Send To: W_____N

Settlement Type: COMP CARD

Value: 250.00

Quantity: 1

Settlement Ref: [____]303391

Letter:

Status: Picked

Picked By: ACUSER

Supplier:

Claim Convention:

Bag Weight (Kg):

No. of Passenger: 1

Claim CR Loc.:

Enclosure Note Code:

Enclosure Issue Text:

Account:

Bank Name:

Bank Country:

Compensation Type: FIN

Payment Method: CARD

Supplier Information:

Onward Flight Info: Unknown Flight - Unknc

Journey Disrupted To/From: Yul - Lhr

Card Auth Staff: U137888

Card Status: EXPIRED

Issue: 1 - APF DBOI

Budget Code: AIRPORT COMPENSATI

Insurance Ref:

Currency: GBP

Entered By: ACUSER

Date Entered: 25/02/2010 00:01:31

Authorized By:

Authorized Date:

Date Picked: 25/02/2010 00:01:31

Batch ID:

Picked

Evoucher Owner Name-Title:

Evoucher Owner Name-Initial:

Evoucher Owner Name-Surname:

Evoucher expiry date: 31/05/2010

Sort Code:

Branch Name:

Bank Trfs Swift Code:

Tax ID:

Voucher Reprint Reason:

Voucher Reprint Agent:

Voucher Reprint Date:

Voucher Void Agent:

Delay at Destination: 22:12

Total Transaction Amount: 250.00

Total Extra Meal Amt:

Case number 8027292

Enclosure

Send To: _____ (COMPPA

Settlement Type: COMP CARD

Value: 250.00

Quantity: 1

Settlement Ref: _____ 40865

Letter:

Status: Picked

Picked By: ACUSER

Supplier:

Claim Convention:

Bag Weight (Kg):

No. of Passenger: 3

Claim CR Loc.:

Enclosure Note Code: DBC AT YVR AS PER LHRSLBA REQUEST/BA257 OVBKD

Enclosure Issue Text:

Account:

Bank Name:

Bank Country:

Compensation Type: FIN

Payment Method: CARD

Supplier Information:

Onward Flight Info: Ba0257 - 26-Jul-2010

Journey Disrupted To/From: Yvr - Del

Card Auth Staff: U740276

Card Status: EXPIRED

Issue: 1 - APF DBSV

Budget Code: AIRPORT COMPENSATI

Insurance Ref:

Currency: GBP

Entered By: ACUSER

Date Entered: 26/07/2010 03:11:20

Authorized By:

Authorized Date:

Date Picked: 26/07/2010 03:11:20

Batch ID:

Picked

Evoucher Owner Name-Title:

Evoucher Owner Name-Initial:

Evoucher Owner Name-Surname:

Evoucher expiry date: 31/10/2010

Sort Code:

Branch Name:

Bank Trfs Swift Code:

Tax ID:

Voucher Reprint Reason:

Voucher Reprint Agent:

Voucher Reprint Date:

Voucher Void Agent:

Delay at Destination: 13:00

Total Transaction Amount: 750.00

Total Extra Meal Amt:

Case number 8372375

Enclosure

Send To:	(COM	Issue:	2 - APF DBSV
Settlement Type:	COMP CARD	Budget Code:	AIRPORT COMPENSATI
Value:	250.00	Insurance Ref:	
Quantity:	1	Currency:	GBP
Settlement Ref:	40865	Entered By:	ACUSER
Letter:		Date Entered:	26/07/2010 03:11:20
Status:	Picked	Authorized By:	
Picked By:	ACUSER	Authorized Date:	
Supplier:		Date Picked:	26/07/2010 03:11:20
Claim Convention:		Batch ID:	
Bag Weight (Kg):			✓ Picked
No. of Passenger:			
Claim CR Loc.:		Evoucher Owner Name-Title:	
Enclosure Note Code:	DBC AT YVR AS PER LHRSLBA REQUEST/BA257 OVBKD	Evoucher Owner Name-Initial:	
Enclosure Issue Text:		Evoucher Owner Name-Surname:	
		Evoucher expiry date:	
Account:		Sort Code:	
Bank Name:		Branch Name:	
Bank Country:		Bank Trfs Swift Code:	
		Tax ID:	
Compensation Type:	FIN		
		Voucher Reprint Reason:	
		Voucher Reprint Agent:	
Payment Method:	CARD	Voucher Reprint Date:	
		Voucher Void Agent:	
Supplier Information:			
Onward Flight Info:	Ba0257 - 26-Jul-2010	Delay at Destination:	13:00
Journey Disrupted To/From:	Yvr - Del	Total Transaction Amount:	
Card Auth Staff:	U740276	Total Extra Meal Amt:	
Card Status:	COMPCARD SPLIT		

Case number 8372375

Send To: [REDACTED]

Settlement Type: COMP CARD

Value: 250.00

Quantity: 1

Settlement Ref: 4740865

Letter:

Status: Picked

Picked By: ACUSER

Supplier:

Claim Convention:

Bag Weight (Kg):

No. of Passenger:

Claim CR Loc.:

Enclosure Note Code: DBC AT YVR AS PER LHRSLBA REQUEST/BA257 OVBKD

Enclosure Issue Text:

Account:

Bank Name:

Bank Country:

Compensation Type: FIN

Payment Method: CARD

Supplier Information:

Onward Flight Info: Ba0257 - 26-Jul-2010

Journey Disrupted To/From: Yvr - Del

Card Auth Staff: U740276

Card Status: COMPCARD SPLIT

Issue: 3 - APF DBSV

Budget Code: AIRPORT COMPENSATI

Insurance Ref:

Currency: GBP

Entered By: ACUSER

Date Entered: 26/07/2010 03:11:20

Authorized By:

Authorized Date:

Date Picked: 26/07/2010 03:11:20

Batch ID:

☑ Picked

Evoucher Owner Name-Title:

Evoucher Owner Name-Initial:

Evoucher Owner Name-Surname:

Evoucher expiry date:

Sort Code:

Branch Name:

Bank Trfs Swift Code:

Tax ID:

Voucher Reprint Reason:

Voucher Reprint Agent:

Voucher Reprint Date:

Voucher Void Agent:

Delay at Destination: 13:00

Total Transaction Amount:

Total Extra Meal Amt:

Case number 8372375

Send To: _____R (

Settlement Type: COMP CARD

Value: 250.00

Quantity: 1

Settlement Ref: _____4324934

Letter:

Status: Picked

Picked By: ACUSER

Supplier:

Claim Convention:

Bag Weight (Kg):

No. of Passenger:

Claim CR Loc.:

Enclosure Note Code: VOLUNTARY OFFLD XFER AC852/17SEP

Enclosure Issue Text:

Account:

Bank Name:

Bank Country:

Compensation Type: FIN

Payment Method: CARD

Supplier Information:

Onward Flight Info: Unknown Flight - Unkno

Journey Disrupted To/From: Yyc - Lhr

Card Auth Staff: U136571

Card Status: COMPCARD SPLIT

Issue: 19 - APF DBSV

Budget Code: AIRPORT COMPENSATI

Insurance Ref:

Currency: GBP

Entered By: ACUSER

Date Entered: 17/09/2010 02:58:48

Authorized By:

Authorized Date:

Date Picked: 17/09/2010 02:58:48

Batch ID:

☑ Picked

Evoucher Owner Name-Title:

Evoucher Owner Name-Initial

Evoucher Owner Name-Surname

Evoucher expiry date:

Sort Code:

Branch Name:

Bank Trfs Swift Code:

Tax ID:

Voucher Reprint Reason:

Voucher Reprint Agent:

Voucher Reprint Date:

Voucher Void Agent:

Delay at Destination: 24:00

Total Transaction Amount:

Total Extra Meal Amt:

Case number 8488731

Send To [_____] COMP

Settlement Type: COMP CARD

Value: 250.00

Quantity: 1

Settlement Ref [_____] 24934

Letter:

Status: Picked

Picked By: ACUSER

Supplier:

Claim Convention:

Bag Weight (Kg):

No. of Passenger:

Claim CR Loc.:

Enclosure Note Code: VOLUNTARY OFFLD XFER AC852/17SEP

Enclosure Issue Text:

Account:

Bank Name:

Bank Country:

Compensation Type: FIN

Payment Method: CARD

Supplier Information:

Onward Flight Info: Unknown Flight - Unknc

Journey Disrupted To/From: Yyc - Lhr

Card Auth Staff: U136571

Card Status: COMPCARD SPLIT

Issue: 20 - APF DBSV

Budget Code: AIRPORT COMPENSATI

Insurance Ref:

Currency: GBP

Entered By: ACUSER

Date Entered: 17/09/2010 02:58:48

Authorized By:

Authorized Date:

Date Picked: 17/09/2010 02:58:48

Batch ID:

☑ Picked

Evoucher Owner Name-Title:

Evoucher Owner Name-Initial:

Evoucher Owner Name-Surname:

Evoucher expiry date:

Sort Code:

Branch Name:

Bank Trfs Swift Code:

Tax ID:

Voucher Reprint Reason:

Voucher Reprint Agent:

Voucher Reprint Date:

Voucher Void Agent:

Delay at Destination: 24:00

Total Transaction Amount:

Total Extra Meal Amt:

Case number 8488731

Send To:	(CO	Issue:	21 - APF DBSV
Settlement Type:	COMP CARD	Budget Code:	AIRPORT COMPENSATI(
Value:	250.00	Insurance Ref:	
Quantity:	1	Currency:	GBP
Settlement Ref:	4324934	Entered By:	ACUSER
Letter:		Date Entered:	17/09/2010 02:58:48
Status:	Picked	Authorized By:	
Picked By:	ACUSER	Authorized Date:	
Supplier:		Date Picked:	17/09/2010 02:58:48
Claim Convention:		Batch ID:	
Bag Weight (Kg):			✓ Picked
No. of Passenger:			
Claim CR Loc.:		Evoucher Owner Name-Title:	
Enclosure Note Code:	VOLUNTARY OFFLD XFER AC852/17SEP	Evoucher Owner Name-Initial:	
Enclosure Issue Text:		Evoucher Owner Name-Surname:	
		Evoucher expiry date:	
Account:		Sort Code:	
Bank Name:		Branch Name:	
Bank Country:		Bank Trfs Swift Code:	
		Tax ID:	
Compensation Type:	FIN		
		Voucher Reprint Reason:	
		Voucher Reprint Agent:	
Payment Method:	CARD	Voucher Reprint Date:	
		Voucher Void Agent:	
Supplier Information:			
Onward Flight Info:	Unknown Flight - Unkno	Delay at Destination:	24:00
Journey Disrupted To/From:	Yyc - Lhr	Total Transaction Amount:	
Card Auth Staff:	U136571	Total Extra Meal Amt:	
Card Status:	COMPCARD SPLIT		

Case number 8488731

Send To:	WAL	Issue:	18 - APF DBSV
Settlement Type:	COMP CARD	Budget Code:	AIRPORT COMPENSATI(
Value:	250.00	Insurance Ref:	
Quantity:	1	Currency:	GBP
Settlement Ref:	324934	Entered By:	ACUSER
Letter:		Date Entered:	17/09/2010 02:58:48
Status:	Picked	Authorized By:	
Picked By:	ACUSER	Authorized Date:	
Supplier:		Date Picked:	17/09/2010 02:58:48
Claim Convention:		Batch ID:	
Bag Weight (Kg):			✓ Picked
No. of Passenger:	4		
Claim CR Loc.:		Evoucher Owner Name-Title:	
Enclosure Note Code:	VOLUNTARY OFFLD XFER AC852/17SEP	Evoucher Owner Name-Initial:	AL
Enclosure Issue Text:		Evoucher Owner Name-Surname:	BAINS
		Evoucher expiry date:	31/12/2010
Account:		Sort Code:	
Bank Name:		Branch Name:	
Bank Country:		Bank Trfs Swift Code:	
		Tax ID:	
Compensation Type:	FIN		
		Voucher Reprint Reason:	
		Voucher Reprint Agent:	
Payment Method:	CARD	Voucher Reprint Date:	
		Voucher Void Agent:	
Supplier Information:			
Onward Flight Info:	Unknown Flight - Unkn(	Delay at Destination:	24:00
Journey Disrupted To/From:	Yyc - Lhr	Total Transaction Amount:	1000.00
Card Auth Staff:	U136571	Total Extra Meal Amt:	
Card Status:	EXPIRED		

Case number 8488731

Send To: _____COMPPAX

Settlement Type: COMP CARD

Value: 125.00

Quantity: 1

Settlement Ref: 4_____9538

Letter:

Status: Picked

Picked By: ACUSER

Supplier:

Claim Convention:

Bag Weight (Kg):

No. of Passenger: 2

Claim CR Loc.:

Enclosure Note Code:

Enclosure Issue Text:

Account:

Bank Name:

Bank Country:

Compensation Type: FIN

Payment Method: CARD

Supplier Information:

Onward Flight Info: Unknown Flight - Unkno

Journey Disrupted To/From: Yyz - Lhr

Card Auth Staff: U757868

Card Status: LOADED

Issue: 1 - APF DBOI

Budget Code: AIRPORT COMPENSATI

Insurance Ref:

Currency: GBP

Entered By: ACUSER

Date Entered: 24/12/2010 01:21:24

Authorized By:

Authorized Date:

Date Picked: 24/12/2010 01:21:24

Batch ID:

✓ Picked

Evoucher Owner Name-Title:

Evoucher Owner Name-Initial:

Evoucher Owner Name-Surname:

Evoucher expiry date: 31/03/2011

Sort Code:

Branch Name:

Bank Trfs Swift Code:

Tax ID:

Voucher Reprint Reason:

Voucher Reprint Agent:

Voucher Reprint Date:

Voucher Void Agent:

Delay at Destination: 03:00

Total Transaction Amount: 250.00

Total Extra Meal Amt:

Case number 8735646

Send To: _____ (COMPP/

Settlement Type: COMP CARD

Value: 125.00

Quantity: 1

Settlement Ref: _____ 9538

Letter:

Status: Picked

Picked By: ACUSER

Supplier:

Claim Convention:

Bag Weight (Kg):

No. of Passenger:

Claim CR Loc.:

Enclosure Note Code:

Enclosure Issue Text:

Account:

Bank Name:

Bank Country:

Compensation Type: FIN

Payment Method: CARD

Supplier Information:

Onward Flight Info: Unknown Flight – Unkno

Journey Disrupted To/From: Yyz – Lhr

Card Auth Staff: U757868

Card Status: COMPCARD SPLIT

Issue: 2 - APF DBOI

Budget Code: AIRPORT COMPENSATI

Insurance Ref:

Currency: GBP

Entered By: ACUSER

Date Entered: 24/12/2010 01:21:24

Authorized By:

Authorized Date:

Date Picked: 24/12/2010 01:21:24

Batch ID:

☑ Picked

Evoucher Owner Name-Title:

Evoucher Owner Name-Initial:

Evoucher Owner Name-Surname:

Evoucher expiry date:

Sort Code:

Branch Name:

Bank Trfs Swift Code:

Tax ID:

Voucher Reprint Reason:

Voucher Reprint Agent:

Voucher Reprint Date:

Voucher Void Agent:

Delay at Destination: 03:00

Total Transaction Amount:

Total Extra Meal Amt:

Case number 8735646