



Cardholder Activity

Name: KIM ARMSTRONG

Account Number:

Cycle End Date: 02/27/2024

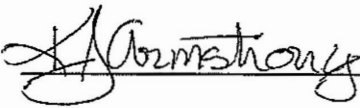
Trans Date Posting Date	Merchant Name City, State/Prov.	Transaction Total	Allocation Amounts		Source Currency	Currency Amount
			National	Regional		
02/27/2024	ANNUAL CARD FEE	\$12.00	\$0.00	\$0.00	CAD	12.00
02/27/2024		\$12.00	\$0.00	\$0.00	61145000090010	Annual Card Fee


Activity Totals	Purchases	Payments	National Taxes	Regional Taxes
\$12.00	\$12.00	\$0.00	\$0.00	\$0.00

Cardholder Name: Kim Armstrong
Michael R. Diannolo, CPA, CMA, BCComm, CSEI
 Associate Superintendent of Finance / Secretary-Treasurer

Supervisor Name: _____

Vice-Chair: John Allen

Signature: 

Signature: 

Signature: 