



Statement

Account Name: WALSH, IMOGENE **Card Number:** [REDACTED]
Company Name: BATTLE RIVER RD #31 **Account Limit:** [REDACTED]
Employee ID: [REDACTED]
Statement Date (MM/DD/YYYY): 11/03/2023 **Currency:** CANADIAN DOLLAR

Statement Summary:

Report any items which do not agree with your records within 30 days of the statement date.

Payments:	\$ 0.00
Adjustments:	\$ 0.00
Net Purchases:	\$ 576.54
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
New Account Balance:	\$ 576.54

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
10/03	10/04 496308293	EVENTBRITE/NAVIGATING7 SAINT JOHN NB	\$ 287.61 003313	\$ 43.14 (e)	\$ 330.75
10/12	10/13 497938174	STAPLES STORE #165 CAMROSE AB	\$ 127.77 073217	\$ 6.39 (e)	\$ 134.16
10/17	10/19 498966155	BROWNS SOCIALHOUSE CAM CAMROSE AB	\$ 106.31 061141	\$ 5.32 (e)	\$ 111.63

TOTAL CREDITS	xxxx-xxxx-xxxx-2168	\$ 0.00
TOTAL DEBITS	xxxx-xxxx-xxxx-2168	\$ 576.54