



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):	11/03/2024	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:	\$ 423.33
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
New Account Balance:	\$ 423.33

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
10/21	10/23 557371562	ASSOCIATION OF SCHOOL ASHBURN VA US DOLLAR 299.00@1.415819397	\$ 423.33 086083	\$ 0.00	\$ 423.33

TOTAL CREDITS	xxxx-xxxx-xxxx-2168	\$ 0.00
TOTAL DEBITS	xxxx-xxxx-xxxx-2168	\$ 423.33