



Statement

Account Name:	HOYLAND, STEPHEN	Card Number:	
Company Name:	BATTLE RIVER RD #31	Account Limit:	
Employee ID:			
Statement Date (MM/DD/YYYY):	05/03/2025	Currency:	CANADIAN DOLLAR

Statement Summary:

<i>Report any items which do not agree with your records within 30 days of the statement date.</i>	Payments:	\$ 0.00
	Adjustments:	\$ 0.00
	Net Purchases:	\$ 656.25
	Cash Advance:	\$ 0.00
	Fees:	\$ 0.00
	Other Charges:	\$ 0.00
	New Account Balance:	\$ 656.25

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
04/18	04/21 587082101	COLLEGE OF ALBERTA SCH 780-540-9205 AB	\$ 625.00 003865	\$ 31.25 (e)	\$ 656.25
TOTAL CREDITS xxxx-xxxx-xxxx-6394					\$ 0.00
TOTAL DEBITS xxxx-xxxx-xxxx-6394					\$ 656.25