

Statement

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

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

Employee ID:

Statement Date (MM/DD/YYYY): 10/03/2024 **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 \$ 0.00 Adjustments: **Net Purchases:** \$ 50.00 Cash Advance: \$ 0.00 Fees: \$ 0.00 Other Charges: \$ 0.00 **New Account Balance:** \$ 50.00

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
09/30	10/01 553677454	LEARNING NETWORK EDUCA EASTERN ALBER AB	\$ 47.62 061026	\$ 2.38 (e)	\$ 50.00

TOTAL CREDITS xxxx-xxxx-xxxx-6394 \$ 0.00 TOTAL DEBITS xxxx-xxxx-xxxx-6394 \$ 50.00