

Statement

Account Name:	WALSH, IMOGENE	Card Number:	██████████
Company Name:	BATTLE RIVER RD #31	Account Limit:	██████████
Employee ID:	██████████		
Statement Date (MM/DD/YYYY):	07/03/2021	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:	\$ 52.50
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
New Account Balance:	\$ 52.50

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
06/19	06/21 381910307	DOTCOMYOUREVENT 877-8787323 ON	\$ 50.00 010656	\$ 2.50 (e)	\$ 52.50

TOTAL CREDITS	xxxx-xxxx-xxxx-2168	\$ 0.00
TOTAL DEBITS	xxxx-xxxx-xxxx-2168	\$ 52.50