MEDICINE HAT COLLEGE

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*	Accomodation	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 complete to the best of my knowledge for the period indicated above.

Signature _____

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** January 15, 2013

Position Board Chair **Purpose** Board of Governors Meeting **Destination** Medicine Hat College

Receipt Reconciliation: (Please attach supporting documentation ie: receipts)

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Subtotal	GST	Total
Jan. 15, 2013	MHC Travel Claim	Other Transportation	Return Mileage from Brooks to Medicine Hat College	0	0.00	96.80
						-
						-
						-
						-
						-
						-
						-
						-
						-
					Total Receipts	96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce

Address:

MEETING/CONFERENCE

Name: Board of Governor's Meeting - January 2013

Location: MHC

MEDICINE HAT COLLEGE

DAYS INVOLVED [0.29]

Departure date Jan 15 2013 1:00PM

Return date Jan 15 2013 8:00PM

EXPENSES

	Days Rate	Total
Meals		
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
		$0.00

FOR OFFICE USE ONLY

Amount	GST
[redacted]	[redacted]

TRANSPORTATION

Own Car	220 KM @ 0.44/KM	$96.80
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 $10)	$0.00

	CND	$96.80
	USD	$0.00 *$1.00/CND
	TOTAL EXPENSE	$96.80
	Less - Advance (if applicable)	-$0.00
	NET CLAIM DUE (Repayable)	96.80

[redacted]	[redacted]

INVOICE TOTAL

FOR OFFICE USE ONLY

GL CODE	AMOUNT	GST	CONTROL 03 - 1379 TOTAL
[redacted]	[redacted]	[redacted]	[redacted]

VENDOR NUMBER

Written Signatures

Request By

Department Signature:
(If Necessary Signature)

Department Code 1-11000-9240

Finance:

Electronic Signatures

Active Directory

If you have any questions please contact Betty Kipta at 529-3856.

2013 JAN 17 PM 3:15

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** February 20 - 21, 2013

Position Board Chair **Purpose** Audit Committee Governance Training **Destination** Calgary

Receipt Reconciliation: (Please attach supporting documentation ie: receipts)

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Subtotal	GST	Total
Feb. 21, 13	Ramada Hotel Downtown Calgary	Accomodation	Hotel in Calgary	-	-	189.90
Feb. 21, 13	MHC Travel Claim	Meals	Meal Allowance for Calgary Trip	-	-	22.00
Feb. 21, 13	MHC Travel Claim	Incidentals	Overnight Incidental Allowance	-	-	10.00
	MHC Travel Claim	Other Transportation	Return Mileage from Brooks to Calgary	-	-	160.60
	MHC Travel Claim	Other Transportation	Parking (Hotel and at Training)	-	-	53.55
						-
						-
						-
						-
						-
						-
					Total Receipts	436.05

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	
[illegible]-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.

RAMADA

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

02-21-13

Don Bruce
299 College Dr. Se
Medicine Hat AB T1A3Y6
CA

Folio No. :
A/R Number :
Group Code :
Company :
Wyndham Rewards :
Invoice No. :

Room No. : **716**
Arrival : **02-20-13**
Departure : **02-21-13**
Conf. No. : **67802677**
Rate Code : **SSP**
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: _____

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.

DISPLAY TICKET ON DASH

Expiration Date/Time

EXP 06:00PM
FEB 21, 2013

Purchase Date/Time: 06:45am Feb 21, 2013
Total Parking: $36.00
Total Federal: $1.80
Total Due: $37.80 Rate: EARLY BIRD
Payment Type: Card
#****-6016, Visa
Ticket #: 75009100 Auth #: 431475
S/N #: 300010300177
Setting: Lot 175
Mach Name: Lot 175-1
GST REG #102466000

- - - - - - - - - - - -

RECEIPT

Expiration Date/Time: 06:00pm Feb 21, 2013
Purchase Date/Time: 06:45am Feb 21, 2013

Total Parking: $36.00
Total Federal: $1.80
Total Due: $37.80 Rate: EARLY BIRD
Payment Type: Card
Visa
Ticket #: 75009100 Auth #: 431475
Setting: Lot 175
Mach Name: Lot 175-1

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKIN

FILE COPY

MEDICINE HAT

TRAVEL CLAIM

(To be submitted upon return from travelling)

FILE COPY

Claimant:

Name: [illegible]

Address:

(Address only necessary if claimant is not an employee or if you want cheque mailed to an address other than your residence)

Meeting/Conference:

Name: Audit Committee [illegible] Training

(If you use an acronym please also indicate long form)

Location: University of [illegible] Calgary [illegible]

DAYS INVOLVED:

Departure date: (month/day/year) 02/[illegible] Time: [illegible] AM / PM

Return date: (month/day/year) 02/21/13 Time: [illegible] AM / PM (circle one)

Total Number of Days: 2

EXPENSES:

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

TRANSPORTATION:

Own Car	365 (kilometres)	@	0.44	=	160.60	
College Car (Attach gas receipts)						
Rental Car (Attach invoice & gas receipts)						
Air Fare (Attach Air Line Ticket or Invoice)						
Taxi, buses, parking, road tolls: (specify) (Less than $10 receipt is not required)						
Parking - Ramada					15.75	
Parking - Kost Hall Centre					37.80	
City of Calgary Lot						

TOTAL EXPENSE 246.15

Less - Advance (if applicable)

INVOICE TOTAL

NET CLAIM DUE (Repayable) 246.15

Date: 2013.02.21

REQUEST BY: (Signature)

DEPT. CODE: 1-11000-9240

DEPT. APPROVAL: (Signature)

x (Signature - if Necessary)

FINANCE: x

VENDOR NUMBER

CONTROL # 02- 30001

GL CODE	AMOUNT	GST	TOTAL

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** March 8, 2013

Position Board Chair **Purpose** Meeting with President re: 2013-2014 Budget **Destination** Medicine Hat College

Receipt Reconciliation: (Please attach supporting documentation ie: receipts)

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Subtotal	GST	Total
March 8, 2013	MHC Travel Claim	Other Transportation	Return Mileage from Brooks to Medicine Hat College	-	-	96.80
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
					Total Receipts	96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

COPY

MEDICINE HAT

CLAIMANT

Name: Don Bruce

Address:

DAYS INVOLVED | 0.21 |

Departure date Mar 8 2013 8:00AM

Return date Mar 8 2013 1:00PM

MEETING/CONFERENCE

Name: Meeting with President re: 2013-2014 Budget

Location: Medicine Hat College

EXPENSES

	Days Rate	Total	FOR OFFICE USE ONLY Amount	GST
Meals				
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		

TRANSPORTATION

Own Car	220 KM @ 0.44/KM	$96.80	
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 $10)	$0.00	
	CND	$96.80	
	USD	$0.00	*$1.00/CND
	TOTAL EXPENSE	$96.80	
	Less - Advance (if applicable)	-$0.00	
	NET CLAIM DUE (Repayable)	96.80	

INVOICE TOTAL

FOR OFFICE USE ONLY

GL CODE	AMOUNT	GST	CONTROL 03 - 1509 TOTAL

VENDOR NUMBER

Written Signatures

Request By

Department Signatures
(If Necessary Signature)

Department Code 1000.9240

Finance:

Electronic Signatures

Active Directory

If you have any questions please contact Betty Kipta at 529-3856.

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** March 13, 2013

Position Board Chair **Purpose** 3D Printer Announcement/MRU Ed. Degree Signing **Destination** Medicine Hat College

Receipt Reconciliation: (Please attach supporting documentation ie: receipts)

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Subtotal	GST	Total
March 13, 2013	MHC Travel Claim	Other Transportation	Return Mileage from Brooks to Medicine Hat College	-	-	96.80
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
					Total Receipts	96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

COPY

MEDICINE HAT

CLAIMANT

Name: Don Bruce

Address:

MEETING/CONFERENCE

Name: 3D Printer Funding Announcement/MRU Bachelor of Education Signing

Location: MHC

DAYS INVOLVED [0.33]

Departure date Mar 13 2013 7:00AM

Return date Mar 13 2013 3:00PM

EXPENSES

	Days Rate	Total
Meals		
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	220 KM @ 0.44/KM	$96.80
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 $10)	$0.00

CND	$96.80	
USD	$0.00	*$1.00/CND
TOTAL EXPENSE	$96.80	
Less - Advance (if applicable)	-$0.00	
NET CLAIM DUE (Repayable)	96.80	

INVOICE TOTAL

FOR OFFICE USE ONLY

GL CODE	AMOUNT	GST	CONTROL 03 - 1520 TOTAL

VENDOR NUMBER

Written Signatures

Request By

Department Signatures
(If Necessary Signature)

Department Code

Finance:

Electronic Signatures

Active Directory

If you have any questions please contact Betty Kipta at 529-3856.

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** March 21, 2013

Position Board Chair **Purpose** Board of Governors **Destination** Medicine Hat College

Receipt Reconciliation: (Please attach supporting documentation ie: receipts)

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Subtotal	GST	Total
Mar. 21, 2013	MHC Travel Claim	Other Transportation	Return Mileage from Brooks to Medicine Hat	-	-	96.80
Mar. 21, 2013	Medicine Hat Lodge	Accomodation	Hotel in Medicine Hat		-	126.24
				-	-	-
						-
						-
						-
						-
						-
						-
						-
						-
					Total Receipts	223.04

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce

Address:

DAYS INVOLVED [1.25]

Departure date Mar 21 2013 1:00PM

Return date Mar 22 2013 7:00PM

MEETING/CONFERENCE

Name: Board of Governor's Retreat - March 2013

Location: MHC

COPY

EXPENSES

	Days Rate	Total	FOR OFFICE USE ONLY Amount	GST
Meals				
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		

TRANSPORTATION

Own Car	220 KM @ 0.44/KM	$96.80		
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 $10)	$0.00		
	CND	$96.80		
	USD	$0.00	*$1.00/CND	
	TOTAL EXPENSE	$96.80		
	Less - Advance (if applicable)	-$0.00		
	NET CLAIM DUE (Repayable)	96.80		

INVOICE TOTAL

FOR OFFICE USE ONLY

GL CODE	AMOUNT	GST	VENDOR NUMBER	CONTROL 03 - 1551 TOTAL

Written Signatures

Request By

Department Signature:
(If Necessary Signature)

Department Code

Finance:

Electronic Signatures

Active Directory

If you have any questions please contact Betty Kipta at 529-3856.

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 SINCE 1944

Stay

MEDICINE HAT LODGE
1051 ROSS GLEN DR SE
MEDICINE HAT [illegible] T1B3T8
4[illegible]01/0

Merchant ID. 87212736314
Term ID: 001 Ref #: 062

Pre-Auth Compl

XXXXXXXXXXXX5045
VISA Entry Method: Manual

03/22/13 06:29:37
Inv #: 000003 Appr Code: 047250
Apprvd 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.

X_____

Merchant Copy