



Manager: Lori Kolinchak

Business Purpose: various supplies

Is this a Credit/Return: No

Vendor Code: fb4821

Card Name: Firsttrust Bank

Card Unit:

Card Receipt Total: \$206.90

Card Purchase Date: Dec-02-2021

Same Expense Code Per Property?: No

Same Description Per Property?: No

Card Purchase for Only One Property: Yes

Card Allocation Method: Split Evenly

| Building    | Code Allocation Method | Property Cost | Property Unit# | Expense Code | Code Name           | Code Desc                               | Expense Code Cost |
|-------------|------------------------|---------------|----------------|--------------|---------------------|---|-------------------|
| 251 Delkalb | Split Evenly           | \$206.90      |                | 57290        | Resident Activities | Supplies<br>cafe,<br>office and<br>game | \$206.90          |

**Bank of Montreal** (Incorporated in Canada)  
**Branch** (City, Province, Postal Code)  
**Branch Address** (Street, City, Province, Postal Code)  
**Branch Phone** (Area Code, Number)  
**Branch Telex** (Number)  
**Branch Fax** (Area Code, Number)  
**Branch E-mail** (Address)  
**Branch Website** (Address)  
**Branch Filing Office** (City, Province, Postal Code)  
**Branch Filing Office Phone** (Area Code, Number)  
**Branch Filing Office Telex** (Number)  
**Branch Filing Office Fax** (Area Code, Number)  
**Branch Filing Office E-mail** (Address)  
**Branch Filing Office Website** (Address)

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**Branch Filing Office E-mail** (Address)  
**Branch Filing Office Website** (Address)

**Payment Information**

**Payment Method** (Cash, Cheque, Credit Card, Debit Card, etc.)  
**Payment Frequency** (Monthly, Quarterly, Annually, etc.)  
**Payment Amount** (Amount, Currency)  
**Payment Due Date** (Date)  
**Payment Reference** (Reference Number)  
**Payment Description** (Description)

**To the extent of your order, we will be liable for the payment of the amount of the payment.**