

41900225165602404102404100004

Account Number	Due Date	Total Amount Due	Enter Amount Paid	

JOHN DOE

GENERAL SERVICES ADMINISTRATION

1234 ANY ST.

ANYTOWN, USA

54321-9873

For telephone or address change on travel cards, please place an X in the parentheses and make the

Payment coupon: Please cut along perforation and return this portion with your payment. Make check

or money order payable in U.S. dollars on a U.S. bank to Citibank. Include account number on check or money order. No cash please. Do not staple or tape your check to this coupon.

Address Correspondence to:

CITIBANK GOVERNMENT CARD SERVICES.

P.O. Box 183173

COLUMBUS, OH 43218-3173

CITIBANK GOVERNMENT COMMERCE SERVICES

CARD STATEMENT

Previous Balance		Payments And Credits	New Charges	New Balance	
	\$0.00	\$0.00	\$0.00	\$0.00	

Invoice Date DD/MM/YYYY Due Date DD/MM/YYYY

Total Amount

FOR CUSTOMER SERVICE CALL 1-800-790-7206 OR WRITE P.O. Box 45134, JACKSONVILLE, FL 32232-5134

OUTSIDE THE U.S. AND CANADA CALL COLLECT 904-954-7850

SEND PAYMENTS TO: CITIBANK GOVERNMENT CARD SERVICES. P.O. Box 183173 COLUMBUS, OH 43218-3173

Account Number Agency Name: $0\,0\,0\,0\,-\,0\,0\,0\,0\,-\,0\,0\,0\,0\,-\,0\,0\,0\,0$

Accounting Code/Cost Center

Billing Office Id: Discretionary Code:

Single Purchase Limit: \$0.00

MCC Sale Post

Date Date Code

Reference Number

Agency/Org Id:

Tax Exempt#:

Description

Cycle Purchase Limit: \$0.00

TRANSACTION DETAIL

ACCOUNT SUMMARY CURRENT PERIOD		Previous Balance	Payments	Credits	Purchases and Advances	Taxes and Fees	New Balance
	Purchases Advances TOTALS						
Memo Section				Amount Over Cr	edit Limit:		\$0.00
				Amount Past Du	e:		\$0.00
				Net Total Charge	es:		\$0.00
				Total Cash Adva	nces:		\$0.00
				Current Period T	otal:		\$0.00



419006022510650839780839780000

Account Number	Statement Date	Total Amount Due		
		Not an Invoice. For your records.		

JOHN DOE GENERAL SERVICES ADMINISTRATION 1234 ANY ST.

ANYTOWN USA 54321-9876

For telephone or address change on travel cards, please place an X in the parentheses and make the desired changes on the reverse side.()

CITIBANK GOVERNMENT COMMERCE SERVICES

CARD STATEMENT

Agency Name:

Previous Balance \$0.00		Credits	New Charges	Total Activity	
			\$0.00	\$0.00	

Invoice Date MM/DD/YYYY

FOR CUSTOMER SERVICE CALL 1-800-790-7206 OR WRITE P.O. Box 45134, JACKSONVILLE, FL 32232-5134 OUTSIDE THE U.S. AND CANADA CALL COLLECT 904-954-7850

Accounting Cod Billing Office Id Discretionary C Single Purchas	: Gode:		.00	Agency/Org Id: Tax Exempt#: Cycle Purchase Limit:	\$0.00	
Sale Date	Post Date	MCC Code	Reference Number	Description		Total Amount
*********	******	*******	**************************************	EMO ITEM(S) LISTED BELOW*********	**********	********
******	******	******	**************************************	OUNT OF MEMO ITEM(S):		\$0.00
Memo Section						
Approval Section	on					

Account Number