



Statement

Account Name:	WALSH, IMOGENE	Card Number:	[REDACTED]
Company Name:	BATTLE RIVER RD #31	Account Limit:	[REDACTED]
Employee ID:	[REDACTED]		
Statement Date (MM/DD/YYYY):	05/03/2023	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:	\$ 1,226.82
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
New Account Balance:	\$ 1,226.82

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
04/28	05/01 471225112	SQ COULEE TEA HOUSE 2 DONALDA AB	\$ 32.40 027128	\$ 1.62 (e)	\$ 34.02
04/30	05/02 471532160	CPA ALBERTA CALGARY AB	\$ 1,136.00 056786	\$ 56.80 (e)	\$ 1,192.80

TOTAL CREDITS	xxxx-xxxx-xxxx-2168	\$ 0.00
TOTAL DEBITS	xxxx-xxxx-xxxx-2168	\$ 1,226.82