

Statement

Account Name:	WALSH, IMOGENE	Card Number:	████████████████████
Company Name:	BATTLE RIVER RD #31	Account Limit:	██████████
Employee ID:	██████████		
Statement Date (MM/DD/YYYY):	11/03/2021	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:	\$ 112.03
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
New Account Balance:	\$ 112.03

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
10/18	10/21 395047066	BOSTON PIZZA # 166 CAMROSE AB	\$ 64.22 093876	\$ 3.21 (e)	\$ 67.43
10/29	11/01 396390161	THE LEAF SPORTS PUB HARDISTY AB	\$ 42.48 068222	\$ 2.12 (e)	\$ 44.60

TOTAL CREDITS	xxxx-xxxx-xxxx-2168	\$ 0.00
TOTAL DEBITS	xxxx-xxxx-xxxx-2168	\$ 112.03