

November

November 1, 2024 - November 30, 2024

Item GL Combination	Last 4	Post Date	Vendor Name	Credit	Debit	Description
1010000.4.1210.6612.32.310.00.10	5128	11/11/2024	Double Tree		\$380.43	Hotel Stay
1010000.4.4450.6450.73.200.00.10	3295	11/4/2024	DNS Made Easy		\$395.95	DNS System
1010000.4.1450.6450.73.200.00.10	3295	11/11/2024	Awesome Table		\$374.00	Data Conversation Software - Yearly
1010000.4.4450.6450.73.200.00.10	3295	11/12/2024	Openai		\$20.00	Monthly Subscription
1010000.4.2453.6510.73.316.00.20	3295	11/27/2024	HearingAid		\$2,229.99	Heraing system for Employee
1010000.4.2453.6510.73.316.00.20	3295	11/27/2024	International Fee		\$22.30	Fee
1010000.4.1210.6560.32.310.00.10	4888	11/4/2024	Home Depot		\$145.00	New lock
4544502.4.2430.6582.33.000.06.10	4888	11/11/2024	OTD Brands		\$154.14	Bartlett Supplies
1010000.4.1210.6560.32.310.00.10	4888	11/15/0204	FedEx		\$4.56	Mailing
1010000.4.1210.6560.32.310.00.10	4888	11/15/0204	FedEx		\$8.59	Mailing
1010000.4.1210.6560.32.310.00.10	4888	11/15/0204	FedEx		\$78.28	Mailing
1010000.4.1210.6560.32.310.00.10	4888	11/15/0204	FedEx		\$118.88	Mailing
			TOTAL:	\$0.00	\$3,932.12	
					\$509.45	
					\$3,932.12	

City of Haverhill Massachusetts

Fiscal Year: 2024-2025

JE20250128C

Invoice	Vendor	Total	Account
P-Card Dec 2024	BANKCARD	\$319.00	4332180.4.3510.6582.72.115.00.10
P-Card Dec 2024	BANKCARD	\$1,000.00	4544502.4.2430.6582.33.000.06.10
P-Card Dec 2024	BANKCARD	\$129.70	1010000.4.1210.6560.32.310.00.10
P-Card Dec 2024	BANKCARD	\$603.19	1010000.4.3300.6582.75.320.00.10
P-Card Dec 2024	BANKCARD	\$20.00	1010000.4.4450.6450.73.200.00.10
Grand Total:		\$2,071.89	
End of Report			

MARGARET MAROTTA
CITY OF HAVERHILL
XXXX-XXXX-XXXX-5128
December 01, 2024 - December 31, 2024

Purchasing Card

Cardholder Activity

Account Information	Payment Information	Account Summary
Mail Billing Inquiries to: BANKCARD CENTER PO Box 660441 Dallas, TX 75266-0441 TTY Hearing Impaired: Dial "711" Outside the U.S.: 1.509.353.6656 24 Hours For Lost or Stolen Card: 1.888.449.2273 24 Hours	Statement Date 12/31/24 Credit Limit \$20,130 Cash Limit \$0 Days in Billing Cycle 31 Total Activity \$129.70 THIS IS NOT A BILL - DO NOT PAY	Credits \$0.00 Cash \$0.00 Purchases \$129.70 Other Debits \$0.00 Cash Fees \$0.00 Other Fees \$0.00 Total Activity \$129.70

Important Messages

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

Transactions

Posting Transaction				Reference Number	MCC	Charge	Credit
Date	Date	Description					
12/04	12/03	AFC UC* AFC	141-59936632 MA	24064664338000005560981	8099	49.00	
12/19	12/18	AMAZON MKTPL*Z94PZ2ET2	Amzn.com/billWA	24692164353101479425304	5942	80.70	

00000000 00000000 00000000 4715292486265128

Account Number: XXXX-XXXX-XXXX-5128
December 01, 2024 - December 31, 2024

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

MARGARET MAROTTA
CITY OF HAVERHILL
HAVERHILL PUBLIC SCHOOL ACCOUNTS PAYABLE
4 SUMMER ST STE 104
HAVERHILL, MA 01830-5843

Total Activity \$129.70

Cardholder Signature _____ Date _____

Manager Signature _____ Date _____

54999001100052486265128



Haverhill Public Schools

Purchasing Card Pre-Authorization Form

The Haverhill Public Schools requires pre-authorization for all Bank of America P-Card Purchases. This Pre-Authorization requires the signature of the Assistant Superintendent of Finance and Operations (regardless of amount) and the Superintendent of Schools if above \$10,000. Please complete the fields below and submit for signatures prior to making any purchasing commitments.

Date 12.4.2024

Department Name _____

Employee Name Margaret

Vendor Name AFC

Amount of Purchase 49.00

Funding Source (LEA/Grant/Etc) _____

Expense Account Number 1010000-4-1420-6460-32-312-00-10

Explanation of expense Urgent care

Employee Signature _____

Assistant Superintendent Approval _____

Superintendent Approval (\$10,000+) _____



Haverhill Public Schools

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Date 12.19.2024

Department Name _____

Employee Name Margaret

Vendor Name Amazon

Amount of Purchase _____

Funding Source (LEA/Grant/Etc) 1010000-4-1210-6560-32-312-00-10

Expense Account Number 80-70

Explanation of expense Supplies

Employee Signature _____

Assistant Superintendent Approval _____

Superintendent Approval (\$10,000+) _____

Purchasing Card

DOUGLAS RUSSELL
CITY OF HAVERHILL
XXXX-XXXX-XXXX-3295

December 01, 2024 - December 31, 2024

Cardholder Activity

Account Information	Payment Information	Account Summary
Mail Billing Inquiries to: BANKCARD CENTER PO Box 660441 Dallas, TX 75266-0441 TTY Hearing Impaired: Dial "711" Outside the U.S.: 1.509.353.6656 24 Hours For Lost or Stolen Card: 1.888.449.2273 24 Hours	Statement Date 12/31/24 Credit Limit \$15,924 Cash Limit \$0 Days in Billing Cycle 31 Total Activity \$20.00 <div style="text-align: center; border: 1px solid black; padding: 5px;">THIS IS NOT A BILL - DO NOT PAY</div>	Credits \$0.00 Cash \$0.00 Purchases \$20.00 Other Debits \$0.00 Cash Fees \$0.00 Other Fees \$0.00 Total Activity \$20.00

Important Messages

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Transactions

Posting Transaction

Date	Date	Description	Reference Number	MCC	Charge	Credit
12/12	12/11	OPENAI *CHATGPT SUBSCR HTTPSOPENAI.CCA	24492164346000014468617	5734	20.00	

00000000 00000000 00000000 4715291100343295

Account Number: XXXX-XXXX-XXXX-3295

December 01, 2024 - December 31, 2024



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



DOUGLAS RUSSELL
CITY OF HAVERHILL
SCHOOL DEPT ROOM 104
4 SUMMER ST
HAVERHILL, MA 01830-5836

**N0003364

Total Activity \$20.00

Cardholder Signature

Date _____

Manager Signature

Date _____

1:5499900 1 1:0005 1 1:00343 295"

KATHLEEN SMITH
CITY OF HAVERHILL
XXXX-XXXX-XXXX-4888

Purchasing Card

December 01, 2024 - December 31, 2024

Cardholder Activity

Account Information	Payment Information	Account Summary
Mail Billing Inquiries to: BANKCARD CENTER PO Box 660441 Dallas, TX 75266-0441 TTY Hearing Impaired: Dial "711" Outside the U.S.: 1.509.353.6656 24 Hours For Lost or Stolen Card: 1.888.449.2273 24 Hours	Statement Date 12/31/24 Credit Limit \$19,016 Cash Limit \$0 Days in Billing Cycle 31 Total Activity \$1,922.19 THIS IS NOT A BILL - DO NOT PAY	Credits \$0.00 Cash \$0.00 Purchases \$1,922.19 Other Debits \$0.00 Cash Fees \$0.00 Other Fees \$0.00 Total Activity \$1,922.19

Important Messages

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Transactions						
Posting Transaction						
Date	Date	Description		Reference Number	MCC	Charge
12/09	12/06	AMERICAN AED LLC	954-458-6618 FL	24489934341300714681824	5047	319.00
12/12	12/11	WAL-MART #1930	PLAISTOW NH	24226384346004880003810	5310	200.00
12/12	12/11	WAL-MART #1930	PLAISTOW NH	24445004347400192155959	5411	200.00
12/12	12/11	WAL-MART #1930	PLAISTOW NH	24445004347400192156031	5411	200.00
12/12	12/11	WAL-MART #1930	PLAISTOW NH	24445004347400192156114	5411	200.00
12/12	12/11	WAL-MART #1930	PLAISTOW NH	24445004347400192156296	5411	200.00
12/13	12/12	WALMART.COM	800-925-6278 AR	24055234347179460761060	5310	603.19

0000000 0000000 0000000 4715291103404888

Account Number: XXXX-XXXX-XXXX-4888
December 01, 2024 - December 31, 2024


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


KATHLEEN SMITH
CITY OF HAVERHILL
CITY HALL - ROOM 104
4 SUMMER ST
HAVERHILL, MA 01830-5836
**N0003406

Total Activity \$1,922.19

Cardholder Signature _____ Date _____

Manager Signature _____ Date _____

5499900 11:0005 1103404888



Haverhill Public Schools

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Date

12.9.2024

Department Name

Athletics

Employee Name

Vendor Name

AED - American

Amount of Purchase

319.00

Funding Source (LEA/Grant/Etc)

Expense Account Number

4332180.4.3610.6582.72.115.00.10

Explanation of expense

Wall cabinet with alarm

Employee Signature

Kathy Smith

Assistant Superintendent Approval

Superintendent Approval (\$10,000+)



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Date 12.12.2024

Department Name _____

Employee Name Ken McDowell

Vendor Name Walmart

Amount of Purchase 1000.00

Funding Source (LEA/Grant/Etc) _____

Expense Account Number 4544502-4-2430-6582-33-000-06-10

Explanation of expense Gift Cards D. Flutie

Employee Signature Kathy Smith

Assistant Superintendent Approval _____

Superintendent Approval (\$10,000+) _____



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Date 12-13-2024

Department Name transportation

Employee Name _____

Vendor Name walmart

Amount of Purchase 603.19

Funding Source (LEA/Grant/Etc) _____

Expense Account Number 1010000.4.3300.6582.75.380.00.10

Explanation of expense Snow brushes

Employee Signature Kathy Smith

Assistant Superintendent Approval _____

Superintendent Approval (\$10,000+) _____