## Purchase Card Account Statement

**Account:** ********11485799 BOA

**Billing Date:** 02/18/2011

Segers,Anael
North Carolina State University
Raleigh, NC
Employee ID: 000930987

**ACCOUNT ATTRIBUTES**

| Amount Limits | | Default Account Information | | Strategy Group(s) |
|---|---|---|---|---|
| **Per Trans:** | $5,000.00 | **Project ID:** | 303409 | Bartelt |
| **Daily:** | $10,000.00 | **Department:** | 120101 | Standard/Travel Combination |
| **Monthly:** | $25,000.00 | | | |

**Transactions**

| Trans Dt | Posted | Tran Nbr | Description | Project ID | Account | Amount |
|---|---|---|---|---|---|---|
| 01/24/11 | 01/31/11 | CPS0532514 | SKYPE / 44870835190 / / USA | 303409 | 52900 | 11.50 |
| 01/31/11 | 01/31/11 | CPS0532515 | INTERNATIONAL TRANSACTION / FEE / / USA | 303409 | 52300 | 0.09 |

**Total Amount:** $11.59

**Signatures**

Cardholder Signature: [signature] Date: 07.03.2011

Cardholder Printed Name: A. SEGERS

Approver Signature: Date:

Approver Printed Name:

**** Other Signatures ****

The signature of your Supervisor or Department Head is required when: 1) the cardholder and approver are the same person, or 2) the cardholder or approver is unable to sign for any reason, in which case an explanation must accompany the statement.

Other Signature: Date:

Other Printed Name:

(check one): Supervisor: ☐ Department Head: ☐