

# Credit Card Statement

**Cardholder Name:** John Doe  
**Employee ID:** 123456  
**Department:** Finance

**Card Number:** XXXX-XXXX-XXXX-1234  
**Statement Period:** 01-June-2024 to 30-June-2024  
**Date Issued:** 01-July-2024

**Statement No.:** CCS/2024/06/0987

## Transaction Details

Date	Description	Merchant	Amount (USD)	Remarks
02-June-2024	Hotel Accommodation	Grand Hotel	250.00	Business trip
05-June-2024	Flight Ticket	Airways Intl.	400.00	Conference visit
10-June-2024	Client Lunch	City Bistro	80.00	Client meeting
19-June-2024	Office Supplies	Stationery Hub	35.75	Project materials
25-June-2024	Taxi Fare	Urban Cabs	45.30	Local transport

**Total Amount:** USD 811.05  
**Less Advances (if any):** USD 0.00  
**Net Reimbursable:** USD 811.05

## Important Notes:

- Original receipts for all transactions must be attached for reimbursement.
- Ensure all expenses claimed are in compliance with company reimbursement policies.
- Personal expenses are strictly not eligible for reimbursement.
- Statement must be signed and approved by the relevant authority before submission.