



Purchase Card Account Statement

Account: *****11485799
Segers, Anael
North Carolina State University
Raleigh, NC
Employee ID: 000930987

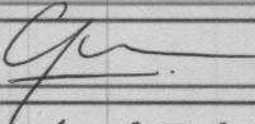
BOA

Billing Date: 02/18/2011

Amount Limits		ACCOUNT ATTRIBUTES		Strategy Group(s)	
		Default Account Information			
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		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: ☐	