

Statement

Account Name:	WALSH, IMOGENE	Card Number:	██████████
Company Name:	BATTLE RIVER RD #31	Account Limit:	██████████
Employee ID:	██████████	Currency:	CANADIAN DOLLAR
Statement Date (MM/DD/YYYY):	10/03/2022		

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:	\$ 45.88
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
New Account Balance:	\$ 45.88

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
09/29	10/03 441437197	THE LEAF SPORTS PUB HARDISTY AB	\$ 43.70 071706	\$ 2.18 (e)	\$ 45.88
			TOTAL CREDITS	xxxx-xxxx-xxxx-2168	\$ 0.00
			TOTAL DEBITS	xxxx-xxxx-xxxx-2168	\$ 45.88