

Statement

Account Name: COPELAND, LAURIE **Card Number:**
Company Name: ROCKY VIEW SCHOOL DIV. **Account Limit:**
Employee ID:
Statement Date (MM/DD/YYYY): 03/03/2022 **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:	\$ 52.50
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
New Account Balance:	\$ 52.50

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
02/28	03/01 412481727	CPHR ALBERTA CALGARY AB	\$ 52.50 094981	\$ 0.00	\$ 52.50
			TOTAL CREDITS	xxxx-xxxx-xxxx-	\$ 0.00
			TOTAL DEBITS	xxxx-xxxx-xxxx-	\$ 52.50

Receipt Number 215144

Receipt Date 02/28/2022

Bill To

Laurie Duggan

Invoice Number	Product Area	Product Description	Price	Quantity	Tax	Subtotal
589678	EC	CPD Submission Fee	\$50.00	1	\$2.50	\$50.00

Total Tax \$2.50

Total Charges \$52.50

Payment \$52.50

Balance Due \$0.00

Payment Information

Payment Date	Paid By	Paid With	Account	Amount
02/28/2022	Laurie Copeland	MasterCard		\$52.50

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