



Expense Disclosure Summary

Name: Don Bruce
 October 1, 2013 -
 December 31, 2013
Position: Board Chair
Period Covered:

Please attach supporting documentation ie: Expense Disclosure Sheet and applicable receipts

Dates (Travel Dates if applicable)	Destination/Location	Purpose	Airfare	Other Transportation*	Accommodation	Meals	Hospitality	Incidentals	Total
October 4, 2013	Medicine Hat	Interim President Come and Go Reception	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
October 9, 2013	Medicine Hat, AB	International Education Action Team Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
October 10, 2013	Medicine Hat, AB	Meeting with Board and Deputy Premier / Minister of Enterprise and Advanced Education, Thomas Lukaszuk	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
October 15, 2013	Medicine Hat, AB	Audit Committee Meeting / Board of Governors' Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
October 18-19, 2013	Elkwater, AB	Board of Governors' Retreat	\$ -	\$ 125.40	\$ 189.73	\$ -	\$ -	\$ -	\$ 315.13
October 23, 2013	Calgary, AB	Council of Presidents	\$ -	\$ 165.44	\$ 189.73	\$ 32.00	\$ -	\$ 10.00	\$ 397.17
November 7-8, 2013	Edmonton, AB	Council of Board Chairs Prep. For Standing Committee on Public Accounts	\$ -	\$ 409.00	\$ -	\$ 22.00	\$ -	\$ 10.00	\$ 441.00
November 12, 2013	Medicine Hat, AB	Interviews / Standing Committee on Public Accounts	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
November 17-20, 2013	Edmonton, AB	Foundation Meeting and Board of Governors' Meeting	\$ -	\$ -	\$ 743.83	\$ 34.00	\$ -	\$ 30.00	\$ 807.83
November 27, 2013	Medicine Hat, AB	Board of Governors' Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80

November 29, 2013	Medicine Hat, AB	Board Meeting with the Geldart Group	\$ -	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 95.80
December 10-12, 2013	Medicine Hat, AB	Interviews	\$ -	\$ -	\$ 96.80	\$ 252.36	\$ 24.00	\$ -	\$ 20.00	\$ -	\$ 393.16
December 13-14, 2013	Medicine Hat, AB	Interviews	\$ -	\$ -	\$ 96.80	\$ 160.59	\$ 12.00	\$ -	\$ 10.00	\$ -	\$ 279.39
			\$ -	\$ -	\$ 1,474.24	\$ 1,536.24	\$ 124.00	\$ -	\$ 80.00	\$ -	\$ 3,214.48

* 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 TRAVEL CLAIM



CLAIMANT
 Name: Don Bruce
 Address:

MEETING/CONFERENCE
 Name: Interim President College Meet and Greet
 Location: MHC

DAYS INVOLVED [0.25]
 Departure date: Oct 4 2013 11:00AM
 Return date: Oct 4 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

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

4.61

CONTROL 03 - 2017, TOTAL

Written Signatures

Request By: Clybert For D. Bruce
 Department Signatures (If Necessary Signature): F. McCallrel

Department Code: 1-11000-9240
 Finance: [Signature]

Electronic Signatures

Active Directory: clybbert@mhc.ab.ca

[Handwritten initials]
 ✓



Expense Disclosure Sheet

Name Don Bruce **Date** October 9, 2013

Position Board Chair **Purpose** International Education Action Team Meeting **Destination** Medicine Hat, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
10/9/2013	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 Education Action Team Meeting
Location: Medicine Hat College



DAYS INVOLVED [0.25]

Departure date Oct 9 2013 7:00AM
Return date Oct 9 2013 1:00PM

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

FOR OFFICE USE ONLY

Amount

GST

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 - 2136

TOTAL

Written Signatures

Request By

Signature for D. Bruce

Department Code

1-11000- 9240

Department Signatures
(If Necessary Signature)

Signature

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca





Expense Disclosure Sheet

Name Don Bruce **Date** October 10, 2013
Position Board Chair **Purpose** Meeting with Board and Deputy Premier / Minister of Enterprise and Advanced Education, Thomas Lukaszuk **Destination** Medicine Hat, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
10/10/2013	MHC Travel Claim		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 | 0.25 |

Departure date Oct 10 2013 8:00AM

Return date Oct 10 2013 2:00PM

MEETING/CONFERENCEName: Meeting with Board and Deputy Premier/Minister
Enterprise and Advanced Education

Location: Medicine Hat College

**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

VENDOR NUMBER

AMOUNT

GST

CONTROL03 - 2137
TOTAL

Written Signatures

Request By

Clarence Lawrence for D. Bruce
Clarence Lawrence

Department Code

1-11000-9240Department Signatures
(If Necessary Signature)

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca



Expense Disclosure Sheet

Name

Don Bruce

Date

October 15, 2013

Position

Board Chair

Purpose

Audit Committee Meeting /
Board of Governors' Meeting

Destination

Medicine Hat, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
10/15/2013	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/Board of Governors' Meeting

Location: Medicine Hat College

DAYS INVOLVED [0.42]

Departure date Oct 15 2013 9:00AM

Return date Oct 15 2013 7:00PM

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

VENDOR NUMBER

AMOUNT

GST

CONTROL

03 - 2050
TOTAL

Written Signatures

Request By

Claim for D. Bruce

Department Code

Department Signatures
(If Necessary Signature)

P. McArthur

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca





Expense Disclosure Sheet

Name Don Bruce Date October 18-19, 2013
Position Board Chair Purpose Board of Governors' Retreat Destination Elkwater, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
10/18/2013	MHC Travel Claim	Other Transportation	Return Mileage from Brooks to Elkwater			125.40
10/19-20, 2013	Elkwater Lake Lodge	Accommodation	Hotel			189.73
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
Total Receipts						315.13

Elkwater Lake Lodge

Box 56
 Elkwater, AB T0J 1C0
 Phone: 403-893-3811 Fax: 403-893-3033
 info@elkwaterlakelodge.com

TAX ID: GST# 872985361RT0001

, GMHCB1

"

Room	Folio	CheckIn	CheckOut	Balance
(701)	65303	18/10/2013	19/10/2013	0.00
Master Folio				

Date	Room	Description / Voucher	Charges	Credits	Balance
18/10/2013	108	Room Taxable	169.00	0.00	161.87
18/10/2013	108	Destination Fee - 3.000%	5.07	0.00	166.94
18/10/2013	108	Room GST - 5.000%	8.70	0.00	175.64
18/10/2013	108	Alberta Tourism Levy - 4.000%	6.96	0.00	182.60



Expense Disclosure Sheet

Name

Don Bruce

Date

October 23, 2013

Position

Board Chair

Purpose

Council of Presidents

Destination

Calgary, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
10/23/2013	MHC Travel Claim	Other Transportation	Return Mileage from Brooks to Calgary			165.44
10/23/2013	MHC Travel Claim	Meals	Meal Allowance			32.00
10/23/2013	MHC Travel Claim	Incidentals	Overnight incidental			10.00
10/23/2013	Medicine Hat Lodge	Accommodation	Hotel			189.73
						-
						-
						-
						-
						-
						-
						-
						-
					Total Receipts	397.17

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce
Address:

MEETING/CONFERENCE

Name: Council of Presidents
Location: Calgary, Alberta



DAYS INVOLVED [0.04] **23**

Departure date Oct 24 2013 3:00PM
Return date Oct 24 2013 4:00PM

EXPENSES

Meals	Days	Rate	Total
Breakfast	1 @	\$10.00	= \$10.00 ✓
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)			\$0.00
Miscellaneous			\$0.00
			\$0.00
			\$0.00

FOR OFFICE USE ONLY

Amount GST

Amount	GST

TRANSPORTATION

Own Car	376 KM @ 0.44/KM	\$165.44 ✓
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 \$207.44
USD \$0.00 *\$1.00/CND

TOTAL EXPENSE \$207.44
Less - Advance (if applicable) -\$0.00
NET CLAIM DUE (Repayable) 207.44 ✓

INVOICE TOTAL

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL
03 - 2072
TOTAL

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By

Don Bruce

Don Bruce

Department Code

1-12000-9240

Department Signatures
(if Necessary Signature)

[Signature]

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca





DELTA
CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
 Tel: 403-278-5050 Fax: 403-225-5834

UNIVERSITY OF AB
 Mr Don Bruce
 299 Collage drive
 SE
 Medicine Hat AB T1A3Y6
 Canada

Room: 0104
 Folio:
 Cashier: 107
 Arrival: 10-24-13
 Departure: 10-24-13

Date	Description	Additional Information	Charges	Credits
10-24-13	Room Charge		169.00	
10-24-13	DMF		5.07	
10-24-13	Room GST		8.70	
10-24-13	Tourism Levy		6.96	
10-24-13	Visa	XXXXXXXXXXXX5045 XX/XX		189.73

GST Summary	
Registration No: 895126332	
Room	8.70
F&B	0.00
Other	0.00
Total	8.70

Total	189.73	189.73
Balance Due	0.00	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



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

0615

Mr Don BRUCE
256 Lake Stafford
. AB
CANADA

Invoice

Invoice date 11/8/2013
Invoice number 243609
Our reference CEP-FC439457 /
Client Number CRS-G2737315
GST Number 10103 5467 RT0020

Guest	Mr Don BRUCE	Arrival	11/7/2013	Departure	11/8/2013	Room	0615
Date	Description	Quantity	Unit Price	Total ()			
11/7/2013	Room Charge	1	124.00	124.00			
11/7/2013	GST Taxes	1	6.39	6.39			
11/7/2013	Tourism Levy	1	5.11	5.11			
11/7/2013	Destination Market Fee	1	3.72	3.72			
11/7/2013	Parking Daily	1	17.95	17.95			
11/7/2013	Federal Tax GST Parking	1	0.90	0.90			
				Total invoice	158.07		
11/8/2013	VS ****5045 Auth: 020235				-158.07		
				Total Paid	-158.07		
				Total Due	0.00		

Total GST 7.29

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 _____

For reservations: www.coasthotels.com or 1-800-663-1144

YELLOW CAB

780.462.3456

GST# _____

Date: 07-11-13

Amount: 13.00 ✓

Driver: _____

Car#: 1760

From: 10155-10581

To: Government House

10135-31 Avenue, Edmonton, AB T6N 1C2



Expense Disclosure Sheet

Name Don Bruce Date November 12, 2013
Position Board Chair Purpose Prep. For Standing Committee on Public Accounts Destination Medicine Hat, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
11/12/2013	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: Prep for Standing Committee on Public Accounts
Location: Medicine Hat, AB

DAYS INVOLVED [14.23]

Departure date Nov 12 2013 1:00PM
Return date Nov 26 2013 6:30PM

Nov 12 2013 6:30pm

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

FOR OFFICE USE ONLY

Amount	GST
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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 - 3183 TOTAL
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Written Signatures

Request By *Don Bruce*

Department Code 11000-9240

Department Signatures *[Signature]*
IF Necessary Signature

Finance: _____

Electronic Signatures

Active Directory CLawrence@mhc.ab.ca



Expense Disclosure Sheet

Name Don Bruce

Date November 17-20, 2013

Position Board Chair

Purpose Interviews / Standing Committee on Public Accounts

Destination Edmonton, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
11/19/2013	MHC Travel Claim	Meals	Meal Allowance			34.00
11/19/2013	MHC Travel Claim	Incidentals	Overnight incidental			30.00
11/17/2013 to 11/18/2013	MHC Travel Claim	Accommodation	Hotel - Interviews			532.16
11/19/2013	Chateau Lacombe Hotel	Accommodation	Hotel - Standing Committee on Public Accounts			211.67
11/20/2013	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Calgary; Calgary to Edmonton; Edmonton to Brooks			334.40
						-
						-
						-
						-
						-
						-
Total Receipts						1,142.23

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

 Name: Don Bruce
 Address:

MEETING/CONFERENCE

 Name: Interviews / Standing Committee on Public Accounts
 Location: Calgary, AB / Edmonton, AB

DAYS INVOLVED [3.29]

 Departure date: Nov 17 2013 8:00AM
 Return date: Nov 20 2013 3:00PM

EXPENSES

Meals	Days Rate	Total
Breakfast	0 @ \$10.00 =	\$0.00
Lunch	1 @ \$12.00 =	\$12.00 ✓
Dinner	1 @ \$22.00 =	\$22.00 ✓
Full Per diem	0 @ \$44.00 =	\$0.00
Overnight incidental	3 @ \$10.00 =	\$30.00 ✓
Hospitality Allowance	0 @ \$20.00 =	\$0.00
Conference Cost		\$0.00
Hotel (attach invoice)		\$532.16
Miscellaneous	Lunch	\$86.88
		\$0.00
		\$0.00

FOR OFFICE USE ONLY

Amount	GST

TRANSPORTATION

Own Car	760 KM @ 0.44/KM	\$334.40
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 \$1017.44

USD \$0.00 *\$1.00/CND

TOTAL EXPENSE \$1017.44

Less - Advance (if applicable) -\$0.00

NET CLAIM DUE (Repayable) 1017.44
INVOICE TOTAL
FOR OFFICE USE ONLY
VENDOR NUMBER
CONTROL

03 - 4254

GL CODE	AMOUNT	GST	TOTAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Written Signatures

Request By

Department Code

11000-9240

 Department Signatures
(If Necessary Signature)

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca



DELTA

CALGARY AIRPORT

2001 Airport Road N.E., Calgary, Alberta, T2E 6Z8
 Tel: 403-291-2600 Fax: 403-250-6121

Medicine Hat College
 Mr Don Bruce
 299 College drive
 SE
 Medicine Hat AB T1A3Y6
 Canada

Room: 702
 Folio: 400838
 Cashier: 94
 Arrival: 11-17-13
 Departure: 11-19-13

Date	Description	Additional Information	Charges	Credits
11-17-13	Room Charge		199.00	
11-17-13	Room Destination Marketing Fee		5.97	
11-17-13	Room Tourism Levy		8.20	
11-17-13	Room GST		10.25	
11-18-13	Room Charge		275.00	
11-18-13	Room Destination Marketing Fee		8.25	
11-18-13	Room Tourism Levy		11.33	
11-18-13	Room GST		14.16	
11-19-13	Visa	XXXXXXXXXXXX6016 / XX/XX		532.16

Total	532.16	532.16
Balance Due	0.00	CDN

GST Summary	
Registration No:	846543619
Room	24.41
F&B	0.00
Other	0.00
Total	24.41

Resident Search

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



**CHATEAU
LACOMBE**
HOTEL

12-18-13

Mr Don Bruce Canada	Folio No. :	258296	Room No. :	0704
	A/R Number :		Arrival :	11-19-13
	Group Code :		Departure :	11-20-13
	Company :	Medicine Hat College	Conf. No. :	183033783
	Membership No. :		Rate Code :	PKBFPA
			Page No. :	1 of 1

Date	Description	Charges	Credits
11-19-13	Package Rate	190.00	
11-19-13	Tourism Levy	12.29	
11-19-13	Room GST	9.38	
11-20-13	Visa XXXXXXXXXXXXXXX6016		211.67
Total		211.67	211.67
Balance		0.00	

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Guest Signature: X _____

GST Summary:

Room	8.88
F&B	0.00
Misc.	0.50

G.S.T. Registration Number: R816322242

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce
Address:

MEETING/CONFERENCE

Name: Interviews
Location: Medicine Hat, AB



DAYS INVOLVED [2.00]

Departure date: Dec 10 2013 10:00AM
Return date: Dec 12 2013 10:00AM

EXPENSES

Meals	Days	Rate	Total
Breakfast	0	@ \$10.00	= \$0.00
Lunch	2	@ \$12.00	= \$24.00 ✓
Dinner	0	@ \$22.00	= \$0.00
Full Per diem	0	@ \$44.00	= \$0.00
Overnight incidental	2	@ \$10.00	= \$20.00 ✓
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 \$140.80

USD \$0.00 *\$1.00/CND

TOTAL EXPENSE \$140.80

Less - Advance (if applicable) -\$0.00

NET CLAIM DUE (Repayable) 140.80

INVOICE TOTAL

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL
03 - 4249

GL CODE	AMOUNT	GST	TOTAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Written Signatures

Request By

Don Bruce

Nancy

Department Code

1100-9240

Department Signatures
(if Necessary Signature)

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca

Clinton Lawrence

From: Catherine Fraser <res@medhatlodge.com>
Sent: Wednesday, December 18, 2013 9:33 AM
To: Clinton Lawrence
Subject: \Guest Account Inquiry

Don Bruce
299 College Dr SE
Medicine Hat
.
T1A 3Y6

Page # 1
Res. # 604844
Checked in Tue Dec 10/13 - 3:31 pm
Checked out Thu Dec 12/13 - 5:38 am
Nights 2
Room Rate 137.00
Room 261

Date	Description	Reference	Charges	Credits
Dec10	Standard Rate		114.00	
Dec10	GST		5.70	
Dec10	Room Tax		4.32	
Dec10	Destination Marketing Fee		2.16	
Dec11	Standard Rate		114.00	
Dec11	GST		5.70	
Dec11	Room Tax		4.32	
Dec11	Destination Marketing Fee		2.16	
Dec12	PAID BY VISA			252.36

0.00 252.36 252.36

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	11.40
Room Tax	8.64

This communication is intended for the use of the recipient to which it is addressed, and may contain confidential, personal, and or privileged information. Please contact the sender immediately if you are not the intended recipient of this communication, and do not copy, distribute, or take action relying on it. Any communication received in error, or subsequent reply, should be deleted or destroyed.

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce
Address:

MEETING/CONFERENCE

Name: Interviews
Location: Medicine Hat, AB



DAYS INVOLVED [1.13]

Departure date: Dec 13 2013 10:00AM
Return date: Dec 14 2013 1:00PM

EXPENSES

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

FOR OFFICE USE ONLY

Amount	GST

TRANSPORTATION

Own Car	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 \$118.80

USD \$0.00 *\$1.00/CND

TOTAL EXPENSE \$118.80

Less - Advance (if applicable) -\$0.00

NET CLAIM DUE (Repayable) 118.80

INVOICE TOTAL

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL 03 - 4250

GL CODE	AMOUNT	GST	TOTAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Written Signatures

Request By

Clarence for Don Bruce

Department Code

11000-9240

Department Signatures
(if Necessary Signatures)

Wanderwaal

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

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

President Search

Don Bruce
299 College Dr SE
Medicine Hat
T1A 3Y6

Page # 1
Res. # 604845
Checked in Fri Dec 13/13 - 11:27 am
Departing Sat Dec 14/13
Nights 1
Room Rate 145.00
Room 171

Date	Description	Reference	Charges	Credits
Dec13	Regular Rate		145.00	
Dec13	GST		7.25	
Dec13	Room Tax		5.56	
Dec13	Destination Marketing Fee		2.78	
Dec14	PAID BY VISA			160.59
			0.00	160.59

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 7.25
Room Tax 5.56

MEDICINE HAT LODGE
1051 ROSS GLEN DR SE
MEDICINE HAT AB T1B3T8
4095028170

Merchant ID: 87212730014
Term ID: 001

Ref #: 046

Pre-Auth Compl

XXXXXXXXXXXX5045

VISA

Entry Method: Manual

12/14/13

06:46:38

Inv #: 000004

Appr Code: 060006

Apprvd

Batch#: 060055

Original Pre-Auth Amount: \$ 260.00

Total: \$ 160.59

Customer Copy