



## Statement

Account Name:	HOLOIEN, RHAЕ-ANN	Card Number:	██████████
Company Name:	BATTLE RIVER RD #31	Account Limit:	██████████
Employee ID:	██████████		
Statement Date (MM/DD/YYYY):	01/03/2025	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:	\$ 177.12
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
New Account Balance:	\$ 177.12

For your records only. No payment required.

### Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
12/03	12/04 564270488	NORSEMEN INN CAMROSE AB	\$ 164.18 065303	\$ 8.21 (e)	\$ 172.39
12/13	12/16 566306082	MCDONALDS #6004 CAMROSE AB	\$ 4.50 084121	\$ 0.23 (e)	\$ 4.73
			<b>TOTAL CREDITS</b> xxx-xxxx-xxxx-3242		<b>\$ 0.00</b>
			<b>TOTAL DEBITS</b> xxx-xxxx-xxxx-3242		<b>\$ 177.12</b>