

Statement

Account Name: WALSH, IMOGENE Card Number:

Company Name: BATTLE RIVER RD #31 Account Limit:

Statement Date (MM/DD/YYYY): 08/03/2022 Currency: CANADIAN DOLLAR

Statement Summary:

Employee ID:

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:
 \$ 550.00

 Cash Advance:
 \$ 0.00

 Fees:
 \$ 0.00

 Other Charges:
 \$ 0.00

 New Account Balance:
 \$ 550.00

For your records only. No payment required.

Transaction Summary:

| Trans Date | Posting Date Trans ID | Description | Pre-Tax Amount Auth # | Total Tax | Trans Amount |
|------------|--------------------------|-----------------------------------|--------------------------|--------------|--------------|
| 07/05 | 07/06 429736420 | SQ COLLEGE OF ALBERTA EDMONTON AB | \$ 523.81 064534 | \$ 26.19 (e) | \$ 550.00 |