MEDICINE HAT COLLEGE

Expense Disclosure Summary

Name Don Bruce **Position** Board Chair
Period Covered April 1-June 30, 2013

Please attach supporting documentation ie: receipts

Dates (Travel Dates if applicable)	Destination/Location	Purpose	Airfare	Other Transportation*	Accomodation	Meals	Hospitality	Incidentals	Total
4/2/2013	Medicine Hat	Meeting with President re: Expense Disclosure, Audit and Budget.	$ -	$ 96.80	$ -	$ -	$ -	$ -	$ 96.80
8/4/2013	Medicine Hat	Foundation Meeting and Audit Committee Meeting	$ -	$ 96.80	$ -	$ -	$ -	$ -	$ 96.80
12/4/2013	Medicine Hat	Meeting with College Executive re: Budget	$ -	$ 96.80	$ -	$ -	$ -	$ -	$ 96.80
15/4/2013	Medicine Hat	Meeting with Students' Association Executive.	$ -	$ 96.80	$ -	$ -	$ -	$ -	$ 96.80
25/4/2013	Medicine Hat	Audit Committee Meeting	$ -	$ 96.80	$ -	$ -	$ -	$ -	$ 96.80
1/5/2013 - 2/5/2013	Edmonton	Meeting of Joint Council of Board Chairs and Presidents.	$ -	$ 446.00	$ 172.89	$ 12.00	$ -	$ 10.00	$ 640.89
10/5/2013	Medicine Hat	Meeting with College Executive on International Education	$ -	$ 96.80	$ -	$ -	$ -	$ -	$ 96.80
15/5/2013	Medicine Hat	International Education Audit Exit Meeting.	$ -	$ 96.80	$ -	$ -	$ -	$ -	$ 96.80
5/21/2013	Medicine Hat	Board Meeting	$ -	$ 96.80	$ -	$ -	$ -	$ -	$ 96.80
27/5/2013 - 28/5/2013	Edmonton	Campus Alberta Strategic Directions	$ -	$ 424.80	$ 127.99	$ 54.00	$ -	$ 10.00	$ 616.79
5/6/2013	Medicine Hat	International Education Audit Board Meeting	$ -	$ 96.80	$ 78.75	$ -	$ -	$ -	$ 175.55

MEDICINE HAT COLLEGE

Expense Disclosure Summary

Name Don Bruce **Position** Board Chair
Period Covered April 1-June 30, 2013

Please attach supporting documentation ie: receipts

Dates (Travel Dates if applicable)	Destination/Location	Purpose	Airfare	Other Transportation*	Accomodation	Meals	Hospitality	Incidentals	Total
13/6/2013	Medicine Hat	Board of Governors - Special Meeting	$ -	$ 96.80	$ -	$ -	$ -	$ -	$ 96.80
18/6/2013	Medicine Hat	Board Meeting	$ -	$ 96.80	$ -	$ -	$ -	$ -	$ 96.80
19/6/2013	Medicine Hat	Meeting with President and Board Vice-Chair	$ -	$ 96.80	$ -	$ -	$ -	$ -	$ 96.80
21/6/2013	Medicine Hat	Budget Meeting Presentations	$ -	$ 96.80	$ -	$ -	$ -	$ -	$ 96.80
25/6/2013	Medicine Hat	International Education Audit Meeting and Board Meeting	$ -	$ 96.80	$ -	$ -	$ -	$ -	$ 96.80
			$ -	$ 2,226.00	$ 379.63	$ 66.00	$ -	$ 20.00	$ 2,691.63

* 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 Don Bruce

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 04/02/13 **Destination** Medicine Hat

Position Board Chair **Purpose** Meeting with President re: Expense Disclosure, Audit and Budget.

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
2/4/2013	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

CLAIMANT

Name: Don Bruce

Address:

MEETING/CONFERENCE

Name: Meeting with President re: Expense Disclosure, International Audit and Budget

Location: MHC

MEDICINE HAT COLLEGE

DAYS INVOLVED [0.21]

Departure date Apr 2 2013 8:00AM

Return date Apr 2 2013 1:00PM

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	

INVOICE TOTAL

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**	

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL 03 - 1570

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By [redacted] D. Bruce

Department Signatures (If Necessary Signature)

Department Code 1-11000-9240

Finance:

Electronic Signatures

Active Directory

If you have any questions please contact

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 8/4/2013 **Destination** Medicine Hat

Position Board Chair **Purpose** Foundation Meeting and Audit Committee Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
8/4/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total Receipts	96.80

COPY

MEDICINE HAT COLLEGE TRAVEL CLAIM

MEDICINE HAT COLLEGE

CLAIMANT

Name: Don Bruce

Address:

MEETING/CONFERENCE

Name: Foundation Meeting and Audit Committee Meeting

Location: MHC

DAYS INVOLVED [0.21 [

Departure date Apr 8 2013 9:30AM

Return date Apr 8 2013 2:30PM

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

FOR OFFICE USE ONLY GL CODE	VENDOR NUMBER AMOUNT	GST	CONTROL 03 - 1584 TOTAL

Written Signatures

Request By Don Bruce

Department Signatures (If Necessary Signature)

Department Code 1-11000-9240

Finance:

Electronic Signatures

Active Directory

If you have any questions please contact

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 12/04/13 **Destination** Medicine Hat

Position Board Chair **Purpose** Meeting with College Executive re: Budget

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
12/4/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total Receipts	96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

COPY

MEDICINE HAT COLLEGE

CLAIMANT

Name: Don Bruce

Address:

MEETING/CONFERENCE

Name: Meeting with Executive re: Budget

Location: MHC

DAYS INVOLVED [0.17]

Departure date Apr 12 2013 8:00AM

Return date Apr 12 2013 12:00PM

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		

INVOICE TOTAL

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**	

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL **03 - 1594**

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By

Department Signatures (If Necessary Signature)

Department Code 1-11000-9240

Finance:

Electronic Signatures

Active Directory

If you have any questions please contact the Finance Department at 403-529-3856.

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 15/4/2013 **Destination** Medicine Hat

Position Board Chair **Purpose** Meeting with Students' Association Executive.

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
15/4/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total Receipts	96.80

COPY

MEDICINE HAT COLLEGE TRAVEL CLAIM

MEDICINE HAT COLLEGE

CLAIMANT

Name: Don Bruce

Address:

MEETING/CONFERENCE

Name: Meeting with Students Association

Location: MHC

DAYS INVOLVED [0.21]

Departure date Apr 15 2013 7:00AM

Return date Apr 15 2013 12:00PM

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

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL **03 - 1594**

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By Don Bruce

Department Code 1-11000-9240

Department Signatures (If Necessary Signature)

Finance:

Electronic Signatures

Active Directory

If you have any questions please contact the Finance Department at 403-529-3856.

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 25/4/2013 **Destination** Medicine Hat

Position Board Chair **Purpose** Audit Committee Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
25/4/2013	MHC Travel Claim	Other Transportation	Return Mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total Receipts	96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce

Address:

MEETING/CONFERENCE

Name: Audit Committee Meeting

Location: Medicine Hat Collegge

MEDICINE HAT COLLEGE

DAYS INVOLVED [0.29]

Departure date Apr 25 2013 8:00AM

Return date Apr 25 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 - 1629 TOTAL

VENDOR NUMBER

Written Signatures

Request By Don Bruce

Department Signatures (If Necessary Signature)

Department Code 1-1000-9240

Finance:

Electronic Signatures

Active Directory

If you have any questions please contact the Finance Department at 403-529-3856.

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 1/5/2013 - 2/5/2013 **Destination** Edmonton

Position Board Chair **Purpose** Meeting of Joint Council of Board Chairs and Presidents.

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
1/5/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Edmonton	396.00
1/5/2013	MHC Travel Claim	Meals	Meal allowance.	12.00
1/5/2013	Coast Edmonton Plaza Hotel	Accomodation	Hotel allowance.	172.89
1/5/2013	MHC Travel Claim	Incidentals	Overnight incidental allowance.	10.00
1/5/2013	Impark	Other Transportation	Parking fees for 2 days at Norquest College.	50.00
				-
				-
				-
				-
				-
				-
			Total Receipts	640.89

MEDICINE HAT COLLEGE

TRAVEL CLAIM

(To be submitted upon return from travelling)

COPY

Claimant:

Name: Don Bruce

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: Council of Board Chairs - AACTI

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

Location: Edmonton

DAYS INVOLVED:

Departure date: (month/day/year) May 1, 2013 Time: 9:00 AM PM

Return date: (month/day/year) May 2, 2013 Time: 6:00 AM PM (circle one)

Total Number of Days:

EXPENSES:		Days		Rate		Total	FOR OFFICE USE ONLY Amount	GST
Meals								
Breakfast			@	10.00	=			
Lunch		1	@	12.00	=	12.00 ✓		
Dinner			@	22.00	=			
Full Per diem			@	44.00	=			
Overnight incidental	(requires 24 hour stay)	1	@	10.00	=	10.00 ✓		
Hotel	(Attach invoice)					172.89 ✓		
Hospitality Allowance	(In-lieu of hotel)		@	20.00	=			
Miscellaneous	(Specify)							

TRANSPORTATION:								
Own Car		900 (kilometres)	@	0.44	=	396.00 ✓		
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 - 2 days						50.00		

TOTAL EXPENSE

Less - Advance (if applicable)

INVOICE TOTAL

NET CLAIM DUE (Repayable)

Date: May 2, 2013

REQUEST BY: (Signature)

DEPT. CODE: 1-1000-9240

DEPT. APPROVAL: x (Signature)

x (Signature - if Necessary)

FINANCE: x

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL # 02- 30607

GL CODE	AMOUNT	GST	TOTAL

COAST
edmonton
plaza hotel™

10155 105th Street,
Edmonton, AB T5J 1E2
Tel: (780) 423 4811 Fax: (780) 423 3204

0311

COPY

AACTI – Board Chairs Council

Mr Don BRUCE
[redacted]

Invoice

Invoice date	5/2/2013
Invoice number	228285
Our reference	CEP-FC404587 /
Client Number	CRS-G2595243
GST Number	10103 5467 RT0020

Guest **Mr Don BRUCE** Arrival **5/1/2013** Departure **5/2/2013** Room **0311**

Date	Description	Quantity	Unit Price	Total ()
5/1/2013	Room Charge	1	154.00	154.00
5/1/2013	GST Taxes	1	7.93	7.93
5/1/2013	Tourism Levy	1	6.34	6.34
5/1/2013	Destination Market Fee	1	4.62	4.62
5/2/2013	[redacted]		**Total invoice**	**172.89**
				-172.89
			Total Paid	**-172.89** ✓
			Total Due	**0.00**

Total GST 7.93

I agree that my liability for any charges incurred by me 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. Interest will be charged on any overdue balance.

Signature X _____

COPY

PLACE FACE UP ON DASH

Impark Lot 296

Expiration Date/Time

06:00 PM
MAY 07, 2013

Purchase Date/Time: 01:28pm May 01, 2013
Total Parking: $47.61
Total gst: $2.39
Total Due: $50.00 Rate: $50.00-Weekly
Total Paid: $50.00 Payment Type: Card
[redacted] Visa
Ticket # 66002150 Auth #: 494750
S/N #: 300010390836
Setting: Lot 296
Mach Name: Meter 1
GST #887315636RT0001

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

RECEIPT

Impark Lot 296

Expiration Date/Time: 06:00pm May 07, 2013
Purchase Date/Time: 01:28pm May 01, 2013
Total Parking: $47.61
Total gst: $2.39
Total Due: $50.00 Rate: $50.00-Weekly
Total Paid: $50.00 Payment Type: Card
[redacted] Visa
Ticket # 66002150 Auth #: 494750
Setting: Lot 296
Mach Name: Meter 1

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 10/05/13 **Destination** Medicine Hat

Position Board Chair **Purpose** Meeting with College Executive on International Education

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
10/5/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total Receipts	96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce

Address:

MEETING/CONFERENCE

Name: Meeting with Drs. Weeks and Vandervaart on International Education

Location: MHC

MEDICINE HAT COLLEGE

COPY

DAYS INVOLVED [0.29]

Departure date May 10 2013 9:00AM

Return date May 10 2013 4:00PM

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	

INVOICE TOTAL

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**	

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL **03 - 1675**

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By

Department Signatures (If Necessary Signature)

Department Code 1- 11000 - 9240

Finance:

Electronic Signatures

Active Directory

If you have any questions please contact the Finance Department at 403-529-3856.

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 15/5/2013 **Destination** Medicine Hat

Position Board Chair **Purpose** International Education Audit Exit Meeting.

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
15/5/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total Receipts	96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT
Name: Don Bruce
Address:

MEETING/CONFERENCE
Name: International Audit Exit Meeting
Location: Medicine Hat College

MEDICINE HAT COLLEGE

COPY

DAYS INVOLVED [0.33]
Departure date May 15 2013 8:00AM
Return date May 15 2013 4:00PM

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

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	

FOR OFFICE USE ONLY

Amount	GST

INVOICE TOTAL

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL
03 - 1682

GL CODE	AMOUNT	GST	TOTAL

Written Signatures
Request By [redacted] D. Bruce
Department Code 1-11000-9240
Department Signatures (If Necessary Signature)
Finance:

Electronic Signatures
Active Directory

If you have any questions please contact the Finance Department at 403-529-3856.

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 5/21/2013 **Destination** Medicine Hat

Position Board Chair **Purpose** Board Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
21/5/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total Receipts	96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT
Name: Don Bruce
Address:

MEETING/CONFERENCE
Name: Board of Governors Meeting - May 2013
Location: MHC

MEDICINE HAT COLLEGE

DAYS INVOLVED [0.33]
Departure date May 21 2013 12:00PM
Return date May 21 2013 8:00PM

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

VENDOR NUMBER

CONTROL
03 - 1806

GL CODE	AMOUNT	GST	TOTAL

Written Signatures
Request By [redacted] D. Bruce
Department Signature [redacted]
(If Necessary Signature)

Department Code 1-11000-9240
Finance:

Electronic Signatures
Active Directory

If you have any questions please contact the Finance Department at 403-529-3856.

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 27/5/2013 - 28/5/2013 **Destination** Edmonton

Position Board Chair **Purpose** Campus Alberta Strategic Directions

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
27/5/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Edmonton.	407.00
27/5/2013	Coast Edmonton Plaza Hotel	Accomodation	Hotel in Edmonton.	127.99
27/5/2013	Coast Edmonton Plaza Hotel	Other Transportation	Parking	17.80
27/5/2013	MHC Travel Claim	Meals	Meal allowance.	54.00
27/5/2013	MHC Travel Claim	Incidentals	Overnight incidental allowance.	10.00
				-
				-
				-
				-
				-
			Total Receipts	616.79

MEDICINE HAT COLLEGE

TRAVEL CLAIM

(To be submitted upon return from travelling)

Claimant:

Name: Don Bruce

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: Campus Alberta Strategic Directions Committee Meeting
(If you use an acronym please also indicate long form)

Location: Edmonton, AB

DAYS INVOLVED:

Departure date: (month/day/year) 05/27/13 Time: 1:30 AM / PM

Return date: (month/day/year) 05/28/13 Time: 8:00 AM / PM (circle one)

Total Number of Days: 2

EXPENSES:		Days		Rate		Total	FOR OFFICE USE ONLY Amount	GST
Meals								
Breakfast		1	@	10.00	=	10.00 ✓		
Lunch			@	12.00	=			
Dinner		2	@	22.00	=	44.00 ✓		
Full Per diem			@	44.00	=			
Overnight Incidental	(requires 24 hour stay)	1	@	10.00	=	10.00 ✓		
Hotel	(Attach invoice)					127.99 ✓		
Hospitality Allowance	(in-lieu of hotel)		@	20.00	=			
Miscellaneous	(Specify)							

TRANSPORTATION:								
Own Car		925 (kilometres)	@	0.44	=	407.00 ✓		
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 Coast Hotel						17.80 ✓		

TOTAL EXPENSE

Less - Advance (if applicable)

INVOICE TOTAL

NET CLAIM DUE (Repayable)

Date: May 29, 2013

REQUEST BY: (Signature)

DEPT. CODE: 1-11000-9240

DEPT. APPROVAL: x (Signature)

x (Signature - if Necessary)

FINANCE: x

FOR OFFICE USE ONLY	VENDOR NUMBER		CONTROL # 02- 29461
GL CODE	AMOUNT	GST	TOTAL

COAST
edmonton
plaza hotel

10155 105th Street,
Edmonton, AB T5J 1E2
Tel: (780) 423 4811 Fax: (780) 423 3204

1802

Campus Alberta
Strategic
Directions
Committee

Mr Don BRUCE
[redacted]

Receipt

Invoice date	5/28/2013
Our reference	CEP-FC415826 /
GST Number	10103 5467 RT0020

Guest	Mr Don BRUCE	Arrival	5/27/2013	Departure	5/28/2013	Room	1802

Date	Description	Quantity	Unit Price	Total ()	
5/27/2013	Room Charge	1	114.00	114.00	$127.9
5/27/2013	GST Taxes	1	5.87	5.87	
5/27/2013	Tourism Levy	1	4.70	4.70	
5/27/2013	Destination Market Fee	1	3.42	3.42	
5/27/2013	Parking Daily	1	16.95	16.95	$17.80
5/27/2013	Federal Tax GST Parking	1	0.85	0.85	
			Total invoice	**145.79**	
5/28/2013	[redacted]			-145.79	
			Total Paid	**-145.79**	
			Total Due	**0.00**	

Total GST 6.72

I agree that my liability for any charges incurred by me 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. Interest will be charged on any overdue balance.

Signature X _____

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 5/6/2013 **Destination** Medicine Hat

Position Board Chair **Purpose** International Education Audit Board Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
5/6/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
5/6/2013	Coast Hotel Medicine Hat	Accomodation	Boardroom Room Rental	78.75
				-
				-
				-
				-
				-
				-
				-
				-
			Total Receipts	175.55

MEDICINE HAT COLLEGE TRAVEL CLAIM

COPY

MEDICINE HAT COLLEGE

CLAIMANT

Name: Don Bruce

Address:

MEETING/CONFERENCE

Name: International Education Audit Board Meeting

Location: Coast Plaza Hotel

DAYS INVOLVED [0.25]

Departure date Jun 5 2013 9:00AM

Return date Jun 5 2013 3:00PM

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	Room Rental at Coast Plaza Hotel		$78.75		
			$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	$175.55	
	USD	$0.00	*$1.00/CND
	TOTAL EXPENSE	$175.55	
	Less - Advance (if applicable)	-$0.00	
	NET CLAIM DUE (Repayable)	175.55	

INVOICE TOTAL

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL 03 - 1842

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By [redacted] D. Bruce

Department Signatures [redacted]
(If Necessary Signature)

Department Code 1-11000-9240

Finance:

Electronic Signatures

Active Directory

If you have any questions please contact the Finance Department at 403-529-3856.

COPY

MHC Public Board Members Meeting
International Education Audit

The Coast Hotel
Medicine Hat

Invoice No. 2067

INVOICE

Group of Seven
[redacted]

Date 05-06-2013
P.O. #

Terms Due

Description	Rate	TOTAL
Tuscany Room		$75.00

CORSI HOTEL MEDICINE HAT
3216-13TH AVE SE
MEDICINE HAT, AB T1B1H8
403-526-7487

Merchant ID: 87055570014 Ref #: 023
Term ID: 002

Sale

[redacted]

VISA Entry Method: Chip

06/05/13 18:53:09

Inv #: 000012 Appr Code: 467202

Approvd Batch#: 000033

Total: $ 78.75

By entering a verified PIN, cardholder agrees to pay issuer such total in accordance with issuer's agreement with cardholder (Merchant agreement if credit voucher).

Retain this copy for statement verification.

Application Label: SCOTIABANK VISA
AID: A0000000031010
TVR: 00 00 00 00 00
TSI: F8 00

Customer Copy

Sub Total	$ 75.00
GST	$3.75
Debit	
	$ 78.75

Thank you!

GST # R13584 3845 RT0001
Hotel Room Tax A/C # 402557144

(Don Bruce)

Paid in full c̄ Visa

[redacted]

DK 13

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 13/6/2013 **Destination** Medicine Hat

Position Board Chair **Purpose** Board of Governors - Special Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
13/6/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total Receipts	96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT
Name: Don Bruce
Address:

MEETING/CONFERENCE
Name: Board of Governors - Special Meeting - June 2013
Location: MHC

MEDICINE HAT COLLEGE

DAYS INVOLVED [4.31]
Departure date Jun 13 2013 12:00PM
Return date Jun 13 2013 7:30PM

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

VENDOR NUMBER

CONTROL 03 - 1807

GL CODE	AMOUNT	GST	TOTAL

Written Signatures
Request By [redacted] D. Bruce
Department Signatures (If Necessary Signature)

Department Code 1-11000-9240
Finance:

Electronic Signatures
Active Directory

If you have any questions please contact the Finance Department at 403-529-3856.

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 18/6/2013 **Destination** Medicine Hat

Position Board Chair **Purpose** Board Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
18/6/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total Receipts	96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce

Address:

DAYS INVOLVED [-0.71]

Departure date Jun 18 2013 2:00PM

Return date Jun 18 2013 9:00PM

MEETING/CONFERENCE

Name: Board of Governors Meeting - June 2013

Location: MHC

MEDICINE HAT COLLEGE

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	CONTROL 03 - 1808 TOTAL

VENDOR NUMBER

Written Signatures

Request By [redacted] D. Bruce

Department Signatures (If Necessary Signature)

Department Code 1-11000-9240

Finance:

Electronic Signatures

Active Directory

If you have any questions please contact the Finance Department at 403-529-3856.

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 19/6/2013 **Destination** Medicine Hat

Position Board Chair **Purpose** Meeting with President and Board Vice-Chair

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
19/6/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total Receipts	96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

COPY

MEDICINE HAT COLLEGE

CLAIMANT

Name: Don Bruce

Address:

MEETING/CONFERENCE

Name: Meeting with President and Board Vice-Chair

Location: MHC

DAYS INVOLVED [0.13]

Departure date Jun 19 2013 3:00PM

Return date Jun 19 2013 6:00PM

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

FOR OFFICE USE ONLY GL CODE	AMOUNT	GST	VENDOR NUMBER / CONTROL 03 - 1843 TOTAL

Written Signatures

Request By [redacted] D.Bruce

Department Signatures [redacted]
(If Necessary Signature)

Department Code 1-11000-9240

Finance:

Electronic Signatures

Active Directory

If you have any questions please contact the Finance Department at 403-529-3856.

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 21/6/2013 **Destination** Medicine Hat

Position Board Chair **Purpose** Budget Meeting Presentations

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
21/6/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total Receipts	96.80

COPY

MEDICINE HAT COLLEGE TRAVEL CLAIM

MEDICINE HAT COLLEGE

CLAIMANT
Name: Don Bruce
Address:

MEETING/CONFERENCE
Name: Budget Meeting Presentations
Location: MHC

DAYS INVOLVED [0.25]
Departure date Jun 21 2013 9:00AM
Return date Jun 21 2013 3:00PM

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

VENDOR NUMBER

CONTROL
03 - 1844

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By [redacted] D. Bruce

Department Code 1-11000-9240

Department Signatures [redacted]
(If Necessary Signature)

Finance:

Electronic Signatures

Active Directory

If you have any questions please contact the Finance Department at 403-529-3856.

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Don Bruce **Date** 25/6/2013 **Destination** Medicine Hat

Position Board Chair **Purpose** International Education Audit Meeting and Board Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
25/6/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total Receipts	96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

COPY

MEDICINE HAT COLLEGE

CLAIMANT

Name: Don Bruce

Address:

MEETING/CONFERENCE

Name: International Audit Committee Meeting and Board Meeting re: President Search

Location: MHC

DAYS INVOLVED [0.29]

Departure date Jun 25 2013 8:00AM

Return date Jun 25 2013 3:00PM

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

VENDOR NUMBER

CONTROL **03 - 1845**

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By [redacted] D. Bruce

Department Code 1-11000-9240

Department Signatures (If Necessary Signature) [redacted]

Finance:

Electronic Signatures

Active Directory

If you have any questions please contact the Finance Department at 403-529-3856.