



**Cardholder Summary Report**  
**STATEMENT PERIOD: 29/12/2020 to 28/01/2021**  
 Cards Enquiries: 1800 032 481 Lost/Stolen Cards: 1800 033 844

**SA HEALTH**  
**COMMISSION ON EXCELLENCE & IN**  
**Billing Account Credit Limit:** 60,000  
 Nominated Financial Year End: 06/21

Cardholder Details	Credit Limit	Transaction Limit	Total Purchases		Total Cash Advances		Other CR/DR & Payments	Total Month Expenditure	YTD Expenditure
			\$A	No.	\$A	No.			
TINA HARDIN 000XXXXXXXXXX	5,000	5,000	536.00	1	0.00	0	0.00	536.00	6,402.62

SUB-TOTAL (\$A)			
<b>Account Fee Summary</b>		<b>Number</b>	
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			
<b>TOTALS (\$A) including all fees and charges</b>	<b>802.95</b>	<b>0.00</b>	<b>0.00</b>
	<b>802.95</b>		<b>9,193.83</b>