



## Expense Disclosure Summary

**Name**  
Period Covered

Don Bruce  
 July 1 - Sept. 30, 2013

Position

Board Chair

Please attach supporting documentation ie: receipts

Dates (Travel Dates if applicable)	Destination/Location	Purpose	Airfare	Other Transportation*	Accommodation	Meals	Hospitality	Incidentals	Total
7/3/2013	Medicine Hat	International Education Action Team Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
7/4/2013	Medicine Hat	Presidential Search Committee Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
7/5/2013	Medicine Hat	Media Presentation Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
7/9/2013	Medicine Hat	International Education Teleconference with Government of Alberta/Interim President Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
7/10/2013	Medicine Hat	International Education Action Team Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
7/22/2013	Medicine Hat	Meeting with Enterprise and Advanced Education Deputy Minister David Morhart and Assistant Deputy Minister Gord Johnston	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
7/24/2013	Medicine Hat	Medicine Hat College Stampede Breakfast	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
7/25/2013	Medicine Hat	Presidential Recruitment Meeting (Request for Proposal)	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
7/26/2013	Medicine Hat	International Education Action Team Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80



## Expense Disclosure Summary

**Name**  
**Period Covered**

Don Bruce  
 July 1 - Sept. 30, 2013

**Position**

Board Chair

Please attach supporting documentation ie: receipts

Dates (Travel Dates if applicable)	Destination/Location	Purpose	Airfare	Other Transportation*	Accommodation	Meals	Hospitality	Incidentals	Total
8/1/2013	Medicine Hat	International Education Action Team Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
8/11/2013	Medicine Hat	International Education Action Team Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
8/13/2013	Medicine Hat	Meeting with The Geldart Group (Presidential Search Consultants)	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
8/20/2013	Medicine Hat	International Education Action Team Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
8/26/2013	Medicine Hat	Meeting with Minister of Entreprise and Advanced Education Thomas Lukaszuk	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
8/30/2013	Medicine Hat	International Education Action Team Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
9/10/2013	Medicine Hat	Board Meeting with The Geldart Group re: Presidential Search	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
9/17/2013	Medicine Hat	Board of Governor's Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
9/18/2013	Medicine Hat	International Education Action Team Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
9/19/2013	Medicine Hat	Instructional Skills Workshop Graduation	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
09/24/2013 - 09/25/2013	Medicine Hat	Interim President Interviews	\$ -	\$ 126.80	\$ 151.71	\$ 22.00	\$ -	\$ 10.00	\$ 310.51



## Expense Disclosure Summary

Name Don Bruce      Position Board Chair  
Period Covered July 1 - Sept. 30, 2013

Please attach supporting documentation ie: receipts

Dates (Travel Dates if applicable)	Destination/Location	Purpose	Airfare	Other Transportation*	Accommodation	Meals	Hospitality	Incidentals	Total
9/26/2013	Medicine Hat	International Education Action Team Meeting		\$ 96.80					\$ 96.80
			\$ -	\$ 2,062.80	\$ 151.71	\$ 22.00	\$ -	\$ -	\$ 2,246.51

\* 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 TRAVEL CLAIM

# COPY ✓

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### CLAIMANT

Name: Don Bruce  
Address:

### MEETING/CONFERENCE

Name: International Education Action Team Meeting  
Location: MHC

### DAYS INVOLVED [ 0.33 ]

Departure date Jul 3 2013 9:00AM  
Return date Jul 3 2013 5:00PM

### 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
	<b>TOTAL EXPENSE</b>	<b>\$96.80</b>
	Less - Advance (if applicable)	-\$0.00
	<b>NET CLAIM DUE (Repayable)</b>	<b>96.80</b>

### INVOICE TOTAL

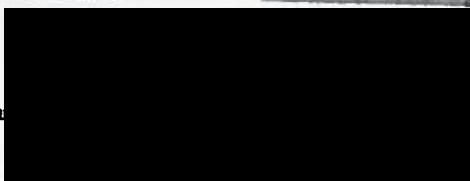
### FOR OFFICE USE ONLY

GL CODE	AMOUNT	VENDOR NUMBER	GST	CONTROL 03 - 1859 TOTAL

### Written Signatures

Request By

Department Signature  
(If Necessary Signature)



Department Code

Finance:

111000-9240

### Electronic Signatures

Active Directory





# Expense Disclosure Sheet

Name Don Bruce
   
 Date 7/4/2013
   
 Destination Medicine Hat

Position Board Chair
   
 Purpose Presidential Search Committee Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
7/4/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
<b>Total Receipts</b>				<b>96.80</b>





# Expense Disclosure Sheet

Name Don Bruce      Date 07/05/13      Destination Medicine Hat

Position Board Chair      Purpose Media Presentation Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
7/5/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
<b>Total Receipts</b>				<b>96.80</b>



# MEDICINE HAT COLLEGE TRAVEL CLAIM

**COPY** ✓

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### CLAIMANT

Name: Don Bruce  
Address:

### MEETING/CONFERENCE

Name: Media Presentation Meeting  
Location: MHC

### DAYS INVOLVED [ 0.17 ]

Departure date Jul 5 2013 10:00AM  
Return date Jul 5 2013 2:00PM

### 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


### INVOICE TOTAL

### 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

GL CODE	AMOUNT	VENDOR NUMBER	GST	CONTROL 03 - 1861 TOTAL

### Written Signatures

Request By  
Department Signature (if Necessary Signature)

Department Code: 1-11000-9240  
Finance:

### Electronic Signatures

Active Directory







# MEDICINE HAT COLLEGE TRAVEL CLAIM



### CLAIMANT

Name: Don Bruce  
Address:

### MEETING/CONFERENCE

Name: International Education Action Team Meeting  
Location: MHC

### DAYS INVOLVED [ 0.38 ]

Departure date Jul 10 2013 7:30AM  
Return date Jul 10 2013 4:30PM

### 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	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

Amount	GST

### 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

GL CODE

### VENDOR NUMBER

AMOUNT

### GST

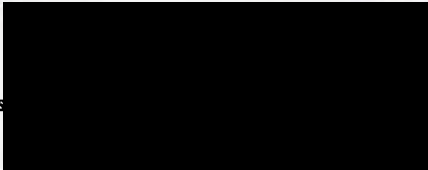

### CONTROL

03 - 1869

TOTAL

### Written Signatures

Request By



Department Code

1-11000-9240

Department Signatures  
(If Necessary Signature)

Finance:

\_\_\_\_\_

### Electronic Signatures

Active Directory





# Expense Disclosure Sheet

Name

Don Bruce

Date

July 22, 2013

Destination

Medicine Hat

Meeting with Enterprise and Advanced Education Deputy Minister David Morhart and Assistant Deputy Minister Gord

Position

Board Chair

Purpose

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
7/22/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat	96.80
<b>Total Receipts</b>				<b>96.80</b>

# MEDICINE HAT COLLEGE TRAVEL CLAIM

# COPY

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### CLAIMANT

Name: Don Bruce

Address:

### MEETING/CONFERENCE

Name: Meeting with David Morhart and Gord Johnston and Board

Location: MHC

### DAYS INVOLVED [ 0.25 ]

Departure date Jul 22 2013 8:00AM

Return date Jul 22 2013 2:00PM

### 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

### INVOICE TOTAL

### 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

GL CODE

### VENDOR NUMBER

AMOUNT

### GST


### CONTROL 03 - 1885 TOTAL


### Written Signatures

Request By

Department Signature  
(If Necessary Signature)

[Redacted Signature Area]

Department Code

Finance:

1-11000-9240

### Electronic Signatures

Active Directory

[Redacted Active Directory Area]



# Expense Disclosure Sheet

**Name** Don Bruce      **Date** 07/24/13      **Destination** Medicine Hat

**Position** Board Chair      **Purpose** Medicine Hat College  
Stampede Breakfast

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
7/24/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
<b>Total Receipts</b>				<b>96.80</b>



**MEDICINE HAT COLLEGE TRAVEL CLAIM**

**COPY**

⑦



**CLAIMANT**

Name: Don Bruce  
Address:

**MEETING/CONFERENCE**

Name: MHC Stampede Breakfast  
Location: MHC

**DAYS INVOLVED [ 0.21 ]**

Departure date Jul 24 2013 7:00AM  
Return date Jul 24 2013 12:00PM

**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	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 Lines Tickets or Invoice)	\$0.00
Taxi, buses, parking, road tolls	(Less than \$10)	\$0.00
	CND	\$96.80
	USD	\$0.00 *\$1.00/CND
	<b>TOTAL EXPENSE</b>	<b>\$96.80</b>
	Less - Advance (if applicable)	-\$0.00
	<b>NET CLAIM DUE (Repayable)</b>	<b>96.80</b>

**INVOICE TOTAL**

**FOR OFFICE USE ONLY**

GL CODE	AMOUNT	VENDOR NUMBER	GST	CONTROL 03 - 1886 TOTAL

**Written Signatures**

Request By



Department Code

1-11000 - 9240

Department Signature  
(If Necessary Signature)

Finance:

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**Electronic Signatures**

Active Directory





# Expense Disclosure Sheet

Name Don Bruce      Date 7/25/2013      Destination Medicine Hat

Position Board Chair      Purpose Presidential Recruitment Meeting (Request for Proposal)

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
7/25/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
<b>Total Receipts</b>				<b>96.80</b>

**MEDICINE HAT COLLEGE TRAVEL CLAIM**

**COPY** ✓



**CLAIMANT**

Name: Don Bruce

Address:

**MEETING/CONFERENCE**

Name: Request for Proposal Meeting *(Presidential Recruitment)*

Location: MHC

**DAYS INVOLVED [ 0.25 ]**

Departure date Jul 25 2013 11:00AM

Return date Jul 25 2013 5:00PM

**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	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**

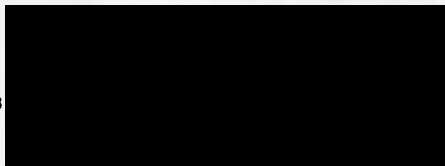
**INVOICE TOTAL**

**FOR OFFICE USE ONLY**

GL CODE	AMOUNT	VENDOR NUMBER	GST	CONTROL 03 - 1887 TOTAL

**Written Signatures**

Request By



Department Code

1-11000-9240

Department Signatures  
(If Necessary Signature)

Finance:

\_\_\_\_\_

**Electronic Signatures**

Active Directory





**MEDICINE HAT COLLEGE TRAVEL CLAIM**

**COPY** ✓

9



**CLAIMANT**

Name: Don Bruce  
Address:

**MEETING/CONFERENCE**

Name: International Action Team Meeting  
Location: MHC

**DAYS INVOLVED [ 0.29 ]**

Departure date Jul 26 2013 10:00AM  
Return date Jul 26 2013 5:00PM

**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	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

**INVOICE TOTAL**

**TOTAL EXPENSE \$96.80**  
**Less - Advance (if applicable) -\$0.00**  
**NET CLAIM DUE (Repayable) 96.80**

**FOR OFFICE USE ONLY**

**VENDOR NUMBER**

**CONTROL**

GL CODE	AMOUNT	GST	CONTROL TOTAL

**Written Signatures**

Request By

Department Signature  
(If Necessary Signature)

[Redacted Signature Area]

Department Code

Finance:

1-11000-9240

**Electronic Signatures**

Active Directory

[Redacted Signature Area]



# Expense Disclosure Sheet

Name Don Bruce      Date 8/1/2013      Destination Medicine Hat

Position Board Chair      Purpose International Education Action Team Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
8/1/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
<b>Total Receipts</b>				<b>96.80</b>

# MEDICINE HAT COLLEGE TRAVEL CLAIM



**CLAIMANT**

Name: Don Bruce  
Address:

**MEETING/CONFERENCE**

Name: International Education Action Team Meeting  
Location: MHC

**DAYS INVOLVED [ 0.33 ]**

Departure date Aug 1 2013 8:00AM  
Return date Aug 1 2013 4:00PM

**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

**COPY**

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
<b>TOTAL EXPENSE</b>		<b>\$96.80</b>
<b>Less - Advance (if applicable)</b>		<b>-\$0.00</b>
<b>NET CLAIM DUE (Repayable)</b>		<b>96.80</b>

INVOICE TOTAL

FOR OFFICE USE ONLY

VENDOR NUMBER

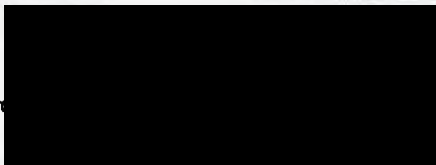
CONTROL  
03 - 1899  
TOTAL

GL CODE	AMOUNT	GST	TOTAL

**Written Signatures**

Request By

Department Signature  
(If Necessary Signature)



Department Code

Finance:

1-11000-9240

**Electronic Signatures**

Active Directory





# Expense Disclosure Sheet

Name Don Bruce      Date 8/11/2013      Destination Medicine Hat

Position Board Chair      Purpose International Education  
 Action Team Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
8/11/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
<b>Total Receipts</b>				<b>96.80</b>



# MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Don Bruce

Address:

**MEETING/CONFERENCE**

Name: International Education Action Team Meeting

Location: MHC



**COPY** ✓

**DAYS INVOLVED [ 0.33 ]**

Departure date Aug 7 2013 8:00AM

Return date Aug 7 2013 4:00PM

**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	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 Lines Tickets or Invoice)	\$0.00
Taxi, buses, parking, road tolls	(Less than \$10)	\$0.00
	CND	\$96.80
	USD	\$0.00 *\$1.00/CND
	<b>TOTAL EXPENSE</b>	<b>\$96.80</b>
	Less - Advance (if applicable)	-\$0.00
	<b>NET CLAIM DUE (Repayable)</b>	<b>96.80</b>

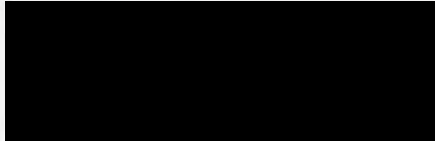
**INVOICE TOTAL**

**FOR OFFICE USE ONLY**

GL CODE	AMOUNT	VENDOR NUMBER	GST	CONTROL 03 - 1900 TOTAL

**Written Signatures**

Request By



Department Code

1-11000-9240

Department Signatures  
(If Necessary Signature)

Finance:

\_\_\_\_\_

**Electronic Signatures**

Active Directory





Expense Disclosure Sheet

Name Don Bruce Date 8/13/2013 Destination Medicine Hat

Position Board Chair Purpose Meeting with The Geldart Group (Presidential Search Consultants)

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

Table with columns: Date, Vendor, Expense Category (Select from drop down menu), Description/Rationale, Total. Includes one entry for 8/13/2013 MHC Travel Claim with a total of 96.80 and a summary row for Total Receipts.

**MEDICINE HAT COLLEGE TRAVEL CLAIM**

**CLAIMANT**

Name: Don Bruce

Address:

**MEETING/CONFERENCE**

Name: Meeting with Geldart Group

Location: MHC



MEDICINE HAT COLLEGE

12

COPY

**DAYS INVOLVED [ 0.33 ]**

Departure date Aug 13 2013 8:00AM

Return date Aug 13 2013 4:00PM

**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


**INVOICE TOTAL**

**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
<b>TOTAL EXPENSE</b>		<b>\$96.80</b>
Less - Advance (if applicable)		-\$0.00
<b>NET CLAIM DUE (Repayable)</b>		<b>96.80</b>

**FOR OFFICE USE ONLY**

**VENDOR NUMBER**

**CONTROL**

GL CODE

AMOUNT

GST

03 - 1901

TOTAL





**Written Signatures**

Request By

Department Signature  
(If Necessary Signature)

Department Code

Finance:

1-11000-9240

**Electronic Signatures**

Active Directory



# Expense Disclosure Sheet

Name Don Bruce      Date 8/20/2013      Destination Medicine Hat

Position Board Chair      Purpose International Education  
Action Team Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
8/20/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
<b>Total Receipts</b>				<b>96.80</b>

# MEDICINE HAT COLLEGE TRAVEL CLAIM

13

### CLAIMANT

Name: Don Bruce  
Address:

### MEETING/CONFERENCE

Name: International Education Action Team Meeting  
Location: MHC



COPY

DAYS INVOLVED [ 0.33 ] ✓

Departure date Aug 20 2013 8:00AM

Return date Aug 20 2013 4:00PM

### 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	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 - 1902

GL CODE

AMOUNT

GST

TOTAL





### Written Signatures

Request By

Department Code

Department Signatures  
(If Necessary Signature)

Finance:

1-11000-9240

### Electronic Signatures

Active Directory



# MEDICINE HAT COLLEGE TRAVEL CLAIM

14

### CLAIMANT

Name: Don Bruce  
Address:

### MEETING/CONFERENCE

Name: Meeting with Minister Lukaszuk  
Location: MHC



# COPY

### DAYS INVOLVED [ 0.33 ]

Departure date: Aug 26 2013 8:00AM  
Return date: Aug 26 2013 4:00PM

### 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	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

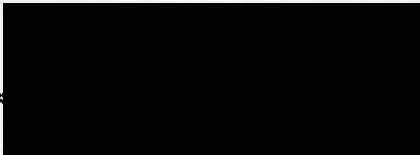
### FOR OFFICE USE ONLY

GL CODE	AMOUNT	VENDOR NUMBER	GST	CONTROL 03 - 1903 TOTAL

### Written Signatures

Request By

Department Signature  
(If Necessary Signature)



Department Code

Finance:

1-11000-9240

### Electronic Signatures

Active Directory





# Expense Disclosure Sheet

Name Don Bruce      Date 8/30/2013      Destination Medicine Hat

Position Board Chair      Purpose International Education  
Action Team Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
8/30/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
<b>Total Receipts</b>				<b>96.80</b>



# MEDICINE HAT COLLEGE TRAVEL CLAIM

15

### CLAIMANT

Name: Don Bruce  
Address:

### MEETING/CONFERENCE

Name: Meeting at MHC (IEAT)  
Location: MHC



MEDICINE HAT COLLEGE

**COPY**

### DAYS INVOLVED [ 0.33 ]

Departure date Aug 30 2013 8:00AM  
Return date Aug 30 2013 4:00PM

### 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	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
	<b>TOTAL EXPENSE</b>	<b>\$96.80</b>
	<b>Less - Advance (if applicable)</b>	<b>-\$0.00</b>
	<b>NET CLAIM DUE (Repayable)</b>	<b>96.80</b>

INVOICE TOTAL

### FOR OFFICE USE ONLY

GL CODE

### VENDOR NUMBER

AMOUNT

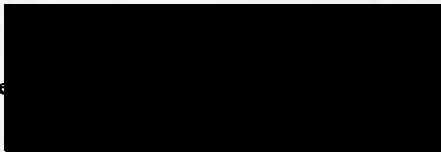
### GST


### CONTROL

03 - 1939  
TOTAL


### Written Signatures

Request By



Department Code

1-11000-9240

Department Signature  
(If Necessary Signature)

Finance:

\_\_\_\_\_

### Electronic Signatures

Active Directory





## Expense Disclosure Sheet

Name Don Bruce      Date 09/10/13      Destination Medicine Hat

Position Board Chair      Purpose Board Meeting with The Geldart Group: Presidential Search

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
9/10/2013	MHC Travel Claim	Other Transportation	Return Mileage from Brooks to Medicine Hat College.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
<b>Total Receipts</b>				<b>96.80</b>

MEDICINE HAT COLLEGE TRAVEL CLAIM



**CLAIMANT**

Name: Don Bruce  
Address:

**MEETING/CONFERENCE**

Name: Board of Governors Meeting with Consultant  
Location: MHC

**DAYS INVOLVED [ 0.33 ]**

Departure date Sep 10 2013 9:00AM  
Return date Sep 10 2013 5:00PM

**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	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
	<b>TOTAL EXPENSE</b>	<b>\$96.80</b>
	Less - Advance (if applicable)	-\$0.00
	<b>NET CLAIM DUE (Repayable)</b>	<b>96.80</b>

INVOICE TOTAL

FOR OFFICE USE ONLY

GL CODE	AMOUNT	VENDOR NUMBER	GST	CONTROL 03 - 1945 TOTAL

Written Signatures

Request By

Department Signatures  
(If Necessary Signature)

Department Code

Finance:

1-11000-9240

Electronic Signatures

Active Directory



# Expense Disclosure Sheet

Name Don Bruce      Date 09/17/13      Destination Medicine Hat

Position Board Chair      Purpose Board of Governors' Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
9/17/2013	MHC Travel Claim	Other Transportation	Return Mileage from Brooks to Medicine Hat	96.80
				-
				-
				-
				-
				-
				-
				-
				-
<b>Total Receipts</b>				<b>96.80</b>

COPY



MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce
Address:

MEETING/CONFERENCE

Name: Board of Governors Meeting - September 2013
Location: MHC

DAYS INVOLVED [ 0.38 ]

Departure date Sep 17 2013 12:00PM
Return date Sep 17 2013 9:00PM

EXPENSES

Table with columns: Meals, Days Rate, Total. Rows include Breakfast, Lunch, Dinner, Full Per diem, Overnight incidental, Hospitality Allowance, Conference Cost, Hotel, and Miscellaneous.

FOR OFFICE USE ONLY

Table with columns: Amount, GST. Multiple rows for data entry.

INVOICE TOTAL

TRANSPORTATION

Table with columns: Description, Amount. Rows include Own Car, College Car, Rental Car, Air Fare, Taxi, buses, parking, road tolls, CND, USD, TOTAL EXPENSE, Less - Advance, and NET CLAIM DUE.

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL 03 - 1956 TOTAL

Table with columns: GL CODE, AMOUNT, GST, TOTAL. Multiple rows for data entry.

Written Signatures

Request By



Department Code

1-11000-9240

Department Signatures (If Necessary Signature)

Finance:

Electronic Signatures

Active Directory





# MEDICINE HAT COLLEGE TRAVEL CLAIM

# COPY



MEDICINE HAT  
COLLEGE

18

## CLAIMANT

Name: Don Bruce  
Address:

## MEETING/CONFERENCE

Name: International Action Team Meeting  
Location: MHC

## DAYS INVOLVED [ 0.25 ]

Departure date Sep 18 2013 10:00AM  
Return date Sep 18 2013 4:00PM

## 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	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

GL CODE	AMOUNT	VENDOR NUMBER	GST	CONTROL 03 - 1966 TOTAL

## Written Signatures

Request By  
 Department Signature  
(If Necessary Signature)

Department Code 1-11000-9450  
 Finance: \_\_\_\_\_

## Electronic Signatures

Active Directory



# Expense Disclosure Sheet

Name Don Bruce      Date 09/19/13      Destination Medicine Hat

Position Board Chair      Purpose Instructional Skills Workshop Graduation

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
9/19/2013	MHC Travel Claim	Other Transportation	Return Mileage from Brooks to Medicine Hat College.	96.80
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
<b>Total Receipts</b>				<b>96.80</b>



# MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Don Bruce  
Address:

**MEETING/CONFERENCE**

Name: Instructional Skills Workshop Graduation  
Location: MHC

**DAYS INVOLVED [ 0.13 ]**

Departure date: Sep 19 2013 3:00PM  
Return date: Sep 19 2013 6:00PM

**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**

FOR OFFICE USE ONLY	
Amount	GST

**TRANSPORTATION**

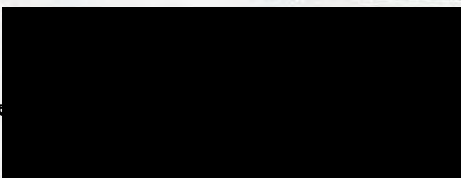
Own Car	220 KM @ 0.44/KM	\$96.80
College Car	(Attach gas receipts)	\$0.00
Rental Car	(Attach invoice & gas receipts)	\$0.00
Air Fare	(Attach Air Line Tickets or Invoice)	\$0.00
Taxi, buses, parking, road tolls	(Less than \$10)	\$0.00
	CND	\$96.80
	USD	\$0.00 *\$1.00/CND
<b>TOTAL EXPENSE \$96.80</b>		
Less - Advance (if applicable) -\$0.00		
<b>NET CLAIM DUE (Repayable) 96.80</b>		


**INVOICE TOTAL****FOR OFFICE USE ONLY****VENDOR NUMBER****CONTROL  
03 - 1967  
TOTAL**

GL CODE	AMOUNT	GST	TOTAL

**Written Signatures**

Request By

Department Signature  
(If Necessary Signature)

Department Code

Finance:

H1000-9450**Electronic Signatures**

Active Directory





# Expense Disclosure Sheet

Name Don Bruce

Date

09/24/2013 - 09/25/2013

Destination

Medicine Hat

Position Board Chair

Purpose

Interviews

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

Date	Vendor	Expense Category (Select from drop down menu)	Description/Rationale	Total
9/24/2013	MHC Travel Claim	Other Transportation	Return Mileage from Brooks to Medicine Hat College.	96.80
9/24/2013	MHC Travel Claim	Meals		22.00
9/24/2013	MHC Travel Claim	Incidentals	Overnight Incidentals	10.00
9/24/2013	MHC Travel Claim	Other Transportation	Taxi from MH Lodge to Cypress Club	15.00
9/24/2013	MHC Travel Claim	Accommodation	Medicine Hat Lodge	151.71
9/25/2013	MHC Travel Claim	Other Transportation	Taxi from Cypress Club to MH Lodge	15.00
				-
				-
				-
				-
				-
				-
				-
			<b>Total Receipts</b>	<b>310.51</b>

# MEDICINE HAT COLLEGE TRAVEL CLAIM

**COPY**



**CLAIMANT**

Name: Don Bruce  
Address:

**MEETING/CONFERENCE**

Name: Interim President Interviews  
Location: Medicine Hat

**DAYS INVOLVED [ 1.35 ]**

Departure date Sep 24 2013 7:00AM  
Return date Sep 25 2013 3:30PM

**EXPENSES**

Meals	Days Rate	Total
Breakfast	0 @ \$10.00	= \$0.00
Lunch	0 @ \$12.00	= \$0.00
Dinner	1 @ \$22.00	= \$22.00 ✓
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)		\$151.71 ✓
Miscellaneous	Taxi (2)	\$30.00 ✓
		\$0.00
		\$0.00

**FOR OFFICE USE ONLY**

Amount	GST

**INVOICE TOTAL**

**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 \$310.51  
USD \$0.00 \*\$1.00/CND  
**TOTAL EXPENSE \$310.51**  
Less - Advance (if applicable) -\$0.00  
**NET CLAIM DUE (Repayable) 310.51 ✓**

**FOR OFFICE USE ONLY**

GL CODE	AMOUNT	VENDOR NUMBER	GST	CONTROL 03 - 1998 TOTAL

**Written Signatures**  
Request By [Redacted]  
Department Signature (if Necessary Signature) [Redacted]

Department Code 1-11000-9450  
Finance: \_\_\_\_\_

**Electronic Signatures**  
Active Directory [Redacted]



# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK

# COPY

20

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

**Don Bruce**  
299 College Dr SE  
Medicine Hat  
Vizg#592391  
T1A 3Y6

**Page #** 1  
**Res. #** 592391  
**Checked in** Tue Sep 24/13 - 4:40 pm  
**Checked out** Wed Sep 25/13 - 7:19 am  
**Nights** 1  
**Room Rate** 137.00  
**Room** 204

Date	Description	Reference	Charges	Credits
Sep24	Gratuities -Mammas	Chit# 9165	7.00	
Sep24	M Grill Dining Room Charge	Chit# 9165	50.00	
Sep24	GST	Chit# 9165	2.50	
Sep24	Standard Rate		137.00	
Sep24	GST		6.85	
Sep24	Room Tax		5.24	
Sep24	Destination Marketing Fee		2.62	
Sep25	PAID BY VISA			211.21
			0.00	211.21

*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 9.35  
Room Tax 5.24

*Room \$151.71  
Interim President  
Interviews.*

**COPY**

**RECEIPT**

DATE SEPT 24/13

From: LODGE

To: CYPRESS CLUB

Driver: [REDACTED]

Amount: 15<sup>00</sup> Car# 41

Thank You Have a Nice Day



**RECEIPT**

DATE SEPT 25/2013

From: Cypress club

To: MH lodge

Driver: [REDACTED]

Amount: 15<sup>00</sup> ✓ Car# 77

Thank You Have a Nice Day

**COPY**

MEDICINE HPT LODGE  
1051 ROSS GLEN DR 62  
MEDICINE HAT, AB T1B3T8  
4035020170

Merchant ID: 87212730014  
Term ID: 001

Ref #: 054

**Pre-Auth Compl**

XXXXXXXXXX6016

VISA

Entry Method: CHIP/MAG

09/25/13

07:14:38

Inv #: 000008

Appr Code: 437469

Apprvd

Batch#: 000872

Original Pre-Auth Amount: \$ 251.71

**Total: \$ 211.21**

Customer Copy



**MEDICINE HAT COLLEGE TRAVEL CLAIM**

**COPY**



**CLAIMANT**

Name: Don Bruce

Address:

**MEETING/CONFERENCE**

Name: International Education Action Team Meeting

Location: MHC

**DAYS INVOLVED [ 0.29 ]**

Departure date Sep 26 2013 9:00AM

Return date Sep 26 2013 4:00PM

**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	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	VENDOR NUMBER	GST	CONTROL 03 - 2014 TOTAL

**Written Signatures**

Request By [Redacted]  
 Department Signature (If Necessary Signature) [Redacted]

Department Code 1-11000-9240  
 Finance: \_\_\_\_\_

**Electronic Signatures**

Active Directory [Redacted]