



Statement

Account Name:	HOLOIEN, RHAЕ-ANN	Card Number:	██████████
Company Name:	BATTLE RIVER RD #31	Account Limit:	██████████
Employee ID:	██████████		
Statement Date (MM/DD/YYYY):	02/03/2025	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:	\$ 406.70
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
New Account Balance:	\$ 406.70

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
01/19	01/20 571190496	SHOPPERS DRUG MART #03 CAMROSE AB	\$ 73.11 049703	\$ 3.66 (e)	\$ 76.77
01/21	01/22 571723148	TILLYS FAMILY DINING BEAVER COUNTY AB	\$ 111.71 025741	\$ 5.59 (e)	\$ 117.30
01/22	01/23 571852914	STORE TOFIELD AB	\$ 202.50 021756	\$ 10.13 (e)	\$ 212.63

TOTAL CREDITS	xxxx-xxxx-xxxx-3242	\$ 0.00
TOTAL DEBITS	xxxx-xxxx-xxxx-3242	\$ 406.70