

Statement

PAUL, LARRY **Card Number: Account Name: Company Name:** ROCKY VIEW SCHOOL DIV. **Account Limit:**

Employee ID:

Statement Date (MM/DD/YYYY): CANADIAN DOLLAR 02/03/2022 **Currency:**

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:	\$ 11.53
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
New Account Balance:	\$ 11.53

For your records only. No payment required.

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
01/14	01/17	SHOPPERS DRUG MART #24 AIRDRIE AB	\$ 11.53	\$ 0.00	\$ 11.53

TOTAL CREDITS \$ 0.00 **TOTAL DEBITS** \$ 11.53

PAYMENT INFORMATION:

	ВМО	Diners Club
You can mail your payment to:	BMO P.O. Box 6044, Station Centre-Ville Montreal, QC H3C 3X2	Diners Club P.O. Box 6044, Station Centre-Ville Montreal, QC H3C 3X2
You may send your payment via overnight mail to:	BMO Symcor Inc (Remittance services) 650 Bridge Street Montreal, Quebec H3K 3K9	Diners Club Symcor Inc (Remittance services) 650 Bridge Street Montreal, Quebec H3K 3K9
IMPORTANT PAYMENT INFORMATION:	For BMO accounts, please make your cheque or money order payable to: BMO Bank of Montreal	For Diners Club accounts, please make your cheque or money order payable to: Diners Club

If you are paying by mail:

Remember

- Enclose your cheque or money order, payable in the same currency as your credit card, with this payment coupon, but do not staple or tape them together.
- Write your account number on the front of your cheque or money order.
- Please do not send cash.

A fee will be assessed against returned cheques.

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