



Send To:	!		1 - APF D8OI
Settlement Type:	COMP CARD	Budget Code:	AIRPORT COMPENSATION
Value:	250.00	Insurance Ref:	***************************************
Quantity:	1	Currency:	G8P
Settlement Ref:	303391	Entered By:	ACUSER
Letter:		Date Entered:	25/02/2010 00:01:31
Status:	Picked	Authorized By:	<u> </u>
Picked By:	ACUSER	Authorized Date:	
Supplier:		Date Picked:	25/02/2010 00:01:31
Claim Convention:	***************************************	Batch ID:	
Bag Weight (Kg):			✓ Picked
No. of Passenger:	1		
Claim CR Loc.:		Evoucher Owner Name-Title:	
Enclosure Note Code:		Evoucher Owner Name-Initial:	<u> </u>
Enclosure Issue Text:		Evoucher Owner Name-Surname:	T F day for the T S has S
		Evoucher expiry date:	31/05/2010
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:			
•	Unknown Flight - Unkno	Delay at Destination:	22:12
Journey Disrupted To/From:	**************************************	Total Transaction Amount:	- 5000000000000000000000000000000000000
Card Auth Staff:		Total Extra Meal Amt:	- Yeromanian and an annual and an annual and an annual and an annual and an an
Card Status:		TOWN EARLY PIECE PRINC	



Send To:	(COMPPA	Issue:	1 ~ 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:	and the second
Supplier:		Date Picked:	26/07/2010 03:11:20
Claim Convention:		Batch ID:	
Bag Weight (Kg):	**************************************		
No. of Passenger:	3		
Claim CR Loc.:		Evoucher Owner Name-Title:	
Enclosure Note Code:	DBC AT YVR AS PER LHR	SLBA REQUEST/BA257 OVBKD Evoucher Owner Name-Initial:	
Enclosure Issue Text:		Evoucher Owner Name-Surname:	
		Evoucher expiry date:	31/10/2010
Account:		Sort Code:	
Bank Name:	***************************************	Branch Name:	
Bank Country:	MANOSISIAH MANOSISIAH HASISIAH MANOSISIAH MA	Bank Trfs Swift Code:	A REPORTED HER HOLD STATE HER HER HOLD STATE HER HER HOLD STATE HER HOLD STATE HER HOLD STATE HER HER HER HER HER HER HER HER HER HE
		Tax ID:	
Compensation Type:	FIN		
		Voucher Reprint Reason:	
		Voucher Reprint Agent:	
Payment Method:	CARD	Voucher Reprint Date:	
		Voucher Void Agent:	
Cumpling Information	NAMES AND ASSESSMENT A		
Supplier Information:			
	Ba0257 - 26-Jul-2010	Delay at Destination:	мистиминическиминическиминическиминическиминическим разгимимимическиминическиминическиминическими
Journey Disrupted To/From:	Yvr - Del	Total Transaction Amount:	750.00
Card Auth Staff:	U740276	Total Extra Meal Amt:	
Card Status:	EXPIRED		



Send To:	(COM	Issue:	2 - APF DBSV
Settlement Type:	COMP CARD	Budget Code:	AIRPORT COMPENSATION
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 LHR	RSLBA 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:			
	Ba0257 - 26-3ul-2010	Delay at Destination:	13·00
Journey Disrupted To/From:	passasaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	Total Transaction Amount:	Simulus salahan salaha
Card Auth Staff:	***************************************	Total Extra Meal Amt:	
	COMPCARD SPLIT	roun Exter Plett Plate	Ennancementenensuss
cara oureast			



C T [5.1	7	5. 455.5551
Send To:	L Stay Some DV		3 - APF DBSV
Settlement Type:	Secondococococococococococococococococococ		AIRPORT COMPENSATION
Value:	250.00	Insurance Ref:	
Quantity:	1	Currency:	GBP
Settlement Ref:	4740865	Entered By:	ACUSER
Letter:		Date Entered:	26/07/2010 03:11:20
Status:	Picked	Authorized By:	2013 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Picked By:	ACUSER	Authorized Date:	
Supplier:		Date Picked:	26/07/2010 03:11:20
Claim Convention:	NAMANNONANANNONANANNONANANNONANANANNONANANNONANAN	Batch ID:	
Bag Weight (Kg):			∀ Picked
No. of Passenger:	N N N N N N N N N N N N N N N N N N N		
Claim CR Loc.:		Evoucher Owner Name-Title:	
Enclosure Note Code:	DBC AT YVR AS PER LHR	SLBA REQUEST/BA257 OVBKD Evoucher Owner Name-Initial:	THE RESIDENCE OF THE PROPERTY
Enclosure Issue Text:		Evoucher Owner Name-Surname:	
		Evoucher expiry date:	20000000000000000000000000000000000000
Account:		Sort Code:	SOMEONICH MENGENERICH MENGENER
Bank Name:		Branch Name:	
Bank Country:	***************************************	Bank Trfs Swift Code:	
		Tax ID:	
Compensation Type:	FIN		
	30000040000000400000000000000000000000	Voucher Reprint Reason:	
		Voucher Reprint Agent:	
Payment Method:	CARD	Voucher Reprint Date:	
		Voucher Void Agent:	
Supplier Information:	***************************************		
• •	0-000 00 1-1001	Notes at Northead	$\sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{$
	Ba0257 - 26-Jul-2010	Delay at Destination:	15.00
Journey Disrupted To/From:	***************************************	Total Transaction Amount:	THE
Card Auth Staff:		Total Extra Meal Amt:	TO THE STATE OF TH
Card Status:	COMPCARD SPLIT		



Send To:	R (1	Issue:	19 - APF DBSV
Settlement Type:	COMP CARD	Budget Code:	AIRPORT COMPENSATION
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:	4 14 14 14 14 14 14 14 14 14 14 14 14 14
Enclosure Note Code:	VOLUNTARY OFFLD XFE	R AC852/17SEP Evoucher Owner Name-Initial	
Enclosure Issue Text:		Evoucher Owner Name-Surname	nanananananananananananananananananana
		Evoucher expiry date:	
Account:		Sort Code:	
Bank Name:	**************************************	Branch Name:	
Bank Country:	ON THE STATE OF TH	Bank Trfs Swift Code:	
		Tax ID:	
Compensation Type:	$\text{permission of the property of the proper$		
	**************************************	Voucher Reprint Reason:	
		Voucher Reprint Agent:	
Payment Method:	CARD	Voucher Reprint Date:	
		Voucher Void Agent:	
Complete To Form Many			
Supplier Information:	Because and the control of the contr		**************************************
	Unknown Flight - Unknown	Delay at Destination:	Запининананананананананананананананананан
Journey Disrupted To/From:		Total Transaction Amount:	
Card Auth Staff:	U136571	Total Extra Meal Amt:	<u></u>
Card Status:	COMPCARD SPLIT		



Send To	COMP	Issue:	20 - APF DBSV
Settlement Type:	COMP CARD	Budget Code:	AIRPORT COMPENSATI
Value:	250.00	Insurance Ref:	
Quantity:	1	Currency:	GBP
Settlement Ref	24934	Entered By:	ACUSER
Letter:		Date Entered:	17/09/2010 02:58:48
Status:	Picked	Authorized By:	A SECOND MANUAL
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 XFEF	R AC852/17SEP Evoucher Owner Name-Initial:	an handaranananananan k
Enclosure Issue Text:		Evoucher Owner Name-Surname:	
		Evoucher expiry date:	AND
Account:		Sort Code:	
Bank Name:		Branch Name:	**************************************
Bank Country:		Bank Trfs Swift Code:	THE STATE OF THE S
	·	Tax ID:	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Compensation Type:	FIN		- Tananananananananananananananananananan
		Voucher Reprint Reason:	
		Voucher Reprint Agent:	
Payment Method:	CARD	Voucher Reprint Date:	
		Voucher Void Agent:	
Supplier Information:	Very control of the c		
	Unknown Flight - Unkno	Delay at Destination:	34.00
		•	 Выниминиминиминиминиминиминиминиминиминий фотовором мотором мотором мотором мотором мотором фотовором мотор
Journey Disrupted To/From:	***************************************	Total Transaction Amount:	
Card Auth Staff:		Total Extra Meal Amt:	
Card Status:	COMPCARD SPLIT		





Send To:	I (CO	Issue:	21 - APF DBSV
Settlement Type:	COMP CARD	Budget Code:	AIRPORT COMPENSATION
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 A	C852/17SEP Evoucher Owner Name-Initial:	
Enclosure Issue Text:		Evoucher Owner Name-Surname:	E
		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:			
(500		8.1.2.1.8.11.21	24.00
	Unknown Flight - Unkno	Delay at Destination:	24:00
Journey Disrupted To/From:		Total Transaction Amount:	
Card Auth Staff:		Total Extra Meal Amt:	
Card Status:	COMPCARD SPLIT		
		0.400.704	





Send To:	WAL WAL	Issue:	18 - APF DBSV
Settlement Type:	COMP CARD	Budget Code:	AIRPORT COMPENSATION
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:	5.7 (1980)
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	R AC852/17SEP Evoucher Owner Name-Initial:	AL.
Enclosure Issue Text:		Evoucher Owner Name-Surname:	DAINS
		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:			
	Unknown Flight - Unkno	Delay at Destination:	
Journey Disrupted To/From:	Yyc - Lhr	Total Transaction Amount:	1000.00
Card Auth Staff:	U136571	Total Extra Meal Amt:	
Card Status:	EXPIRED		



Send To:	d COMPPAX	Icene.	49 APF DBOI
Settlement Type:	Li		AIRPORT COMPENSATION
	125.00	Insurance Ref:	Santana and a second a second and a second and a second and a second and a second a
	parameterania	Currency:	Annananananananananananananananananana
Quantity:	***		
Settlement Ref:	9538	Entered By:	
Letter:			24/12/2010 01:21:24
Status:	Constitution of the Consti	Authorized By:	And the same of th
Picked By:	ACUSER	Authorized Date:	
Supplier:	<u></u>		24/12/2010 01:21:24
Claim Convention:	THE STATE OF THE S	Batch ID:	
Bag Weight (Kg):			✓ Picked
No. of Passenger:	2		
Claim CR Loc.:	1	Evoucher Owner Name-Title:	***************************************
Enclosure Note Code:		Evoucher Owner Name-Initial:	
Enclosure Issue Text:		Evoucher Owner Name-Surname:	
		Evoucher expiry date:	31/03/2011
Account:	20 10 10 10 10 10 10 10 10 10 10 10 10 10	Sort Code:	Share in the second control of the second co
Bank Name:		Branch Name:	
Bank Country:		Bank Trfs Swift Code:	
		Tax ID:	4
Compensation Type:	FIN		
	**************************************	Voucher Reprint Reason:	
		Voucher Reprint Agent:	
Payment Method:	CARD	Voucher Reprint Date:	
		Voucher Void Agent:	
Supplier Information:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Onward Flight Info:	Unknown Flight - Unkno	Delay at Destination:	03:00
Journey Disrupted To/From:	Yyz - Lhr	Total Transaction Amount:	250.00
Card Auth Staff:	U757868	Total Extra Meal Amt:	The state of the s
Card Status:	LOADED		



Send To:	(COMPPA	Icole	2 - APF DBOI
Settlement Type:			AIRPORT COMPENSATION
•	125.00	Insurance Ref:	
Quantity:	Communicación de la com	Currency:	***************************************
	CONTRACTOR OF THE CONTRACTOR O	NAMES OF THE PROPERTY OF THE P	
Settlement Ref:	9538	Entered By:	
Letter:			24/12/2010 01:21:24
Status:	hannan annan annan annan annan a	Authorized By:	**************************************
Picked By:	ACUSER	Authorized Date:	
Supplier: Claim Convention:			24/12/2010 01:21:24
	***************************************	Batch ID:	
Bag Weight (Kg):			✓ Picked
No. of Passenger:			grand and an arrange and an arrange and an arrange and arrange and arrange and arrange and arrange and arrange
Claim CR Loc.:		Evoucher Owner Name-Title:	Tananaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
Enclosure Note Code:		Evoucher Owner Name-Initial:	
Enclosure Issue Text:		Evoucher Owner Name-Surname	**************************************
		Evoucher expiry date:	
Account:		Sort Code:	
Bank Name:	N 10 10 10 10 10 10 10 10 10 10 10 10 10	Branch Name:	2 N N N N N N N N N N N N N N N N N N N
Bank Country:		Bank Trfs Swift Code:	
	***************************************	Tax ID:	
Compensation Type:	FIN		***************************************
	terrore to the second s	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:	03:00
Journey Disrupted To/From:	Yyz - Lhr	Total Transaction Amount:	
Card Auth Staff:	U757868	Total Extra Meal Amt:	
Card Status:	COMPCARD SPLIT		