



Statement

Account Name:	WALSH, IMOGENE	Card Number:	████████████████████
Company Name:	BATTLE RIVER RD #31	Account Limit:	██████████
Employee ID:	██████████		
Statement Date (MM/DD/YYYY):	03/03/2024	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:	\$ 452.88
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
New Account Balance:	\$ 452.88

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
02/02	02/05 515606143	DAYS INNS/DAYSTOP ATHABASCA AB	\$ 164.59 058366	\$ 0.00	\$ 164.59
02/02	02/05 515606144	DAYS INNS/DAYSTOP ATHABASCA AB	\$ 168.95 089819	\$ 0.00	\$ 168.95
02/07	02/09 516323238	HOLIDAY INN & SUITES NISKU AB	\$ 113.66 018781	\$ 5.68 (e)	\$ 119.34

TOTAL CREDITS	xxxx-xxxx-xxxx-2168	\$ 0.00
TOTAL DEBITS	xxxx-xxxx-xxxx-2168	\$ 452.88