

Statement

HOYLAND, STEPHEN **Account Name: Card Number: Company Name:**

BATTLE RIVER RD #31 **Account Limit:**

Employee ID:

Statement Date (MM/DD/YYYY): 06/03/2024 **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:** \$ 197.59 **Cash Advance:** \$ 0.00 Fees: \$ 0.00 Other Charges: \$ 0.00 **New Account Balance:** \$ 197.59

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
05/27	05/29 534136587	RAMADA INNS CAMROSE AB	\$ 197.59 064005	\$ 0.00	\$ 197.59

TOTAL CREDITS xxxx-xxxx-xxxx-6394 \$ 0.00 TOTAL DEBITS xxxx-xxxx-xxxx-6394 \$ 197.59