



Statement

Account Name:

HOYLAND, STEPHEN

Card Number:

Company Name:

BATTLE RIVER RD #31

Account Limit:

Employee ID:

Statement Date (MM/DD/YYYY):

06/03/2025

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:

\$ 581.57

Cash Advance:

\$ 0.00

Fees:

\$ 0.00

Other Charges:

\$ 0.00

New Account Balance:

\$ 581.57

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
05/02	05/05 589563645	DELTA EDMONTON SOUTH EDMONTON AB	\$ 581.57 011101	\$ 0.00	\$ 581.57
TOTAL CREDITS xxxx-xxxx-xxxx-6394					\$ 0.00
TOTAL DEBITS xxxx-xxxx-xxxx-6394					\$ 581.57