





# MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Wayne Resch  
Address:

**MEETING/CONFERENCE**

Name: Meeting with Lethbridge College Bookstore  
Location: Lethbridge, Alberta



**DAYS INVOLVED [ 0.29 ]**

Departure date Oct 2 2012 10:30AM  
Return date Oct 2 2012 5:30PM

**EXPENSES**

**Meals**

	Days	Rate	Total
Breakfast	0	@ \$10.00	= \$0.00
Lunch	0	@ \$12.00	= \$0.00
Dinner	0	@ \$22.00	= \$0.00
Full Per diem	0	@ \$44.00	= \$0.00
Overnight incidental	0	@ \$10.00	= \$0.00
Hospitality Allowance	0	@ \$20.00	= \$0.00
Conference Cost			\$0.00
Hotel (attach invoice)			\$0.00
Miscellaneous			\$0.00
			\$0.00
			\$0.00

**FOR OFFICE USE ONLY**

Amount	GST

**TRANSPORTATION**

Own Car	330 KM @ 0.44/KM	\$145.20
College Car	(Attach gas receipts)	\$0.00
Rental Car	(Attach invoice & gas receipts)	\$0.00
Air Fare	(Attach Air Line Tickets or Invoice)	\$0.00
Taxi, buses, parking, road tolls	(Less than \$6)	\$2.00


CND \$147.20  
USD \$0.00 \*\$1.00/CND

**INVOICE TOTAL**

**TOTAL EXPENSE** \$147.20  
Less - Advance (if applicable) -\$0.00  
**NET CLAIM DUE (Repayable)** 147.20

**FOR OFFICE USE ONLY**

GL CODE	AMOUNT	VENDOR NUMBER	GST	CONTROL 03 - 1108 TOTAL

**Written Signatures**

Request By

Department Code

1-71100-9240

Department Signatures  
(If Necessary Signature)

Finance:

**Electronic Signatures**

Active Directory WResch@mhc.ab.ca

2012 OCT 10 PM 3:07

276

LETHBRIDGE  
COLLEGE  
DISPLAY  
THIS SIDE UP

Machine # : 2  
Transaction: 206964002  
Date : OCT. 2.12  
Time : 01:46 PM

Paid : \$2.00

Ticket Expires:

OCT. 2. 12  
05:46 PM

Parking Lot  
0

THIS SIDE UP-ON DASH

THIS SIDE UP-ON DASH



LETHBRIDGE, ALBERTA

(403) 327-3333

10039 ALISON

*Handwritten note:*  
Lunch with  
Lillian & family to be  
paid later

Est 5/1 CFA 1087 Gst 2  
Oct 27 12:12:14 PM

Dine In	
3 POP & 3 CO	9.00
2 LUNCH STEAK & 7.50	15.00
2 CHK CLLB WRAP	18.30
9.15	
TST	2.04
Amount Due	42.90

HAVE A GREAT DAY  
WWW.LEGENDSPUB.CA  
Legends Pub & Grill  
#####  
GST# 108135866RT002

LEGENDS PUB AND GRILL  
2332 FAIRWAY PLAZA T1X6Z2  
LETHBRIDGE AB  
T1T7A3G2

1111 PURCHASE ..... 1111  
10-02-2012 13:39:17  
Acct # ..... 0503 C  
Exp Date ... Card Type V1  
Name: WAYNE E RESCH  
0000000001010 VISA CREDIT

Trace # 120010  
52171830291  
Inv. # 2439  
Auth # 249259 BRN 101230913

Purchase	352.19
Tax	34.19
Total	386.38

(3) APPROVED - THANK YOU

Retain this copy for your records  
customer copy



# MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Wayne Resch  
Address:

**MEETING/CONFERENCE**

Name: SBO Meeting  
Location: Calgary, Alberta



**DAYS INVOLVED [ 1.13 ]**

Departure date: Oct 3 2012 5:00PM  
Return date: Oct 4 2012 8:00PM

**EXPENSES**

Meals	Days	Rate	Total
Breakfast	0 @	\$10.00	= \$0.00
Lunch	0 @	\$12.00	= \$0.00
Dinner	2 @	\$22.00	= \$44.00
Full Per diem	0 @	\$44.00	= \$0.00
Overnight incidental	1 @	\$10.00	= \$10.00
Hospitality Allowance	0 @	\$20.00	= \$0.00
Conference Cost			\$0.00
Hotel (attach invoice)			\$0.00
Miscellaneous			\$0.00
			\$0.00
			\$0.00

FOR OFFICE USE ONLY	
Amount	GST

**TRANSPORTATION**

Own Car	600 KM @ 0.44/KM	\$264.00
College Car	(Attach gas receipts)	\$0.00
Rental Car	(Attach invoice & gas receipts)	\$0.00
Air Fare	(Attach Air Line Tickets or Invoice)	\$0.00
Taxi, buses, parking, road tolls	(Less than \$6)	\$0.00


CND \$318.00  
USD \$0.00 \*\$1.00/CND  
**TOTAL EXPENSE: \$318.00**  
Less - Advance (if applicable) -\$0.00  
**NET CLAIM DUE (Repayable) 318.00**

**INVOICE TOTAL**

**FOR OFFICE USE ONLY**

GL CODE

**VENDOR NUMBER**

AMOUNT

**GST**


**CONTROL**

03 - 1112  
**TOTAL**


**Written Signatures**

Request By

Account Code

1-71100-9240

Department Signatures  
(If Necessary Signature)

**Electronic Signatures**

Active Directory WResch@mhc.ab.ca

# Best Western PREMIER Freeport Inn & Suites

GST #803876515

86 Freeport Blvd NE

Calgary, AB T3J 5J9

Telephone: (403)264-9650 Fax: (403)264-9651

Oct 04, 2012

8:08 am

Each Best Western® branded hotel is independently owned and operated

WAYNE RESCH  
299 COLLEGE DRIVE  
MEDICINE HAT, AB T1A 3Y6

Folio #: 40009  
Room Number: 315  
Rate: \$194.74  
Pay Method: VA0503

Arrival Date: Wednesday, October 03, 2012

Departure Date: Thursday, October 04, 2012

Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
10/3/2012	VISA	VI0503				\$212.27
10/3/2012	ROOM CHARGE	Auto Posted		315	\$194.74	
10/3/2012	ROOM GST	Auto Posted		315	\$9.74	
10/3/2012	ROOM TAX	Auto Posted		315	\$7.79	

Balance:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the amount of these charges. Interest will be charged on any overdue balance.

I am aware that all personal information collected about me, with the exception of my credit card number, will be stored in the computer for the purpose of proficiency with my next reservation.

Signature \_\_\_\_\_

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# MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Wayne Resch  
Address:

**MEETING/CONFERENCE**

Name: Post Secondary Financial Reporting  
Location: Edmonton, Alberta



**DAYS INVOLVED [ 1.29 ]**

Departure date Oct 24 2012 2:00PM  
Return date Oct 25 2012 9:00PM

**EXPENSES**

Meals	Days	Rate	Total
Breakfast	0	@ \$10.00	= \$0.00
Lunch	0	@ \$12.00	= \$0.00
Dinner	2	@ \$22.00	= \$44.00
Full Per diem	0	@ \$44.00	= \$0.00
Overnight incidental	1	@ \$10.00	= \$10.00
Hospitality Allowance	0	@ \$20.00	= \$0.00
Conference Cost			\$0.00
Hotel (attach invoice)			\$0.00
Miscellaneous			\$0.00
			\$0.00
			\$0.00

**FOR OFFICE USE ONLY**

Amount	GST

**TRANSPORTATION**

Own Car	1200 KM @ 0.44/KM	\$528.00
College Car	(Attach gas receipts)	\$0.00
Rental Car	(Attach invoice & gas receipts)	\$0.00
Air Fare	(Attach Air Line Tickets or Invoice)	\$0.00
Taxi, buses, parking, road tolls	(Less than \$6)	\$0.00


CND \$582.00  
USD \$0.00 \*\$1.00/CND

**INVOICE TOTAL**

**TOTAL EXPENSE \$582.00**  
Less - Advance (if applicable) -\$0.00  
**NET CLAIM DUE (Repayable) \$582.00** *gst inc*

**FOR OFFICE USE ONLY**

GL CODE	AMOUNT	VENDOR NUMBER	GST	CONTROL 03 - 1179 TOTAL

**Written Signatures**

Request By

Department Code

1-71100-9240

Department Signatures  
(If Necessary Signature)

Finance:

**Electronic Signatures**

Active Directory WResch@mhc.ab.ca

UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

DATE 25/10/12 EXPIRATION TIME 06:00 AM

DATE ISSUED 25/10/12 TIME ISSUED 08:38 AM AMOUNT PAID \$ 14.00

AMOUNT PAID \$ 14.00 84790000 08:38 AM (V)

CREDIT CARD NUMBER LOT JUBSU CC



UNIVERSITY OF ALBERTA



UNIVERSITY OF ALBERTA

1041526

NON TRANSFERABLE

1041526

RECEIPT GST# R108102831

Hampton Inn Edmonton South  
 10020 12th Avenue SW • Edmonton, AB T6X0P9  
 Phone (780) 801-2600 • Fax (780) 801-2601

name: Wayne  
 address:  
 room number: 325/KXCP  
 arrival date: 10/24/2012 8:13:00P  
 departure date: 10/25/2012  
 adult/child: 1/0  
 room rate: 119.00

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

RATE PLAN: L-GV8  
 HI#:   
 AL:   
 CAR:   
 Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. I have requested delivery of the Globe & Mail. If refused, a credit of \$0.75 Monday - Friday and \$1.50 Saturday will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here:

CONFIRMATION NUMBER: 85774892

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signature: \_\_\_\_\_

date	reference	description	amount
10/24/2012	135497	GUEST ROOM [RTD FR RM 225 RESCH, WAYNE:RCPT A]	\$119.00
10/24/2012	135497	RM - GST [RTD FR RM 225 RESCH, WAYNE:RCPT A]	\$6.25
10/24/2012	135497	RM - TOURISM LEVY [RTD FR RM 225 RESCH, WAYNE:RCPT A]	\$4.76
10/24/2012	135497	RM - DMF [RTD FR RM 225 RESCH, WAYNE:RCPT A]	\$1.19
10/24/2012	135527	GUEST ROOM	\$119.00
10/24/2012	135527	RM - GST	\$6.25
10/24/2012	135527	RM - TOURISM LEVY	\$4.76
10/24/2012	135527	RM - DMF	\$1.19
		** BALANCE **	\$262.40
			12 = \$131.20 - Wayne.
EXPENSE REPORT SUMMARY			
	12 00:00:00	STAY TOTAL	
ROOM & TAX		\$262.40	\$262.40
DAILY TOTAL		\$262.40	\$262.40

Post Secondary Financial Reporting  
 Wayne Resch  
 Controller

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

account no.	date of charge	folio/check no. 63717	A
card member name	authorization	initial	
establishment no. and location	establishment agrees to transmit to card holder for payment		
	purchases & services		
	taxes		
tips & misc.			
signature of card member X	total amount		