



Statement

Account Name:	HOLOIEN, RHAЕ-ANN	Card Number:	██████████
Company Name:	BATTLE RIVER RD #31	Account Limit:	██████████
Employee ID:	██████████		
Statement Date (MM/DD/YYYY):	05/03/2024	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:	\$ 101.71
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
New Account Balance:	\$ 101.71

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
04/03	04/04 525164900	TIM HORTONS #2964 CAMROSE AB	\$ 61.87 057220	\$ 3.09 (e)	\$ 64.96
04/19	04/22 527855411	DELTA CENTER SUITES EDMONTON AB	\$ 36.75 099095	\$ 0.00	\$ 36.75

TOTAL CREDITS	xxxx-xxxx-xxxx-3242	\$ 0.00
TOTAL DEBITS	xxxx-xxxx-xxxx-3242	\$ 101.71