

LORENA CORONA

Business Card

October 18, 2016 - November 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	-\$482.25
Balance Transfer Activity	\$0.00
Cash Advance Activity	\$0.00
Purchases and Other Charges	\$3,582.96
Fees Charged	\$0.00
Total Activity	\$3,100.71
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

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
		Payments and Other Credits		

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

**N0001976

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

\$ [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 1.866.501.4410, 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

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
11/14	11/11	CSBA 4029357733 CA	74492156317894867057758	- 482.25
TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD				-\$482.25
Purchases and Other Charges				
10/26	10/24	SOUTHWES 5262458614549800-435-9792 TX CORONA/LORENA 5262458614549 Departure Date: 10/28/16 Airport Code: ONT WN Y SMF Departure Date: 10/28/16 Airport Code: SMF WN Y ONT	24692166299000028569996	473.96
10/31	10/29	SITOA LONG ISLAND NY	24164076303090013064727	38.00
11/01	10/30	ONTARIO AIRPORT LOT 4 ONTARIO CA	24755426305733056072467	36.00
11/01	10/30	STARBUCKS TERM30071500 SACRAMENTO CA	24164076305531381957440	6.70
11/01	10/30	HYATT HOTELS SACRAMENTO SACRAMENTO CA Arr: 10/29/16	24810436305072006257298	546.30
11/16	11/15	CSBA 916-669-3308 CA	24492156320894952211138	1,323.00
11/17	11/16	CSBA 916-669-3308 CA	24492156321894984009467	1,159.00
TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD				\$3,582.96

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.





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.
Void where prohibited. ©2016 Bank of America Corporation. ARGGNCDF | SSM-05-16-0087.C

RECEIVED
FUSD ACCT'S PAY/REC

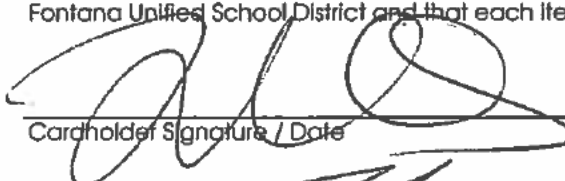
2017 JAN 23 P 1

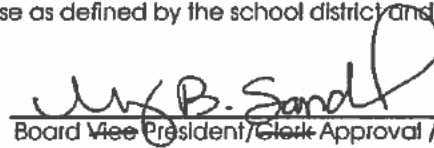
Fontana Unified School District

District Credit Card Reimbursement - **Lorena Corona VISA ending in 1544**
Statement ending November 17, 2016 - total amount **\$3,100.71**

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
14-Nov-16	\$ (482.25)	01-0000-0-0000-7110-5220-000-BDLC	CSBA: Partial refund for annual conference registration	Lorena Corona
26-Oct-16	\$ 473.96	01-0000-0-0000-7110-5220-000-BDLC	Southwest: Airfare to attend CSBA MIG Course 5 / Sacramento / Oct 29, 2016	Lorena Corona
31-Oct-16	\$ 38.00	01-0000-0-0000-7110-5220-000-BDLC	SITOA: Cab fare while attending CSBA MIG Course 5 / Sacramento / Oct 29, 2016	Lorena Corona - In Lieu of Receipt form attached
1-Nov-16	\$ 36.00	01-0000-0-0000-7110-5220-000-BDLC	Ont Airport Lot 4: Parking while attending CSBA MIG Course 5 / Sacramento / Oct 28-30, 2016	Lorena Corona - In Lieu of Receipt form attached
1-Nov-16	\$ 6.70	01-0000-0-0000-7110-5220-000-BDLC	Starbucks Sacramento Airport: Meal while travelling from CSBA MIG Course 5 / Sacramento / Oct 30, 2016	Lorena Corona - In Lieu of Receipt form attached
1-Nov-16	\$ 546.30	01-0000-0-0000-7110-5220-000-BDLC	Hyatt Hotels Sacramento: Lodging while attending CSBA MIG Course 5 / Sacramento / Oct 28 - 30, 2016	Lorena Corona
16-Nov-16	\$ 1,323.00	01-0000-0-0000-7110-5220-000-GVBD	CSBA: Registration for CSBA AEC / San Francisco / Nov 30 - Dec 3, 2016	Jason O'Brien
17-Nov-16	\$ 1,159.00	01-0000-0-0000-7110-5220-000-GVBD	CSBA: Registration for CSBA AEC / San Francisco / Nov 30 - Dec 3, 2016	Peter Garcia

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.

 3-Jan-17
Cardholder Signature / Date

 1/18/17
Board Vice President/Clerk Approval / Date

 20-Jan-17
Administrative Approval / Date

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

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: (____) _____

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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

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
10/26	10/24	SOUTHWES 5262458615749800-435-9792 TX CHAVEZ/BARBARA 5262458615749 Departure Date: 10/28/16 Airport Code: ONT WN Y SMF Departure Date: 10/28/16 Airport Code: SMF WN Y ONT	24692166299000028582387	473.96
10/31	10/29	HYATT HOTELS SACRMNTO F&BSACRAMENTO CA	24610436304072007232895	141.52
11/01	10/30	PUPUSERIA EL CHALET FONTANA CA	24122586305980015173392	12.16
11/01	10/30	HYATT HOTELS SACRAMENTO SACRAMENTO CA Arr: 10/29/16	24610436305072006259054	546.30
TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD				\$1,173.94

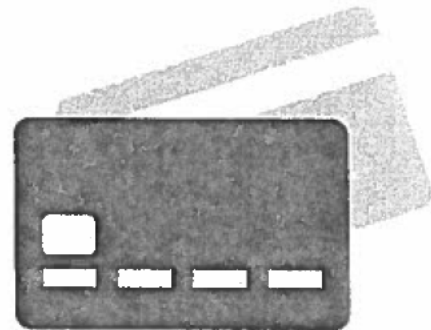
Don't forget all that your card offers

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.





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.
Void where prohibited. ©2016 Bank of America Corporation. ARGNCDF | SSM-05-16-0087.C

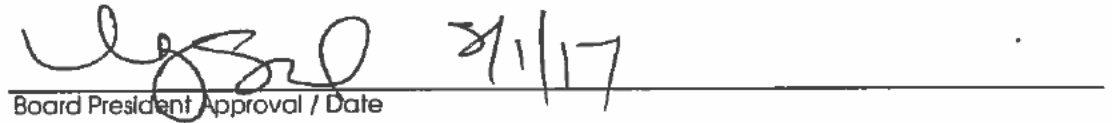
Fontana Unified School District
District Credit Card Reimbursement - BarBara Chavez VISA ending in 9651
Statement ending November 17, 2016 - total amount \$1,173.94

RECEIVED
 FUSD ACCT'S PAY/REC
 2017 MAR -9 A 9:10

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-BDBC	Southwest: Airfare to attend CSBA MIG Course 5 / Sacramento / Oct 29, 2016	BarBara L. Chavez
31-Oct-16	\$ 141.52	01-0000-0-0000-7110-5220-000-BDBC \$47.17 / 01-0000-0-0000-7110-5220-000-BDLC \$47.17 / 01-0000-0-0000-7110-5220-000-BDMS \$47.18	Hyatt Hotels Sacramento: Dinner while attending CSBA MIG Course 5 / Sacramento / Oct 29, 2016	BarBara L. Chavez, Lorena Corona, Mary Sandoval
1-Nov-16	\$ 12.16	01-0000-0-0000-7110-5220-000-BDBC	Pupuseria El Chalet: Meal upon returning from CSBA MIG Course 5 / Sacramento / Oct 30, 2016	BarBara L. Chavez - In Lieu of Receipt form attached
1-Nov-16	\$ 546.30	01-0000-0-0000-7110-5220-000-BDBC	Hyatt Hotels Sacramento: Lodging while attending CSBA MIG Course 5 / Sacramento / Oct 28 - 30, 2016	BarBara L. Chavez

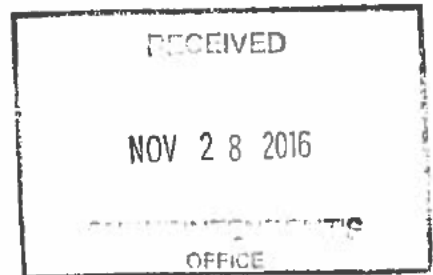
I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Fontana Unified School District and that each item is a business expense as defined by the school district and the Internal Revenue Service.


 Cardholder Signature / Date 1/25/17


 Board President Approval / Date 3/1/17


 Administrative Approval / Date 2/14/17

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



JESSE ARMENDAREZ

Business Card

October 18, 2016 - November 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	\$1,982.57
Fees Charged	\$0.00
Total Activity	\$1,982.57
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
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
 **N0001756

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

\$ [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.
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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 _____ 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

Transactions				
Posting Date	Transaction Date	Description	Reference Number	Amount
10/26	10/24	SOUTHWES 5262458592072800-435-9792 TX ARMENDAREZ/JESUS MAN 5262458592072 Departure Date: 10/28/16 Airport Code: ONT WN Y SMF Departure Date: 10/28/16 Airport Code: SMF WN Y ONT	24692166299000028582130	473.96
10/31	10/28	CLAIM JUMPER SACRAMENTO SACRAMENTO CA	24431066303286288800153	49.31
10/31	10/28	SITOA LONG ISLAND NY	24164076303090985797338	37.00
10/31	10/29	SQ *THEE UPPER CRUST PIZZSacramento CA	24692166304000582807363	22.00
10/31	10/30	SITOA LONG ISLAND NY	24164076304090476326737	23.00
11/01	10/30	HYATT HOTELS SACRAMENTO SACRAMENTO CA Arr: 10/29/16	24810436305072006259492	546.30
11/15	11/14	CSBA 916-669-3308 CA	24492156319894922199473	831.00
TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD				\$1,982.57

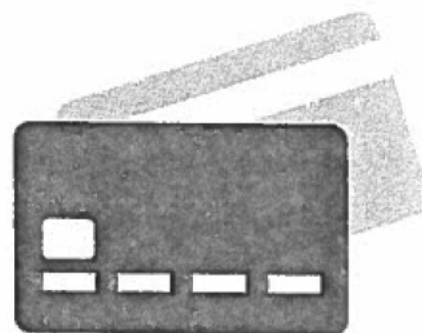
Don't forget all that your card offers

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.



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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. Void where prohibited. ©2016 Bank of America Corporation. ARGNCDF | SSM-05-16-0087.C

Fontana Unified School District
District Credit Card Reimbursement - Jesse Armendarez VISA ending in 1557
Statement ending November 17, 2016 - total amount \$1,982.57

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-BDJA	Southwest: Airfare to attend CSBA MIG Course 5 / Sacramento / Oct 28 - 30, 2016	Jesse Armendarez
31-Oct-16	\$ 49.31 ✓	01-0000-0-0000-7110-5220-000-BDJA	Claim Jumper Sacramento: Meal while attending CSBA MIG Course 5 / Sacramento / Oct 28, 2016	Jesse Armendarez - In Lieu of Receipt form attached
31-Oct-16	\$ 37.00 ✓	01-0000-0-0000-7110-5220-000-BDJA	SITOA: Cab fare while attending CSBA MIG Course 5 / Sacramento / Oct 28, 2016	Jesse Armendarez - In Lieu of Receipt form attached
31-Oct-16	\$ 22.00 ✓	01-0000-0-0000-7110-5220-000-BDJA	Thee Upper Crust Pizza: Meal while attending CSBA MIG Course 5 / Sacramento / Oct 29, 2016	Jesse Armendarez - In Lieu of Receipt form attached
31-Oct-16	\$ 23.00 ✓	01-0000-0-0000-7110-5220-000-BDJA	SITOA: Cab fare while attending CSBA MIG Course 5 / Sacramento / Oct 30, 2016	Jesse Armendarez - In Lieu of Receipt form attached
1-Nov-16	\$ 546.30 ✓	01-0000-0-0000-7110-5220-000-BDJA	Hyatt Hotels Sacramento: Lodging while attending CSBA MIG Course 5 / Sacramento / Oct 28 - 30, 2016	Jesse Armendarez
15-Nov-16	\$831.00 ✓	01-0000-0-0000-7110-5220-000-BDJA	CSBA: Registration to attend CSBA AEC / San Francisco / Nov 30 - Dec 3, 2016	Jesse Armendarez

1,982.57

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.

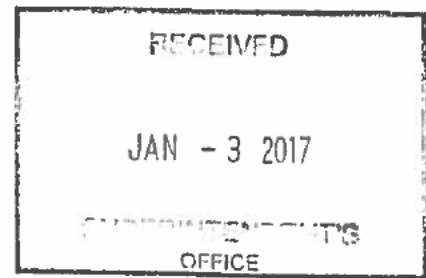
 12/14/16
 Cardholder Signature / Date

 12/14/16
 Board President Approval / Date

 12/19/16
 Administrative Approval / Date

B# 3895 R
 PV# 171861

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



LORENA CORONA

Business Card

November 18, 2016 - December 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	-\$1,165.00
Balance Transfer Activity	\$0.00
Cash Advance Activity	\$0.00
Purchases and Other Charges	\$2,144.06
Fees Charged	\$0.00
Total Activity	\$979.06
Credit Limit	\$10,000
Credit Available	\$10,000.00
Statement Closing Date	12/17/16
Days in Billing Cycle	30
Payment Due Date	01/12/17
Important Information: All finance charges for this account are assessed to the Corporate Account.	

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
11/18	11/16	Payments and Other Credits CSBA 4029357733 CA TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD	74492156322894997442824	-1,165.00 -\$1,165.00
11/21	11/17	Purchases and Other Charges SOUTHWES 5262465068298800-435-9792 TX CORONA/LORENA 5262465068298 Departure Date: 11/29/16 Airport Code: ONT WN O OAK Departure Date: 11/29/16 Airport Code: OAK WN Y ONT	24692166323000027859976	383.96
12/02	11/30	HILTON HOTELS SAN FRANCISCOCA	24755426336173363286687	302.77
12/05	12/01	THE GROVE YERBA BUENA SAN FRANCISCOCA	24431056337206988101307	25.34

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]
November 18, 2016 - December 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: _____ 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 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
_____-_____
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**

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
12/05	12/01	FANG SAN FRANCISCOCA	24122476337900013800248	27.96
12/05	12/02	THE GROVE YERBA BUENA SAN FRANCISCOCA	24431056338206988100753	25.90
12/05	12/02	PALACE HOTEL SF DINE SAN FRANCISCOCA	24755426338263384293800	30.01
12/05	12/03	ONT AIRPT PRKING LOT 4 ONTARIO CA	24323036339006000177991	90.00
12/05	12/04	PALACE HOTEL SANFRANCISCOSAN FRANCISCOCA	24755426339163399230335	1,258.12
		Arr: 12/04/16		
TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD				\$2,144.06

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.



LORENA CORONA

November 18, 2016 - December 17, 2016

Page 4 of 4



Fontana Unified School District
District Credit Card Reimbursement - Lorena Corona VISA ending in 1548
Statement ending December 17, 2016 - total amount \$979.06

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
18-Nov-16	\$ (1,165.00) ✓	01-0000-0-0000-7110-5220-000-BDLC	CSBA: Refund for annual conference registration	Lorena Corona
21-Nov-16	\$ 383.96 ✓	01-0000-0-0000-7110-5220-000-BDLC	Southwest: Airfare to attend CSBA AEC / San Francisco / Nov 29-Dec 3, 2016	Lorena Corona
2-Dec-16	\$ 302.77 ✓	01-0000-0-0000-7110-5220-000-BDLC	Hilton Hotels: Lodging while attending CSBA AEC / San Francisco / Nov 29, 2016	Lorena Corona
5-Dec-16	\$ 25.34 ✓	01-0000-0-0000-7110-5220-000-BDLC	The Grove Yerba Buena: Lunch while attending CSBA AEC / San Francisco / Dec 1, 2016	Lorena Corona
5-Dec-16	\$ 27.96 ✓	01-0000-0-0000-7110-5220-000-BDLC	Fang: Dinner while attending CSBA AEC / San Francisco / Dec 1, 2016	Lorena Corona
5-Dec-16	\$ 25.90 ✓	01-0000-0-0000-7110-5220-000-BDLC	The Grove Yerba Buena: Breakfast while attending CSBA AEC / San Francisco / Dec 2, 2016	Lorena Corona
5-Dec-16	\$ 30.01 ✓	01-0000-0-0000-7110-5220-000-BDLC	Palace Hotel Pied Piper: Dinner while attending CSBA AEC / San Francisco / Dec 2, 2016	Lorena Corona
5-Dec-16	\$ 90.00 ✓	01-0000-0-0000-7110-5220-000-BDLC	Ontario Airport Lot 4: Parking while attending CSBA AEC / San Francisco / Nov 29-Dec 3, 2016	Lorena Corona
5-Dec-16	\$ 1,258.12 ✓	01-0000-0-0000-7110-5220-000-BDLC	Palace Hotel: Lodging while attending CSBA AEC / San Francisco / Nov 29-Dec 3, 2016	Lorena Corona

Total 979.06

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.

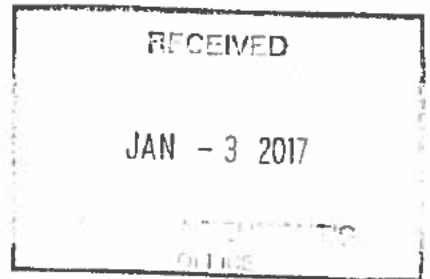
B#5341R
 PV#172817

Cardholder Signature / Date

Board Vice President/Clerk Approval / Date

Original form with all signatures to follow.

Cindy Stimmell ext. 29109



JESSE ARMENDAREZ

Business Card

November 18, 2016 - December 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	-\$831.00
Balance Transfer Activity	\$0.00
Cash Advance Activity	\$0.00
Purchases and Other Charges	\$1,540.41
Fees Charged	\$0.00
Total Activity	\$709.41
Credit Limit	\$10,000
Credit Available	\$10,000.00
Statement Closing Date	12/17/16
Days in Billing Cycle	30
Payment Due Date	01/12/17
Important Information: All finance charges for this account are assessed to the Corporate Account.	

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
		Payments and Other Credits		
12/01	11/29	CSBA 4029357733 CA	74492156335894404770432	- 831.00
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD		- \$831.00
		Purchases and Other Charges		
12/01	11/30	RUTH'S CHRIS STEAK HOU SAN FRANCISCOCA	24692166335000361400847	155.85
12/01	11/30	CSBA 916-669-3308 CA	24492156335894421754364	92.00
12/05	12/01	MELS DRIVE-IN 2 SAN FRANCISCOCA	24269796338001006206817	32.42
12/05	12/02	CHIPOTLE 1460 SAN FRANCISCOCA	24431066338207288501517	12.18
12/05	12/03	ONT AIRPT PRKING LOT 4 ONTARIO CA	24323036339006000179278	90.00
12/05	12/03	FIREWOOD CAFE OAKLAND OAKLAND CA	24761976339286988902448	22.34
12/05	12/03	FIREWOOD CAFE OAKLAND OAKLAND CA	24761976339286988902455	22.34
12/05	12/04	HILTON HOTELS SAN FRANCISCOCA	24755426339163397922065	1,113.28

0000000 0000000 0000000 [REDACTED]

Account Number: [REDACTED]
November 18, 2016 - December 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

[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 _____ 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
		Arr: 11/29/16		
TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD				\$1,540.41

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.



JESSE ARMENDAREZ

November 18, 2016 - December 17, 2016

Page 4 of 4

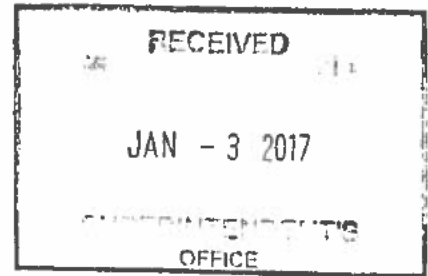


Fontana Unified School District
District Credit Card Reimbursement - Jesse Armendarez VISA ending in 1557
Statement ending December 17, 2016 - total amount \$709.41

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
1-Dec-16	\$ (831.00)	01-0000-0-0000-7110-5220-000-BDJA	CSBA: Annual Conference Registration cancellation (Mr. Armendarez was re-registered afterward)	Jesse Armendarez
* 1-Dec-16	\$ 155.85	01-0000-0-0000-7110-5220-000-BDJA \$77.93 / 01-0000-0-0000-7110-5220-000-BDPG \$77.92	Ruih's Chris Steak House: Meal while attending CSBA Annual Conference / San Francisco / Nov 30, 2016	Jesse Armendarez & Peter Garcia - In Lieu of Receipt form attached
1-Dec-16	\$ 92.00	01-0000-0-0000-7110-5220-000-BDJA	CSBA: Dec. 3 Golden Bell Awards Luncheon / San Francisco / Nov 30, 2016	Jesse Armendarez
5-Dec-16	\$ 32.42	01-0000-0-0000-7110-5220-000-BDJA	Mels Drive-In 2: Meal while attending CSBA Annual Conference / San Francisco / Dec 1, 2016	Jesse Armendarez - In Lieu of Receipt form attached
5-Dec-16	\$ 12.18	01-0000-0-0000-7110-5220-000-BDJA	Chipolte: Meal while attending CSBA Annual Conference / San Francisco / Dec 2, 2016	Jesse Armendarez - In Lieu of Receipt form attached
5-Dec-16	\$ 90.00	01-0000-0-0000-7110-5220-000-BDJA	Ontario Airport Lot 4: Parking while attending CSBA Annual Conference / San Francisco / Nov 30 - Dec 3, 2016	Jesse Armendarez - In Lieu of Receipt form attached
5-Dec-16	\$22.34	01-0000-0-0000-7110-5220-000-BDJA	Firewood Café Oakland: Meal while attending CSBA Annual Conference / San Francisco / Dec 3, 2016	Jesse Armendarez - In Lieu of Receipt form attached
5-Dec-16	\$22.34	01-0000-0-0000-7110-5220-000-BDJA	Firewood Café Oakland: Meal w/Summit AP while attending CSBA Annual Conference / San Francisco / Dec 3, 2016	Greg Lopez - In Lieu of Receipt form attached
5-Dec-16	\$1,113.28	01-0000-0-0000-7110-5220-000-BDJA	Hilton Hotels: Lodging while attending CSBA Annual Conference / San Francisco / Nov 30 - Dec 3, 2016	Jesse Armendarez

Total 2,371.41

B# 5297A
 PV# 172766



MARY B SANDOVAL

Business Card

November 18, 2016 - December 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 \$1,110.45
 Fees Charged \$0.00
Total Activity \$1,110.45

Credit Limit \$10,000
 Credit Available \$10,000.00
 Statement Closing Date 12/17/16
 Days in Billing Cycle 30
 Payment Due Date 01/12/17

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

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
		Purchases and Other Charges		
12/02	11/30	UNITED 0162607230752800-932-2732 TX	24692166336000170376914	25.00-
12/02	11/30	UNITED 0162607230766800-932-2732 TX	24692166336000170376922	25.00 DUPLICATE
12/02	12/01	CAFE MASON SAN FRANCISCO CA	24013396336000084086299	24.36-
12/02	11/30	PP*TAXI CAB DALY CITY CA	24492156336894446482529	50.45-
12/05	12/03	SQ *AYALKIBET D San Fran CA	24692166338000877274758	54.00-
12/05	12/02	PALACE HOTEL SF DINE SAN FRANCISCO CA	24755426338263384293776	36.34-
12/05	12/03	ELEPHANT BAR # 208 BURLINGAME CA	24431056339206188101386	30.34-
12/05	12/04	HILTON HOTELS SAN FRANCISCO CA	24755426339163397921778	834.96--
		Arr: 11/30/16		
12/06	12/04	ONT AIRPT PRKING LOT 2 ONTARIO CA	24323036340006000054536	5.00-
12/06	12/04	UNITED 0162607370245800-932-2732 TX	24692166340000853170422	25.00-
		TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD		\$1,110.45

000000 000000 000000 [REDACTED]

Account Number: [REDACTED]
November 18, 2016 - December 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

MARY B SANDOVAL

FONTANA UNIF SCHL

ATTENTION RANDALL BASSETT, BUSINESS

9680 CITRUS AVE

FONTANA, CA 92335-557180

[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: _____ Transaction Date: _____ Account Number: _____
Posting Date: _____ Disputed Amount: _____ Reference Number: _____
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 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

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.



MARY B SANDOVAL

November 18, 2016 - December 17, 2016

Page 4 of 4



Fontana Unified School District
District Credit Card Reimbursement - Mary B Sandoval VISA ending in 6222
Statement ending December 17, 2016 - total amount \$1,110.45

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
2-Dec-16	\$ 25.00 ✓	01-0000-0-0000-7110-5220-000-BDMS	United: Checked bag charge for CSBA annual conference / San Francisco / Nov 30, 2016	Mary B Sandoval
2-Dec-16	\$ 24.36 ✓	01-0000-0-0000-7110-5220-000-BDMS	Café Mason: Meal while attending CSBA AEC / San Francisco / Dec 1, 2016	Mary B Sandoval
2-Dec-16	\$ 50.45 ✓	01-0000-0-0000-7110-5220-000-BDMS	Fog City Neighborhood Cab: Taxi while attending CSBA AEC / San Francisco / Nov 30, 2016	Mary B Sandoval
5-Dec-16	\$ 54.00 ✓	01-0000-0-0000-7110-5220-000-BDMS	Ayalkibet D: Taxi while attending CSBA AEC / San Francisco / Dec 3, 2016	Mary B Sandoval
5-Dec-16	\$ 36.34 ✓	01-0000-0-0000-7110-5220-000-BDMS	Palace Hotel: Meal while attending CSBA AEC / San Francisco / Dec 2, 2016	Mary B Sandoval
5-Dec-16	\$ 30.34 ✓	01-0000-0-0000-7110-5220-000-BDMS	Elephant Bar # 208: Meal while attending CSBA AEC / San Francisco / Dec 3, 2016	Mary B Sandoval
5-Dec-16	\$ 834.96 ✓	01-0000-0-0000-7110-5220-000-BDMS	Hilton Hotels: Lodging while attending CSBA AEC / San Francisco / Nov 30 - Dec 3, 2016	Mary B Sandoval
6-Dec-16	\$ 5.00 ✓	01-0000-0-0000-7110-5220-000-BDMS	ONT Airport: Parking while attending CSBA AEC / San Francisco / Dec 4, 2016	Mary B Sandoval
6-Dec-16	\$ 25.00 ✓	01-0000-0-0000-7110-5220-000-BDMS	United: Checked bag charge for CSBA annual conference / San Francisco / Dec 4, 2016	Mary B Sandoval

Total \$1,085.45

B# 5296 R
 PV# 172765

RECEIVED
 JAN - 3 2017
 STATEMENTS
 OFFICE

BARBARA L CHAVEZ

Business Card

November 18, 2016 - December 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	\$0.00
Fees Charged	\$25.00
Total Activity	\$25.00
Credit Limit	\$10,000
Credit Available	\$10,000.00
Statement Closing Date	12/17/16
Days in Billing Cycle	30
Payment Due Date	01/12/17
Important Information: All finance charges for this account are assessed to the Corporate Account.	

Transactions				
Posting Date	Transaction Date	Description	Reference Number	Amount
12/01	12/01	Fees Charged ANNUAL CARD FEE TOTAL FEES FOR THIS PERIOD		25.00 \$25.00

0000000 0000000 0000000 [REDACTED]


 BUSINESS CARD
 PO BOX 15796
 WILMINGTON, DE 19886-5796

 **N0002132
 BARBARA L CHAVEZ
 FONTANA UNIF SCHL
 9680 CITRUS AVE
 PO BOX 5090
 FONTANA, CA 92334-509090

Account Number: [REDACTED]
 November 18, 2016 - December 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 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

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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.



Bank of America



BARBARA L CHAVEZ

November 16, 2016 - December 17, 2016

Page 4 of 4



Fontana Unified School District
District Credit Card Reimbursement - BarBara Chavez VISA ending in 9651
Statement ending December 17, 2016 - total amount \$25.00

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
1-Dec-16	\$ 25.00	Business Services Account	Annual card fee	BarBara L Chavez
		01-0000-0-0000-7200	5880-000-BUSN	

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.

 3/7/17
 Administrative Approval / Date

B# 5295R
 PR# 172764

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

RECEIVED

JAN 24 2017

SUPERINTENDENTS
OFFICE
Cardholder Activity

LORENA CORONA

Business Card

December 18, 2016 - January 17, 2017

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	-\$25.00
Balance Transfer Activity	\$0.00
Cash Advance Activity	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Total Activity	-\$25.00
Credit Limit	\$10,000
Credit Available	\$10,000.00
Statement Closing Date	01/17/17
Days in Billing Cycle	31
Payment Due Date	02/13/17
Important Information: All finance charges for this account are assessed to the Corporate Account.	

Transactions				
Posting Date	Transaction Date	Description	Reference Number	Amount
01/11	01/09	Payments and Other Credits ANNUAL CARD FEE TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD	7400275701001011111121	- 25.00 -\$25.00

Important Messages
Help make tax time less taxing by using MyReport Center. Get your detailed Year-End Summary report to help you organize your 2016 spending by cardholder, merchant or category. Sign in to Online Banking at bankofamerica.com and select your credit card account to access the MyReport Center link. You can download and save your report as an Excel file or PDF.

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
**N0002183

Account Number: [REDACTED]
December 18, 2016 - January 17, 2017

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

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.



LORENA CORONA

December 18, 2016 - January 17, 2017

Page 4 of 4



Fontana Unified School District
District Credit Card Reimbursement - Lorena Corona VISA ending in 1544
Statement ending January 17, 2017 - total amount -\$25.00

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
11-Jan-17	\$ (25.00)	Business Services Account	Annual card fee	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.



3/7/17

Administrative Approval / Date

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

B# 5338 R
 CM# 170034



RECEIVED
 JAN 24 2017
 SUPERINTENDENT'S
 OFFICE

JESSE ARMENDAREZ

Business Card

December 18, 2016 - January 17, 2017

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	-\$25.00
Balance Transfer Activity	\$0.00
Cash Advance Activity	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$25.00
Total Activity	\$0.00
Credit Limit	\$10,000
Credit Available	\$10,000.00
Statement Closing Date	01/17/17
Days in Billing Cycle	31
Payment Due Date	02/13/17
Important Information: All finance charges for this account are assessed to the Corporate Account.	

Transactions				
Posting Date	Transaction Date	Description	Reference Number	Amount
01/10	01/01	Payments and Other Credits ANNUAL CARD FEE	7400275701001011111121	- 25.00
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD		-\$25.00
01/02	01/01	Fees Charged ANNUAL CARD FEE		25.00
		TOTAL FEES FOR THIS PERIOD		\$25.00

Important Messages
 Help make tax time less taxing by using MyReport Center. Get your detailed Year-End Summary report to help you organize your 2016 spending by cardholder, merchant or category. Sign in to Online Banking at bankofamerica.com and select your credit card account to access the MyReport Center link. You can download and save your report as an Excel file or PDF.

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

Account Number: [REDACTED]
 December 18, 2016 - January 17, 2017

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, 9am-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**

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.



JESSE ARMENDAREZ

December 18, 2016 - January 17, 2017

Page 4 of 4



Fontana Unified School District
District Credit Card Reimbursement - Jesse Armendarez VISA ending in 1557
Statement ending January 17, 2017 - total amount \$0.00

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
10-Jan-17	\$ (28.00)	Business Services Account	Annual card fee	Jesse Armendarez
2-Jan-17	\$ 25.00	Business Services Account	Annual card fee	Jesse Armendarez
Net	0			

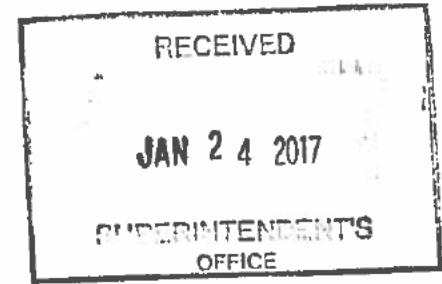
I certify that the above expenses were incurred in the performance of my job responsibilities as an employee or Board of Education member of Fontana Unified School District and that each item is a business expense as defined by the school district and the Internal Revenue Service.

 3/7/17

Administrative Approval / Date

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

B# N/A
 PV# N/A



BARBARA L CHAVEZ

Business Card

December 18, 2016 - January 17, 2017

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	-\$25.00
Balance Transfer Activity	\$0.00
Cash Advance Activity	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Total Activity	-\$25.00
Credit Limit	\$10,000
Credit Available	\$10,000.00
Statement Closing Date	01/17/17
Days in Billing Cycle	31
Payment Due Date	02/13/17
Important Information: All finance charges for this account are assessed to the Corporate Account.	

Transactions				
Posting Date	Transaction Date	Description	Reference Number	Amount
01/10	12/01	Payments and Other Credits ANNUAL CARD FEE TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD	74002757010010111111121	- 25.00 -\$25.00

Important Messages
 Help make tax time less taxing by using MyReport Center. Get your detailed Year-End Summary report to help you organize your 2016 spending by cardholder, merchant or category. Sign in to Online Banking at bankofamerica.com and select your credit card account to access the MyReport Center link. You can download and save your report as an Excel file or PDF.

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]
December 18, 2016 - January 17, 2017

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 1.866.501.4410, 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: (____) _____

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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

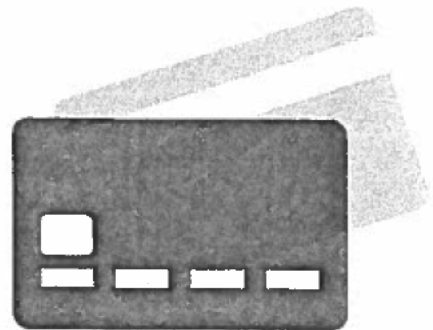
Don't forget all that your card offers

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.



BARBARA L CHAVEZ

December 18, 2016 - January 17, 2017

Page 4 of 4



Fontana Unified School District
District Credit Card Reimbursement - BarBara Chavez VISA ending in 9651
Statement ending January 17, 2017 - total amount -\$25.00

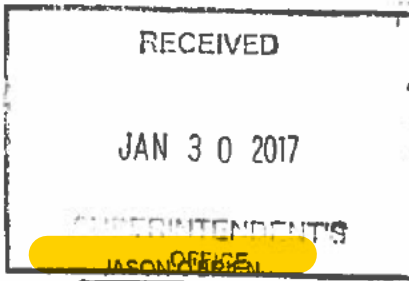
POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
10-Jan-17	\$ (25.00)	Business Services Account	Annual card fee	BarBara L Chavez

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.

 3/7/17
 Administrative Approval / Date

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

B# 5338 R
 CM# 170033



RECEIVED
USD ACCT'S PAY/REC
JAN 26 A 9:59

Business Card

December 21, 2016 - January 17, 2017

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	-\$25.00
Balance Transfer Activity	\$0.00
Cash Advance Activity	\$0.00
Purchases and Other Charges	\$325.00
Fees Charged	\$25.00
Total Activity	\$325.00
Credit Limit	\$10,000
Credit Available	\$10,000.00
Statement Closing Date	01/17/17
Days in Billing Cycle	31
Payment Due Date	02/13/17
Important Information: All finance charges for this account are assessed to the Corporate Account.	

Transactions				
Posting Date	Transaction Date	Description	Reference Number	Amount
01/10	01/01	Payments and Other Credits ANNUAL CARD FEE TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD	7400275701001011111121	- 25.00 -\$25.00
01/06	01/05	Purchases and Other Charges CALIFORNIA SCHOOL BOARD 9163714691 CA TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD	24138297006207089300133	325.00 \$325.00
01/02	01/01	Fees Charged ANNUAL CARD FEE TOTAL FEES FOR THIS PERIOD		25.00 \$25.00

000000 000000 000000 [REDACTED]

BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

JASON O'BRIEN
FONTANA UNIF SCHL
9680 CITRUS AVE
PO BOX 5090
FONTANA, CA 92334-509090
**N0002257

Account Number: [REDACTED]
December 21, 2016 - January 17, 2017

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: _____
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

_____ - _____

ZIP

(_____) _____ - _____

Home Telephone

State

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

Important Messages

Help make tax time less taxing by using MyReport Center. Get your detailed Year-End Summary report to help you organize your 2016 spending by cardholder, merchant or category. Sign in to Online Banking at bankofamerica.com and select your credit card account to access the MyReport Center link. You can download and save your report as an Excel file or PDF.

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.



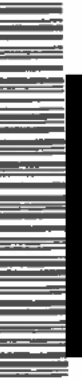
Bank of America



JASON O'BRIEN

December 21, 2016 - January 17, 2017

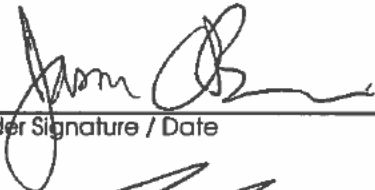
Page 4 of 4




Fontana Unified School District
District Credit Card Reimbursement - Jason O'Brien VISA ending in 3326
Statement dated January 17, 2017 - total amount \$325.00

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
10-Jan-17	\$ (28.00) ✓	Business Services account	Annual card fee	Jason O'Brien
6-Jan-17	\$ 325.00 ✓	01-0000-0-0000-7110-5220-000-BDJO	CSBA: Institute for New and First Term Board Members / Anaheim / Mar 31 - Apr 1, 2017	Jason O'Brien
2-Jan-17	\$ 25.00 ✓	Business Services account	Annual card fee	Jason O'Brien

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.

 3/15/17
 Cardholder Signature / Date

 3/15/17
 Board President Approval / Date

 3/22/17
 Administrative Approval / Date

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

B# 5338R
 PV# 172814

RECEIVED
JAN 24 2017
SUPERINTENDENT'S
OFFICE

MARY B SANDOVAL

Business Card

December 18, 2016 - January 17, 2017

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	-\$25.00
Balance Transfer Activity	\$0.00
Cash Advance Activity	\$0.00
Purchases and Other Charges	\$9.22
Fees Charged	\$25.00
Total Activity	\$9.22
Credit Limit	\$10,000
Credit Available	\$10,000.00
Statement Closing Date	01/17/17
Days in Billing Cycle	31
Payment Due Date	02/13/17
Important Information: All finance charges for this account are assessed to the Corporate Account.	

Transactions				
Posting Date	Transaction Date	Description	Reference Number	Amount
01/10	01/01	Payments and Other Credits ANNUAL CARD FEE TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD	7400275701001011111121	-25.00 -\$25.00
01/11	01/09	Purchases and Other Charges SMASHBURGER TE30102081 SAN JOSE CA TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD	24164077010531570927279	9.22 \$9.22
01/02	01/01	Fees Charged ANNUAL CARD FEE TOTAL FEES FOR THIS PERIOD		25.00 \$25.00

000000 000000 000000 [REDACTED]


BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

 **N0001967
MARY B SANDOVAL
FONTANA UNIF SCHL
ATTENTION RANDALL BASSETT, BUSINESS
9680 CITRUS AVE
FONTANA, CA 92335-557180

Account Number: [REDACTED]
December 18, 2016 - January 17, 2017

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

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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

Important Messages

Help make tax time less taxing by using MyReport Center. Get your detailed Year-End Summary report to help you organize your 2016 spending by cardholder, merchant or category. Sign in to Online Banking at bankofamerica.com and select your credit card account to access the MyReport Center link. You can download and save your report as an Excel file or PDF.

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

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Bank of America



MARY B SANDOVAL

December 18, 2016 - January 17, 2017


Page 4 of 4




Fontana Unified School District
District Credit Card Reimbursement - Mary B Sandoval VISA ending in 6222
Statement ending January 17, 2017 - total amount \$9.22

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
10-Jan-17	\$ (25.00)	Business Services account	Annual card fee	Mary B Sandoval
11-Jan-17	\$ 9.22 ✓	01-0000-0-0000-7110-5220-000-BDMS	Smashburger: Meal while attending Educare visit / San Jose / Jan 9, 2017	Mary B Sandoval
2-Jan-17	\$ 25.00	Business Services account	Annual card fee	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.

 3/15/17
 Cardholder Signature / Date

 3-15-17
 Board Vice President/Clerk Approval / Date

 3/22/17
 Administrative Approval / Date

B# 5338R
 PV# 172815

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



RECEIVED
 FEB 27 2017
 SUPERINTENDENT'S
 OFFICE

MARY B SANDOVAL

Business Card

January 18, 2017 - February 17, 2017

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 \$275.00
 Fees Charged \$0.00
 Total Activity \$275.00

Credit Limit \$10,000
 Credit Available \$10,000.00
 Statement Closing Date 02/17/17
 Days in Billing Cycle 31
 Payment Due Date 03/16/17

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

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
01/27	01/26	Purchases and Other Charges CALIFORNIA SCHOOL BOARD 9163714691 CA	24138297027207089900127	275.00
		TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD		\$275.00

Important Messages

Help make tax time less taxing by using MyReport Center. Get your detailed Year-End Summary report to help you organize your 2016 spending by cardholder, merchant or category. Sign in to Online Banking at bankofamerica.com and select your credit card account to access the MyReport Center link. You can download and save your report as an Excel file or PDF.

00000000 00000000 00000000

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

Account Number: [REDACTED]
 January 18, 2017 - February 17, 2017

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 _____ Posting Date _____ Transaction Date _____ Amount _____ Disputed Amount _____ Account Number: _____ 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

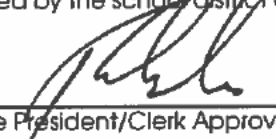
Fontana Unified School District
District Credit Card Reimbursement - Mary B Sandoval VISA ending in 6222
Statement ending February 17, 2017 - total amount \$275.00

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
27-Jan-17	\$ 275.00	01-0000-0-0000-7110-5220-000-BDMS	CSBA: 2017 Board Presidents Workshop / San Diego / Feb 25, 2017	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.



 Cardholder Signature / Date 3/15/17



 Board Vice President/Clerk Approval / Date 3-15-17



 Administrative Approval / Date 3/22/17

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

B# 5339R
 PV# 172816



MARY B SANDOVAL

Business Card

February 18, 2017 - March 17, 2017

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	\$284.07
Fees Charged	\$0.00
Total Activity	\$284.07
Credit Limit	\$10,000
Credit Available	\$10,000.00
Statement Closing Date	03/17/17
Days in Billing Cycle	28
Payment Due Date	04/13/17
Important Information: All finance charges for this account are assessed to the Corporate Account.	

Transactions				
Posting Date	Transaction Date	Description	Reference Number	Amount
Purchases and Other Charges				
02/27	02/24	LIL PIGGY'S BAR-B-Q CORONADO CA	24765017056207088600690	38.48
02/27	02/26	MARRIOTT CORONADO CORONADO CA Arr: 02/24/17	24692167057000227179217	245.59
TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD				\$284.07

Important Messages
 Help make tax time less taxing by using MyReport Center. Get your detailed Year-End Summary report to help you organize your 2016 spending by cardholder, merchant or category. Sign in to Online Banking at bankofamerica.com and select your credit card account to access the MyReport Center link. You can download and save your report as an Excel file or PDF.

0000000 0000000 0000000 [REDACTED]


 BUSINESS CARD
 PO BOX 15796
 WILMINGTON, DE 19886-5796

 **N0000397
 MARY B SANDOVAL
 FONTANA UNIF SCHL
 ATTENTION RANDALL BASSETT, BUSINESS
 9680 CITRUS AVE
 FONTANA, CA 92335-557180

Account Number: [REDACTED]
February 18, 2017 - March 17, 2017

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 1.888.601.4410, 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

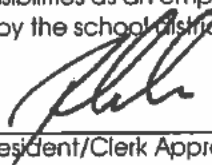
For address changes on all accounts in your program, have the authorized contact mail a request to: **BANK OF AMERICA, PO BOX 982238**

Fontana Unified School District
District Credit Card Reimbursement - Mary B Sandoval VISA ending in 6222
Statement ending March 17, 2017 - total amount \$284.07

POSTING DATE	AMOUNT	ACCOUNT NUMBER	PURPOSE / LOCATION / EVENT DATE	NAMES OF PERSON(S) INVOLVED. If non-employee Board approval is required.
27-Feb-17	\$ 38.48	01-0000-0-0000-7110-5220-000-BDMS	LI Piggy's Bar-B-Q: Dinner while attending CSBA Board Presidents Workshop / San Diego / Feb 24, 2017	Mary B Sandoval
27-Feb-17	\$ 245.59	01-0000-0-0000-7110-5220-000-BDMS	Marriott Coronado: Lodging while attending CSBA Board Presidents Workshop / San Diego / Feb 24-25, 2017	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.

 4/5/17
 Cardholder Signature / Date

 4-10-17
 Board Vice President/Clerk Approval / Date

 4/13/17
 Administrative Approval / Date

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

2017 APR 14 PM
 FUND ACCT'S PAY