



# Cardholder Summary Report

STATEMENT PERIOD: 29/10/2020 to 29/11/2020

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 \$A No.	Total Cash Advances \$A No.	Other CR/DR & Payments	Total Month Expenditure	YTD Expenditure
PADDY PHILLIPS 000XXXXXXXXXXXX	10,000	10,000	0.00 0	0.00 0	0.00	0.00	1,475.63

**SUB-TOTAL (\$A)** 444.13 0.00 444.13 6,986.70

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	0.00

**TOTALS (\$A) including all fees and charges** 444.13 0.00 444.13 6,986.70