



Expense Disclosure Summary

Name Wayne Resch **Position** Chief Financial Officer
Period Covered October 1 - December 31, 2013

Please attach supporting documentation i.e.: Expense Disclosure Sheet and applicable receipts

| Dates (Travel Dates if applicable) | Destination/Location | Purpose | Airfare | Other Transportation* | Accommodation | Meals | Hospitality | Incidentals | Total |
|------------------------------------|----------------------|---------------------------------------|---------|-----------------------|---------------|-----------|-------------|-------------|-------------|
| November 18 - 19, 2013 | Edmonton, AB | Training | \$ - | \$ 286.00 | \$ 118.81 | \$ 66.00 | \$ - | \$ 10.00 | \$ 480.81 |
| November 20, 2013 | Edmonton, AB | Standing Committee on Public Accounts | \$ - | \$ - | \$ 211.67 | \$ - | \$ - | \$ 10.00 | \$ 221.67 |
| November 21 - 22, 2013 | Edmonton, AB | Post Secondary Collaboration | \$ - | \$ 286.00 | \$ 237.62 | \$ 44.00 | \$ - | \$ 10.00 | \$ 577.62 |
| | | | \$ - | \$ 572.00 | \$ 568.10 | \$ 110.00 | \$ - | \$ 30.00 | \$ 1,280.10 |

* 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 _____



Expense Disclosure Sheet

Name Wayne Resch

Date November 18 - 19, 2013

Position Chief Financial Officer

Purpose

Training

Destination Edmonton, AB

Receipt Reconciliation: (Please attach supporting documentation i.e.: receipts)

| Date | Vendor | Expense Category (Select from drop down menu) | Description | Subtotal | GST | Total |
|-----------------------|-----------------------|--|---|----------|-----|---------------|
| November 18-19, 2013 | MHC Travel Claim | Other Transportation | Mileage to Edmonton - Public Sector Accounting Board Course | | | 286.00 |
| November 18-19, 2013 | Chateau Nova Edmonton | Accommodation | Hotel Room - Public Sector Accounting Board Course | | | 118.81 |
| November 18-19, 2013 | MHC Travel Claim | Meals | Meal Allowances - Public Sector Accounting Board Course | | | 66.00 |
| November 18-19, 2013 | MHC Travel Claim | Incidentals | Overnight incidental - Public Sector Accounting Board Course | | | 10.00 |
| Total Receipts | | | | | | 480.81 |

CHATEAU NOVA
 159 Airport Road
 Edmonton, Alberta
 T5G 0W6 gst#856465620
 1-780-424-6682 phone
 1-780-424-6683 fax
 Arrive 11/18/13 Depart 11/19/13

RESCH WAYNE
 MEDICINA C.
 MEDISINE HAT, AB
 T1A 3Y6
 SENIOR ACCOUNTING AND CONTROL
 Room # 415 Invoice # 146465

| DATE | CLERK | DEPARTMENT | DESCRIPTION | AMOUNT |
|----------|-------|--------------|----------------------------|---------|
| 11/18/13 | HKG | 2-Accommodat | | 109.00 |
| 11/18/13 | HKG | 3-Room Tax | On Accommodation | 4.36 |
| 11/19/13 | TA | 91-Visa | | -118.81 |
| | | | GST On Accommodatio | 5.45 |
| | | | Tax Reg. # 856465620RT0001 | |

(1)

BILLING INSTRUCTIONS

BALANCE DUE \longrightarrow 0.00

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 association fails to pay for any part or the full amount of these charges.

SIGNATURE

X _____

Reservations: 1-866-401-6682
www.novahotels.ca

Nova Hotels Locations
Alberta - Edmonton, Acheson, Edson, Peace River, Hinton, Fort McMurray
Saskatchewan - Kindersley
NWT - Inuvik

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Wayne Resch
Address:

MEETING/CONFERENCE

Name: PSAB Course/Public Accounts SACO Meeting
Location: Edmonton, Alberta



DAYS INVOLVED [4.25]

Departure date: Nov 18 2013 1:30PM
Return date: Nov 22 2013 7:30PM

EXPENSES

| Meals | Days | Rate | Total |
|------------------------|------|-----------|-----------|
| Breakfast | 2 | @ \$10.00 | = \$20.00 |
| Lunch | 2 | @ \$12.00 | = \$24.00 |
| Dinner | 3 | @ \$22.00 | = \$66.00 |
| 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) | | | \$0.00 |
| Miscellaneous | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |

FOR OFFICE USE ONLY

Amount GST

| Amount | GST |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

TRANSPORTATION

| | | |
|----------------------------------|--------------------------------------|----------|
| Own Car | 1300 KM @ 0.44/KM | \$572.00 |
| 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 |

| | |
|--------------------------|--------------------------|
| <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"/> |

CND \$712.00

USD \$0.00 *\$1.00/CND

TOTAL EXPENSE \$712.00

Less - Advance (if applicable) -\$0.00

NET CLAIM DUE (Repayable) 712.00

INVOICE TOTAL

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL
03 - 2182

| 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

1-71100-9240

Department Signatures
(Necessary Signature)

Finance:

Electronic Signatures

Active Directory

WResch@mhc.ab.ca



Expense Disclosure Sheet

Name

Wayne Resch

Date

November 20, 2013

Position

Chief Financial Officer

Purpose

Standing Committee on Public Accounts

Destination

Edmonton, AB

Receipt Reconciliation: (Please attach supporting documentation i.e.: receipts)



| Date | Vendor | Expense Category (Select from drop down menu) | Description | Subtotal | GST | Total |
|-----------------------|-----------------------|--|--|----------|-----|---------------|
| November 20, 2013 | Chateau Lacombe Hotel | Accommodation | Hotel Room - Standing Committee on Public Accounts | | | 211.67 |
| November 20, 2013 | MHC Travel Claim | Incidentals | Overnight incidental - Standing Committee on Public Accounts | | | 10.00 |
| Total Receipts | | | | | | 221.67 |



**CHATEAU
LACOMBE**
HOTEL

11-20-13

| | | |
|----------------------------------|---------------------------------------|------------------------------|
| Ms Carla Resch Canada | Folio No. : | Room No. : 1816 |
| | A/R Number : | Arrival : 11-19-13 |
| | Group Code : | Departure : 11-20-13 |
| | Company : Medicine Hat College | Conf. No. : 183033453 |
| | 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 | |
| 11-19-13 | Visa   | | 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: Wayne Resch
Address:

MEETING/CONFERENCE

Name: PSAB Course/Public Accounts/SACO Meeting
Location: Edmonton, Alberta

DAYS INVOLVED [4.25]

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| 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 |
|--------|-----|
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TRANSPORTATION

| | | |
|----------------------------------|--------------------------------------|----------|
| Own Car | 1300 KM @ 0.44/KM | \$572.00 |
| 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 |

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CND \$712.00
USD \$0.00 *\$1.00/CND

INVOICE TOTAL

TOTAL EXPENSE \$712.00
Less - Advance (if applicable) -\$0.00
NET CLAIM DUE (Repayable) 712.00

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL

| GL CODE | AMOUNT | GST | TOTAL |
|---------|--------|-----|-------|
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Written Signatures

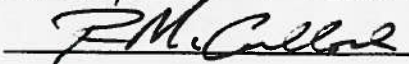
Request By



Department Code

1-71100-9240

Department Signatures
(Necessary Signature)



Finance:

Electronic Signatures

Active Directory

WResch@mhc.ab.ca



Expense Disclosure Sheet

Name

Wayne Resch

Date

November 21 - 22, 2013

Position

Chief Financial Officer

Purpose

Post Secondary Collaboration

Destination

Edmonton, AB

Receipt Reconciliation: (Please attach supporting documentation i.e.: receipts)

| Date | Vendor | Expense Category (Select from drop down menu) | Description | Subtotal | GST | Total |
|-----------------------|-----------------------|---|--|----------|-----|---------------|
| November 21-22, 2013 | MHC Travel Claim | Other Transportation | Mileage from Edmonton - Senior Accounting Control Officers Meeting | | | 286.00 |
| November 21-22, 2013 | Chateau Nova Edmonton | Accommodation | Hotel Room - Senior Accounting Control Officers Meeting | | | 237.62 |
| November 21-22, 2013 | MHC Travel Claim | Meals | Meal Allowances - Senior Accounting Control Officers Meeting | | | 44.00 |
| November 21-22, 2013 | MHC Travel Claim | Incidentals | Overnight Incidentals - Senior Accounting Control Officers Meeting | | | 10.00 |
| Total Receipts | | | | | | 577.62 |

NOVA HOTELS

CHATEAU NOVA
 159 Airport Road
 Edmonton, Alberta
 T5G 0W6 gst#856465620
 1-780-424-6682 phone
 1-780-424-6683 fax
 Arrive 11/20/13 Depart 11/22/13

RESCH WAYNE
 MEDICINA C.

 MEDISON HAT, AB
 T1A 3Y6
 SENIOR ACCOUNTING AND CONTROL
 Room # 214 Invoice # 146030

| DATE | CLERK | DEPARTMENT | DESCRIPTION | AMOUNT |
|----------------------|-------|--------------|--|---------|
| 11/20/13 | HKG | 2-Accommodat | | 109.00 |
| 11/20/13 | HKG | 3-Room Tax | On Accommodation | 4.36 |
| 11/21/13 | TA | 2-Accommodat | | 109.00 |
| 11/21/13 | TA | 3-Room Tax | On Accommodation | 4.36 |
| 11/22/13 | RR | 91-Visa | | -237.62 |
| | | | GST On Accommodatio | 10.90 |
| | | | Tax Reg. # 856465620RT0001 | |
| BILLING INSTRUCTIONS | | | BALANCE DUE → | 0.00 |
| COMPANY | | | 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 association fails to pay for any part or the full amount of these charges. | |
| ATTENTION | | | SIGNATURE | |
| | | | X _____ | |

3

Reservations: 1-866-401-6682
www.novahotels.ca

Nova Hotels Locations
Alberta – Edmonton, Acheson, Edson, Peace River, Hinton, Fort McMurray
Saskatchewan – Kindersley
NWT – Inuvik

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| Hotel (attach invoice) | | | \$0.00 |
| Miscellaneous | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |

FOR OFFICE USE ONLY

| Amount | GST |
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TRANSPORTATION

| | | |
|----------------------------------|--------------------------------------|----------|
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| College Car | (Attach gas receipts) | \$0.00 |
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| Taxi, buses, parking, road tolls | (Less than \$10) | \$0.00 |

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CND \$712.00

USD \$0.00 *\$1.00/CND

TOTAL EXPENSE \$712.00

Less - Advance (if applicable) -\$0.00

NET CLAIM DUE (Repayable) 712.00

INVOICE TOTAL

FOR OFFICE USE ONLY

VENDOR NUMBER

**CONTROL
03 - 2182**

| GL CODE | AMOUNT | GST | TOTAL |
|---------|--------|-----|-------|
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Written Signatures

Request By

[Signature]

Department Code

1-71100-9240

Department Signatures
(If Necessary Signatures)

[Signature]

Finance:

Electronic Signatures

Active Directory

WResch@mhc.ab.ca