

TIMMINS DISTRICT  
HOSPITAL  
700 ROSS AVE E  
TIMMINS ON

CARD \*\*\*\*\*1115  
CARD TYPE MASTERCARD  
DATE 2024/08/21  
TIME 5950 12:14:00  
RECEIPT NUMBER  
H84094001-001-356-002-0

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PURCHASE  
TOTAL

**\$33.90**  
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Mastercard  
A0000000041010  
BC06150A3C9DAA1F  
0000008000-

**APPROVED**

FF/DT 00  
AUTH# 02044Z 01-027  
THANK YOU

**NO SIGNATURE REQUIRED**

MERCHANT COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS