0.00
Balance Transfer Activity .....	\$0.00
Cash Advance Activity .....	\$0.00
Purchases and Other Charges .....	\$214.24
Fees Charged .....	\$0.00
<b>Total Activity .....</b>	<b>\$214.24</b>
Credit Limit .....	\$10,000
Credit Available .....	\$10,000.00
Statement Closing Date .....	10/17/16
Days in Billing Cycle .....	30
Payment Due Date .....	11/13/16
<b>Important Information:</b> All finance charges for this account are assessed to the Corporate Account.	

**Important Changes to Your Account Terms**

Most of our customers with recurring transactions (that is, Same Charge/Every Month) are asking us to manage them more smoothly, and we have listened. From now on, your recurring transactions will continue even when your account number changes, except for certain merchants who insist on customer contact. Your agreement will reflect this change. Here is how your agreement is changing:


**RECURRING PREAUTHORIZED TRANSACTIONS.** Recurring preauthorized transactions occur when you authorize a merchant to automatically initiate a transaction using your account on a recurring basis. If we issue a new credit card with a different account number or expiration date to you, we may (but are not obligated to) provide your new card account number and expiration date to a merchant with whom you have set up a recurring preauthorized transaction in order to continue your recurring preauthorized transactions. There will be circumstances where you will have to contact the merchant.

**Transactions**

Posting Date	Transaction Date	Description	Reference Number	Amount
		Purchases and Other Charges		

0000000 0000000 0000000 [REDACTED]

  
 BUSINESS CARD  
 PO BOX 15796  
 WILMINGTON, DE 19886-5796

  
 LORENA CORONA  
 FONTANA UNIF SCHL  
 9680 CITRUS AVE  
 PO BOX 5090  
 FONTANA, CA 92334-509090  
 \*\*N0003623

Account Number: [REDACTED]  
 September 18, 2016 - October 17, 2016

This is not a bill. No payment is required, see company statement.

If you choose to make a payment, use this remittance slip.

Enter payment amount

\$ [REDACTED]

Check here for a change of mailing address or phone numbers for this account only. Please provide all corrections on the reverse side.

**CUSTOMER STATEMENT OF DISPUTED ITEM** (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call 1.866.601.4410, 8am-8pm Est. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

**PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT.** Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Billing Date: \_\_\_\_\_ Transaction Date: \_\_\_\_\_  
Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_  
Merchant Name: \_\_\_\_\_

Below tell us why you think the item noted above is in error. **Check one box only.**

- 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- 3. Although I did engage in a transaction with this merchant, I was billed for \_\_\_\_\_ transaction(s) totaling \$ \_\_\_\_\_ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- 4. I have not received the merchandise that was to be shipped to me on \_\_\_\_\_ (MM/DD/YY). I have asked the merchant to credit my account.
- 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.  
\_\_\_\_\_  
\_\_\_\_\_
- 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on \_\_\_\_\_ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.  
\_\_\_\_\_  
\_\_\_\_\_
- 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ \_\_\_\_\_. I have contacted the merchant, returned the merchandise on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because \_\_\_\_\_  
Please supply proof of return or if unable to return merchandise please explain.  
\_\_\_\_\_
- 8. I notified the merchant on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: \_\_\_\_\_
- 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.  
\_\_\_\_\_
- 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- 11. The amount of the charge was increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- 12. Other: Please explain  
\_\_\_\_\_

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

**PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS**

**PAYMENTS**

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

**SERVICE FOR THE HEARING IMPAIRED:** 1.888.500.6267, 24 Hours

**CUSTOMER CORRESPONDENCE**

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

**CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.**

**PLEASE PRINT LEGIBLY.**

Cardholder Name Change

Address

Address

City

State

ZIP

Home Telephone

Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to:  
**BANK OF AMERICA, PO BOX 982238,  
EL PASO, TX, 79998-2238, USA**

**Transactions**

Posting Date	Transaction Date	Description	Reference Number	Amount
10/03	10/02	SHERATON ANAHEIM CA Arr: 09/30/16	24755426276172764447437	214.24
<b>TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD</b>				<b>\$214.24</b>

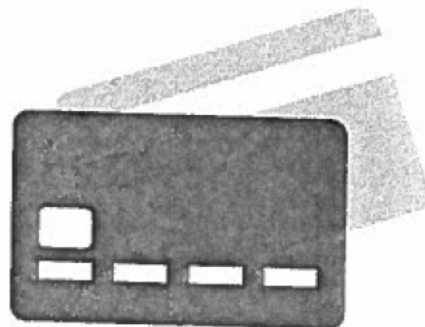
# Don't forget all that your card offers

Continue using it for business purchases, expense tracking and more.

In addition to offering you low-rate financing when you need it, your Platinum Business credit card helps you keep a handle on spending with:

- Employee cards with credit limits you set
- The ability to download your transactions into QuickBooks® for easy account management

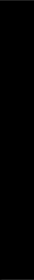
**Bonus tip:** Review your transactions at any time using Online Banking at [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness).



LORENA CORONA  
[REDACTED]

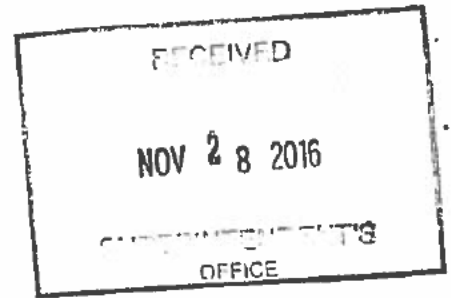
September 18, 2016 - October 17, 2016

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**MARY B SANDOVAL**

Business Card

October 18, 2016 - November 17, 2016

Cardholder Activity

Account Information	
<b>Web Address:</b> www.bankofamerica.com	<b>Customer Service:</b> 1.800.673.1044, 24 Hours
<b>Mail Billing Inquiries to:</b> BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998-2238	<b>TTY Hearing Impaired:</b> 1.888.500.6267, 24 Hours
<b>Mail Payments to:</b> BUSINESS CARD PO BOX 15796 WILMINGTON, DE 19886-5796	<b>Outside the U.S.:</b> 1.509.353.6656, 24 Hours
	<b>For Lost or Stolen Card:</b> 1.800.673.1044, 24 Hours
	<b>Business Offers:</b> www.bankofamerica.com/mybusinesscenter

Account Summary	
Payments and Other Credits .....	\$0.00
Balance Transfer Activity .....	\$0.00
Cash Advance Activity .....	\$0.00
Purchases and Other Charges .....	\$698.63
Fees Charged .....	\$0.30
<b>Total Activity .....</b>	<b>\$698.93</b>
Credit Limit .....	\$10,000
Credit Available .....	\$10,000.00
Statement Closing Date .....	11/17/16
Days in Billing Cycle .....	31
Payment Due Date .....	12/14/16
<b>Important Information:</b> All finance charges for this account are assessed to the Corporate Account.	

**Important Changes to Your Account Terms**

Most of our customers with recurring transactions (that is, Same Charge/Every Month) are asking us to manage them more smoothly, and we have listened. From now on, your recurring transactions will continue even when your account number changes, except for certain merchants who insist on customer contact. Your agreement will reflect this change. Here is how your agreement is changing:


**RECURRING PREAUTHORIZED TRANSACTIONS.** Recurring preauthorized transactions occur when you authorize a merchant to automatically initiate a transaction using your account on a recurring basis. If we issue a new credit card with a different account number or expiration date to you, we may (but are not obligated to) provide your new card account number and expiration date to a merchant with whom you have set up a recurring preauthorized transaction in order to continue your recurring preauthorized transactions. There will be circumstances where you will have to contact the merchant.

**Transactions**

Posting Date	Transaction Date	Description	Reference Number	Amount
		Purchases and Other Charges		

00000000 00000000 00000000 [REDACTED]

  
 BUSINESS CARD  
 PO BOX 15796  
 WILMINGTON, DE 19886-5796

  
 MARY B SANDOVAL  
 FONTANA UNIF SCHL  
 ATTENTION RANDALL BASSETT, BUSINESS  
 9680 CITRUS AVE  
 FONTANA, CA 92335-557180  
 \*\*N0001787

Account Number: [REDACTED]  
 October 18, 2016 - November 17, 2016

**This is not a bill. No payment is required, see company statement.**

**If you choose to make a payment, use this remittance slip.**

**Enter payment amount**

\$ 

Check here for a change of mailing address or phone numbers for this account only. Please provide all corrections on the reverse side.



**CUSTOMER STATEMENT OF DISPUTED ITEM** (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call 1.866.601.4410, 8am-8pm Est. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

**PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT.** Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Posting Date: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Reference Number: \_\_\_\_\_  
Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Below tell us why you think the item noted above is in error. **Check one box only.**

- 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- 3. Although I did engage in a transaction with this merchant, I was billed for \_\_\_\_\_ transaction(s) totaling \$\_\_\_\_\_ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- 4. I have not received the merchandise that was to be shipped to me on \_\_\_\_\_ (MM/DD/YY). I have asked the merchant to credit my account.
- 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.  
\_\_\_\_\_  
\_\_\_\_\_
- 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on \_\_\_\_\_ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.  
\_\_\_\_\_  
\_\_\_\_\_
- 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$\_\_\_\_\_. I have contacted the merchant, returned the merchandise on \_\_\_\_\_ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because \_\_\_\_\_  
Please supply proof of return or if unable to return merchandise please explain.  
\_\_\_\_\_
- 8. I notified the merchant on \_\_\_\_\_ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: \_\_\_\_\_
- 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on \_\_\_\_\_ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.  
\_\_\_\_\_
- 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- 11. The amount of the charge was increased from \$\_\_\_\_\_ to \$\_\_\_\_\_ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- 12. Other: Please explain  
\_\_\_\_\_

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

**PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS**

**PAYMENTS**

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**SERVICE FOR THE HEARING IMPAIRED:** 1.888.500.6267, 24 Hours

**CUSTOMER CORRESPONDENCE**

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**CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.**

PLEASE PRINT LEGIBLY.

Cardholder Name Change

Address

Address

City

State

ZIP

Home Telephone

Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,  
**BANK OF AMERICA, PO BOX 982238,  
EL PASO, TX, 79998-2238, USA**

Transactions				
Posting Date	Transaction Date	Description	Reference Number	Amount
10/26	10/24	SOUTHWES 5262458597543800-435-9792 TX SANDOVAL/MARY 5262458597543 Departure Date: 10/28/16 Airport Code: ONT WN Y SMF Departure Date: 10/28/16 Airport Code: SMF WN Y ONT	24692166299000028582619	473.96
10/31	10/28	ONTARIO AIRPORT ONTARIO CA	24431066303400620002630	19.81
10/31	10/29	SITOA LONG ISLAND NY	24164076303090338491423	37.09
10/31	10/30	SACRAMENTO YELLOW CAB SACRAMENTO CA	24492156304637006468190	44.68
11/01	10/30	ONTARIO AIRPORT LOT 4 ONTARIO CA	24755426305733056072475	3.00
11/01	10/30	SMF CAFETERIA 15L SACRAMENTO CA	24692166305000326880121	14.03
11/14	11/10	FLIGHTHUB.COM CORNWALL ON	74247286316820118451791	9.95
11/14	11/10	UNITED 0167907396409800-932-2732 TX SANDOVAL/MARY BENITA 0167907396409 Departure Date: 11/30/16 Airport Code: ONT UA G SFO	24692166318000689906591	48.10
11/14	11/10	UNITED 0167907396422800-932-2732 TX SANDOVAL/MARY BENITA 0167907396422 Departure Date: 12/04/16 Airport Code: SFO UA G ONT	24692166318000689906609	48.10
<b>TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD</b>				<b>\$698.63</b>
11/14	11/14	<b>Fees Charged</b> INTERNATIONAL TRANSACTION FEE <b>TOTAL FEES FOR THIS PERIOD</b>	74247286316820118451791	0.30 <b>\$0.30</b>

*File 15*

# Don't forget all that your card offers

Continue using it for business purchases, expense tracking and more.

In addition to offering you low-rate financing when you need it, your Platinum Business credit card helps you keep a handle on spending with:

- Employee cards with credit limits you set
- The ability to download your transactions into QuickBooks® for easy account management

**Bonus tip:** Review your transactions at any time using Online Banking at [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness).





How can we  
improve your  
business banking?

Join the **Bank of America® Advisory Panel**. You can help us learn what we're doing right and what we can do better. And you'll be entered into a drawing for a chance to win a **\$3,000 Visa®** gift card just for participating.



To learn more and join, enter code **SBCC** at **[bankofamerica.com/advisorypanel](http://bankofamerica.com/advisorypanel)** today.

No purchase necessary. Sweepstakes ends 2/28/2017. Open to all U.S. residents, 18 years of age or older. For official rules and entry go to [bankofamerica.com/advisorypanel](http://bankofamerica.com/advisorypanel).  
Void where prohibited. ©2016 Bank of America Corporation. ARGNCDF | SSM-05-16-0087.C

**Fontana Unified School District**  
**District Credit Card Reimbursement - Mary B Sandoval VISA ending in 6222**  
**Statement ending November 17, 2016 - total amount \$698.63**

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
26-Oct-16	\$ 473.96 ✓	01-0000-0-0000-7110-5220-000-BDMS	Southwest: Airfare to attend CSBA MIG Course 5 / Sacramento / Oct 29, 2016	Mary B Sandoval
31-Oct-16	\$ 19.81 ✓	01-0000-0-0000-7110-5220-000-BDMS	Ontario Airport: Dinner while traveling to CSBA MIG Course 5 / Sacramento / Oct 28, 2016	Mary B Sandoval - In Lieu of Receipt form attached
31-Oct-16	\$ 37.00 ✓	01-0000-0-0000-7110-5220-000-BDMS	SITOA: A&A Express Cab Co during CSBA MIG Course 5 / Sacramento / Oct 28, 2016	Mary B Sandoval
31-Oct-16	\$ 44.68 ✓	01-0000-0-0000-7110-5220-000-BDMS \$14.89 / 01-0000-0-0000-7110-5220-000-BDBC \$14.89 / 01-0000-0-0000-7110-5220-000-BDLC \$14.90	Sacramento Yellow Cab: CSBA MIG Course 5 / Sacramento / Oct 30, 2016	Mary B Sandoval, Barbara Chavez, Lorena Corona
1-Nov-16	\$ 3.00 ✓	01-0000-0-0000-7110-5220-000-BDMS	Ontario Airport Lot 4: Parking during CSBA MIG Course 5 / Sacramento / Oct 30, 2016	Mary B Sandoval
1-Nov-16	\$ 14.03 ✓	01-0000-0-0000-7110-5220-000-BDMS	SMF Cafeteria 15L: Breakfast while traveling from CSBA MIG Course 5 / Sacramento / Oct 30, 2016	Mary B Sandoval
14-Nov-16	\$ 9.95 ✓	01-0000-0-0000-7110-5220-000-BDMS	Flighthub.com: Booking fee for airfare to attend CSBA AEC / San Francisco / Nov 30 - Dec 3, 2016	Mary B Sandoval
14-Nov-16	\$ 48.10 ✓	01-0000-0-0000-7110-5220-000-BDMS	United: Airfare to attend CSBA AEC / San Francisco / Nov 30, 2016	Mary B Sandoval
14-Nov-16	\$ 48.10 ✓	01-0000-0-0000-7110-5220-000-BDMS	United: Airfare to return from CSBA AEC / San Francisco / Dec 4, 2016	Mary B Sandoval
14-Nov-16	\$ 0.30 ✓	01-0000-0-0000-7110-5220-000-BDMS	International Transaction Fee: CSBA AEC Airfare / San Francisco / Nov 30 - Dec 3, 2016	Mary B Sandoval - In Lieu of Receipt form attached

Mary Sandoval - 669.14  
 Barbara Chavez 14.89  
 Lorena Corona 14.90

B# 3896 R  
 PR# 171898