

Statement

Account Name: WALSH, IMOGENE Card Number:

Company Name: BATTLE RIVER RD #31 Account Limit:

Employee ID:

Statement Date (MM/DD/YYYY): 01/03/2025 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:
 \$ 287.89

 Cash Advance:
 \$ 0.00

 Fees:
 \$ 0.00

 Other Charges:
 \$ 0.00

 New Account Balance:
 \$ 287.89

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth#	Total Tax	Trans Amount
12/09	12/10 565458600	MONTANAS #3652 NISKU AB	\$ 27.11 071469	\$ 1.36 (e)	\$ 28.47
12/10	12/12 565743083	HOLIDAY INN EXPRESS AN NISKU AB	\$ 259.42 073327	\$ 0.00	\$ 259.42

 TOTAL CREDITS
 xxxx-xxxx-2168
 \$ 0.00

 TOTAL DEBITS
 xxxx-xxxx-2168
 \$ 287.89