

Date 11/15

Acct. Name: _____

Acct. Number: _____

Reg. No.	Clerk	Account Forwarded	
1	CHIZ B	FF	11
2			
3	Chx Souv app		10 -
4			
5	Hum pda		1060
6			
7	Chx Souv / Sal		1210
8			
9	Chx Souv / Sal		1210
10			
11	Chx Souv / FF		210
12			

89042

Tax PD

Total PD

Your account stated to date - If error is found return at once.

GREGIAN CORNER
 100 4TH AVE N STE 160
 SEATTLE WA 98109-4905
 206-404-4976

10/18/2017 12:38:55

CREDIT CARD
 AMEX SALE

Card # XXXXXXXXXXX1001
 Chip Card: AMERICAN EXPRESS
 AID: A000000025010801
 ATC: 0011
 TC: 2A7FAFDFA54307C3
 SEQ #: 17
 Batch #: 8
 Trans #: 17
 Approval Code: 884828
 TRANS ID: 005366622369270
 Entry Method: Chip Read
 Mode: Issuer

SALE AMOUNT \$63.90
 TIP AMOUNT 2
 TOTAL AMOUNT 65.90

Gratuity Guidelines:
 15% = \$9.58 18% = \$11.50
 20% = \$12.78

THANK YOU

CUSTOMER COPY