

Statement

Account Name: WALSH, IMOGENE **Card Number:** BATTLE RIVER RD #31 **Company Name:**

Account Limit:

Other Charges:

Employee ID:

04/03/2024 Statement Date (MM/DD/YYYY): **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:** \$ 1,884.52 Cash Advance: \$ 0.00

Fees: \$ 0.00 \$ 0.00

New Account Balance: \$ 1,884.52

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Total Ta Auth #	x Trans Amount
03/11	03/12 521469950	Y ASBOA - ASSOCIATIO MONTREAL QC	\$1,073.06 \$160.69 (e 004910	\$ 1,233.75
03/12	03/13 521629157	CPC SCP/0009906952964 OTTAWA ON	\$ 273.19 \$ 35.51 (e 085831	\$ 308.70
03/19	03/20 522788845	PAPA JOHNS #11337 CAMROSE AB	\$ 325.78 \$ 16.29 (e 003932	\$ 342.07

TOTAL CREDITS xxxx-xxxx-xxxx-2168 \$ 0.00 TOTAL DEBITS xxxx-xxxx-xxxx-2168 \$ 1,884.52