



**SA HEALTH**  
**COMMISSION ON EXCELLENCE & IN**  
**Billing Account Credit Limit:**  
 Nominated Financial Year End:

**60,000**  
 06/21

**Cardholder Summary Report**  
**STATEMENT PERIOD: 30/11/2020 to 28/12/2020**  
 Cards Enquiries: 1800 032 481 Lost/Stolen Cards: 1800 033 844

Cardholder Details	Credit Limit	Transaction Limit	Total Purchases \$A	Total Cash Advances \$A	Other CR/DR & Payments	Total Month Expenditure	YTD Expenditure
PADDY PHILLIPS 000XXXXXXXXXX	10,000	10,000	0.00	0.00	0.00	0.00	1,475.63

**SUB-TOTAL (\$A)**

**1,404.18**      **8,390.88**

Account Fee Summary	Number	
Annual Card Fee	0	cards
Rewards Fee	0	cards
Cash Advance (over-the-counter)	0	withdrawals
Cash Advance (ATM)	0	withdrawals
Cash Advance (Other)	0	withdrawals
All other fees and charges		

**TOTALS (\$A) including all fees and charges**

**1,404.18**      **0.00**      **0.00**      **1,404.18**      **8,390.88**