STATE BANK OF INDIA

Credit Card Statement

Cardholder Name: JANE SMITH **Card Number:** **** **** 5678

Billing Period: 25-09-2025 to 21-10-2025 **Due Date:** 04-11-2025

Date	Merchant	Amount
10/11/2023	UBER	■350.00
12/11/2023	ZOMATO	■ 680.00
15/11/2023	BOOKMYSHOW	■ 450.00
20/11/2023	FLIPKART	■ 1,850.00
25/11/2023	MEDICAL STORE	■320.00

Amount Due: ■3,450.00