



Expense Disclosure Summary

Name Don Bruce **Position** Board Chair
Period Covered January 1 - March 31, 2013

Please attach supporting documentation ie: receipts

Dates (Travel Dates if applicable)	Destination/Location	Purpose	Airfare	Other Transportation*	Accommodation	Meals	Hospitality	Incidentals	Total
January 15, 2013	Medicine Hat College	Board of Governors	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
February 20 - 21, 2013	Calgary	Audit Committee	\$ -	\$ 214.15	\$ 189.90	\$ 22.00	\$ -	\$ 10.00	\$ 436.05
March 8, 2013	Medicine Hat College	Meeting with President	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
March 13, 2013	Medicine Hat College	3D Printer	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
March 21, 2013	Medicine Hat College	Board of Governors	\$ -	\$ 96.80	\$ 126.24	\$ -	\$ -	\$ -	\$ 223.04
	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ 601.35	\$ 316.14	\$ 22.00	\$ -	\$ 10.00	\$ 949.49

* Other Transportation includes vehicle rentals, public transportation, taxis, parking, and mileage
 This Expense Summary is true and correct to the best of my knowledge for the period indicated above.

Signature _____



RAMADA

FILE COPY

Ramada Hotel Downtown Calgary
708 8th Avenue SW
Calgary, Alberta Canada T2P 1H2
Tel: (403) 263-7600 Fax: (403) 237-6127
GST Reg. #R123249732

02-26-13

Don Bruce 299 College Dr. Se Medicine Hat AB T1A3Y6 CA	Folio No.	: 109777	Room No.	: 716
	A/R Number	:	Arrival	: 02-20-13
	Group Code	:	Departure	: 02-21-13
	Company	:	Conf. No.	: 67802677
	Wyndham Rewards	:	Rate Code	: SSP
	Invoice No.	:	Page No.	: 1 of 1

Date	Description	Charges	Credits
02-20-13	Deposit Ledger Transfer		189.90
02-20-13	Room Charge	169.15	
02-20-13	DMF 3%	5.07	
02-20-13	Tourism Levy 4%	6.97	
02-20-13	GST 5%	8.71	
Total		189.90	189.90
Balance		0.00	

As a Wyndham Rewards member you could have earned 1692 points for this stay.

Guest Signature: _____

This property is privately owned and the management reserves the right to refuse service to anyone and will not be responsible for accidents, injury to guest, loss of money, jewelry or valuables of any kind.

**Thank you for staying with us.
It was our pleasure to serve you.**



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 708 8th Avenue SW
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 Tel: (403) 263-7600 Fax: (403) 237-6127
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02-21-13

Don Bruce 299 College Dr. Se Medicine Hat AB T1A3Y6 CA	Folio No. :		Room No. :	716
	A/R Number :		Arrival :	02-20-13
	Group Code :		Departure :	02-21-13
	Company :		Conf. No. :	67802677
	Wyndham Rewards :		Rate Code :	SSP
	Invoice No. :		Page No. :	1 of 1

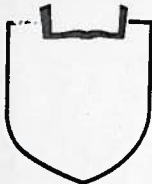
Date	Description	Charges	Credits
02-20-13	Guest Parking	15.00	
02-20-13	GST 5%	0.75	
02-21-13	Visa		15.75
Total		15.75	15.75
Balance		0.00	

As a Wyndham Rewards member you could have earned 1692 points for this stay.

Guest Signature: _____

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MEDICINE HAT

TRAVEL CLAIM

(To be submitted upon return from travelling)

FILE COPY

Claimant:

Name _____

Address _____

_____**Meeting/Conference:**Name Audit Committee GeneralTraining(If you use an acronym please also indicate long form)Location University of AlbertaEdmonton, Alberta(Address only necessary if claimant is not an employee or if you want cheque mailed to an address other than your residence)**DAYS INVOLVED:**Departure date: (month/day/year) 02/20/13Time: 3:00

AM / PM

Return date: (month/day/year) 02/21/13Time: 7:00

AM / PM

Total Number of Days: 2(circle one)**EXPENSES:**

	Days	Rate	Total	Amount	GST
Meals					
Breakfast	_____ @	10.00 =	_____		
Lunch	_____ @	12.00 =	_____		
Dinner	<u>1</u> @	22.00 =	<u>22.00</u>		
Full Per diem	_____ @	44.00 =	_____		
Overnight incidental <small>(requires 24 hour stay)</small>	<u>1</u> @	10.00 =	<u>10.00</u>		
Hotel <small>(Attach invoice)</small>	_____		_____		
Hospitality Allowance <small>(In-lieu of hotel)</small>	_____ @	20.00 =	_____		
Miscellaneous <small>(Specify)</small>	_____		_____		

TRANSPORTATION:

Own Car	<u>365</u> @	0.44 =	<u>160.60</u>		
College Car <small>(Attach gas receipts)</small>	_____		_____		
Rental Car <small>(Attach invoice & gas receipts)</small>	_____		_____		
Air Fare <small>(Attach Air Line Ticket or Invoice)</small>	_____		_____		
Taxi, buses, parking, road tolls: <small>(specify) (Less than \$10 receipt is not required)</small>					
<u>Parking - Kamada</u>			<u>15.75</u>		
<u>Parking - U of A Centre City - Calgary, AL</u>			<u>27.80</u>		

TOTAL EXPENSE

Less - Advance _____

246.15**INVOICE TOTAL**(if applicable)**NET CLAIM DUE (Repayable)**246.15Date 2013.02.21

REQUEST BY: _____

(Signature)DEPT. CODE 1-11000-9240

DEPT. APPROVAL: _____

(Signature)

x

(Signature - if Necessary)

FINANCE: _____

x

VENDOR NUMBER

CONTROL #

02-

30601

GL CODE

AMOUNT

GST

TOTAL



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

Don Bruce

Page #	1
Res. #	569039
Checked in	Thu Mar 21/13 - 8:21 pm
Checked out	Fri Mar 22/13 - 6:30 am
Nights	1
Room Rate	114.00
Room	219

Date	Description	Reference	Charges	Credits
Mar21	MEDICINE HAT COLLEGE		114.00	
Mar21	GST		5.70	
Mar21	Room Tax		4.36	
Mar21	Destination Marketing Fee		2.18	
Mar22	PAID BY VISA - Thank you			126.24
			-----	-----
			0.00	126.24
				126.24

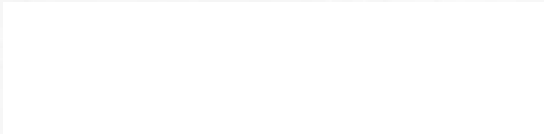
Thank you for staying with us. Please come again!
Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST	5.70
Room Tax	4.36

GL: 1-11000-9240



Phone: (403) 529-2222 Admin Fax: (403) 528-4075 Front Desk Fax: (403) 529-1538 Toll Free: 1-800-661-8095
www.medhatlodge.com



STAGEWEST

Quality
SINCE 1944



MEDICINE HAT LODGE
1851 ROSS BLVD RR SE
MEDICINE HAT
MT 59718
06/22/13

Merchant ID: 8721273614 Ref #: 062
Term ID: 001

Pre-Auth Compl

XXXXXXXXXXXX5915

VISA Entry Method: Manual

06/22/13 06:29:37

Inv #: 000003 Appr Code: 047259

ApprVid Batch#: 000676

Original Pre-Auth Amount: \$ 230.00

Total: \$ 126.24

I agree to pay above total amount
according to card issuer agreement.
(Merchant agreement if credit voucher).
Retain this copy for statement
verification.

Merchant Copy

_____ X