

Statement

Account Name: COPELAND, LAURIE **Card Number:**
Company Name: ROCKY VIEW SCHOOL DIV. **Account Limit:**
Employee ID:
Statement Date (MM/DD/YYYY): 11/03/2021 **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:	\$ 260.00
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
New Account Balance:	\$ 260.00

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
10/08	10/11 393787793	SQ COLLEGE OF ALBERTA GOSQ.COM AB	\$ 260.00 001080	\$ 0.00	\$ 260.00
TOTAL CREDITS xxxx-xxxx-xxx					\$ 0.00
TOTAL DEBITS xxxx-xxxx-xxxx					\$ 260.00

Fw: Order Confirmation from College of Alberta School Supt.

Laurie Copeland <lcopeland@rockyview.ab.ca>

Laurie Copeland, MBA, CPHR, BA, PMP

She/Her

Associate Superintendent of Human Resources

Rocky View Schools

O: 403-945-4017

C: 403-437-1577

www.rockyview.ab.ca**From:** College of Alberta School Supt. via Square <no-reply@squareup.com>**Sent:** Friday, October 8, 2021 1:28 PM**To:** Laurie Copeland <lcopeland@rockyview.ab.ca>**Subject:** Order Confirmation from College of Alberta School Supt.

Thanks for your order

If you have questions about your order, please reply to this email or contact us at laurel.knowles@cass.ab.ca.

Order Details	#5012
1 × 2021 CASS Fall Conference (Order #5012)	\$260.00
Total	\$260.00
	MASTERCARD ending in
Contact Information	lcopeland@rockyview.ab.ca