WELLS FARGO

Reporting Period : 8/1/2025 - 8/29/2025

Statement Summary

Name	Lauralee Harris	**Company**	City Of Kyle
Account #	XXXX-XXXX-XXXX[redacted]	**Currency**	US Dollar
Reporting Period	8/1/2025 - 8/29/2025		

Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Personal	Receipt	Amount

Transaction Count: 0

Total: 0.00

Employee Signature **Date**

Authorized Approver Signature **Date**