

Statement

Account Name: WALSH, IMOGENE **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:	\$ 32.27
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
New Account Balance:	\$ 32.27

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth#	Total Tax	Trans Amount
01/31	02/03 573644680	TIM HORTONS #1643 CAMROSE AB	\$ 30.73 098688	\$ 1.54 (e)	\$ 32.27

TOTAL CREDITS xxxx-xxxx-xxxx-2168 \$ 0.00 TOTAL DEBITS xxxx-xxxx-xxxx-2168 \$ 32.27