



## Expense Disclosure Summary

**Name:** Denise Henning **Position:** President and CEO  
**Period Covered:** July 1, 2014 - September 30, 2014

**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
July 1 - September 30, 2014	N/A	Hosting	\$ -	\$ -	\$ -	\$ -	\$ 220.59	\$ -	\$ 220.59
July 14, 2014	Edmonton, AB	Council of Board Chairs and Presidents	\$ 424.46	\$ 129.00	\$ -	\$ 32.00	\$ -	\$ -	\$ 585.46
July 30, 2014	Lethbridge, AB	Meeting with President and VP, Academic - Lethbridge College	\$ -	\$ 150.92	\$ -	\$ -	\$ -	\$ -	\$ 150.92
August 6, 2014	Dinosaur Provincial Park, AB	Meeting with D. Martin and B. Tucker - Dinosaur Provincial Park	\$ -	\$ 139.04	\$ -	\$ -	\$ -	\$ -	\$ 139.04
August 22, 2014	Bow Island, AB	Strategic Planning Consultation - Bow Island	\$ -	\$ 96.80	\$ 97.01	\$ -	\$ -	\$ -	\$ 193.81
August 25, 2014	Oyen, AB	Strategic Planning Consultation - Oyen	\$ -	\$ 165.44	\$ 157.17	\$ 22.00	\$ -	\$ -	\$ 344.61
August 26, 2014	Lethbridge, AB	and VP, Academic - University of Lethbridge and Principal - Kainai	\$ -	\$ 215.60	\$ -	\$ 22.00	\$ -	\$ -	\$ 237.60
September 9, 2014	Brooks, AB	Strategic Planning Consultation - Brooks	\$ -	\$ 96.80	\$ 157.17	\$ -	\$ -	\$ -	\$ 253.97
September 23, 2014	Brooks, AB	Brooks Regional Visit	\$ -	\$ 96.80	\$ -	\$ 22.00	\$ -	\$ -	\$ 118.80

September 25, 2014	Brooks, AB	Brooks Regional Visit		\$ 96.80						\$ 96.80
September 30, 2014	Brooks, AB	Brooks Regional Visit		\$ 96.80						\$ 96.80
			\$ 424.46	\$ 515.76	\$ 411.35	\$ 66.00	\$ 220.59	\$ -	\$ 2,438.40	

\* 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

*Dennis Henning*



## Expense Disclosure Sheet

**Name** Denise Henning      **Date** July 1 - September 30, 2014  
**Position** President and CEO      **Purpose** Hosting      **Destination** N/A

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
9/8/2014	Boston Pizza	Hospitality	President hosted Appreciative Inquiry Session facilitators for supper			59.61
9/9/2014	Stardust Restaurant	Hospitality	President hosted Appreciative Inquiry Session facilitators for supper			75.60
9/30/2014	Ricky's	Hospitality	President hosted lunch with manager, Brooks Campus, MHC Foundation Board Chair, and Executive Advisor			85.38
						-
						-
						-
						-
						-
						-
<b>Total Receipts</b>						<b>220.59</b>



Here to make you happy.

MEDICINE H

AT #173

We now offer online ordering

0042 Table 15 #Party 2

JESSICA K SvrCk: 1 16:46 09/08/14

Separate checks: 1-of-2

1 DBL OVEN WINGS, h.garlic, hot, w/ranch 18.69  
 1 STICKY RIBS, salt & pep 9.49  
 1 CALAMARI 10.49  
 1 OVEN WINGS, hot, w/ranch 10.69

Sub Total: 49.36  
 GST : 2.47  
 09/08 17:39 TOTAL: 51.83

www.bostonpizza.com

GST #894648450R10003

Please Pay Y

our server

"HERE TO MAKE YOU HAPPY!"

TELL US HOW WE DID!

We value your feedback.

Complete a short survey and receive a weekly chance to WIN an awesome \$50 Boston Pizza Gift Card.

Keep this receipt and go to [www.tellbostonpizza.com](http://www.tellbostonpizza.com)

OR call 1.888.205.5778

For complete rules and eligibility please visit [www.tellbostonpizza.com](http://www.tellbostonpizza.com)

26341-98889-87011

Thanks!

-jessie

BOSTON PIZZA #173  
 1-2900 Dunmore Road SE  
 Medicine Hat, AB  
 T1H 8E3  
 403-529-2500

\*\* TRANSACTION RECORD \*\*

tran. #: 30728

check #: 42

employee #: 86

employee Name: JESSICA

HTKHC Purchase

from Chequing

XXXXXXXXXXXX7

hid: A00000027771010

Amount \$51  
 TIP \$7.00  
 TOTAL CH0159

APPROVED 00046Y  
 NO-001 000469  
 YES17314/BED17314  
 001001001004  
 2014/09/08 17:40:57  
 TUR: 8080008000  
 TSI: 6800

Customer Copy

THANK YOU!  
Come Again

Supper for AI facilitators

Dennis Henning  
 Jan McArthur Blair  
 Jeanie Cockell

# Standard

403-527-7745  
★ RESTAURANT ★  
我興小廚 403-527-7746

CHINESE AND WESTERN CUISINE

639 3RD STREET S.E. (DOWNTOWN), MEDICINE HAT, AB T1A 0H4

R. P. S. JELLYKIES  
2259 HAZLEBORNE AVE. NE  
MEDICINE HAT, AB

Term ID: 05130464

Purchase

INTERAC      Cheq.      Entry Method

Amount: \$      65.60  
Tip: \$      10.00

Total: \$      75.60

2014/09/09      18:10:21

Seq #:      0010013840  
Appr Code:      0021G3

Resp Code: 00/001

INTERAC  
A4000002771010  
11 SE A1 08 E3 31 A7 03  
03 00 00 00 00 00  
68 00  
95 78 78 77 9E 00 05 81

APPROVED  
Thank You

Customer Copy

Sp Ribs  
chicken  
Pork  
Rice  
Subtotal 60.10  
Tax

ADDRESS  
PHONE:

Supper for AI Session  
Facilitators  
Joan McArthur - Blair  
Jeane Cockell  
Dennis Henning



-All Day Grill-  
 PHONE # (403)793-8000  
 1119 2nd Street West  
 Brooks, AB  
 GST# 844909119

RICKY'S ALL DAY GRILL  
 119-2ND STREET W T1R0N9  
 BROOKS AB  
 20219667

33 katrina

Tbl 13/1 Chk 5455 Gst 4  
 30Sep'14 11:36AM

- 1 COFFEE 2.99
- 1 COKE 2.99
- 1 Pot Stickers 9.49
- 1 Daily Bowl 4.99
- 1 taco trio 12.99
- 1 Clubhouse 11.99
- Sub Caesar 0.99
- 1 ZOBRA SAND 13.29
- 1 Starter Spinach 6.99
- 1 Add Chck Breast 3.99

Subtotal 70.70  
 GST Tax 3.54  
 12:20PM Total 74.24

Your Feedback is Important!  
 Check out our website at  
 www.gotorickys.com  
 Thank you for your patronage!

Please Pay Your Server

PURCHASE

09-30-2014 11:31:00  
 Acct # .....  
 Exp Date 11/11 Card Type  
 Name: DENISE HENNING  
 0000031010 VI

Trace # 430009 Operator  
 FB2021966703

Tray # 742  
 Seq # 037008 RRN 001100

Purchase \$74.24  
 Tip \$11.14  
 Total \$85.38

(00) APPROVED-THANK YOU

Retain this copy for your records  
 Customer copy

Lund  
 Denise Henning, President & CEO  
 Don Bruce, MHA Foundation Chair  
 Kay Redke, Manager, Brooks Campus  
 Christ Lawrence, Executive Advisor



## Expense Disclosure Sheet

**Name** Denise Henning **Date** July 14, 2014  
**Position** President and CEO **Purpose** Council of Board Chairs and Presidents **Destination** Edmonton, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
7/14/2014	MHC Travel Claim	Airfare	Return Flight from Medicine Hat to Edmonton			424.46
7/14/2014	MHC Travel Claim	Other Transportation	Taxis			129.00
7/14/2014	MHC Travel Claim	Meals	Meal Allowance			32.00
						-
<b>Total Receipts</b>						<b>585.46</b>

# MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Denise Henning

Address:

**MEETING/CONFERENCE**

Name: Council of Board Chairs and Presidents

Location: Edmonton, AB



**DAYS INVOLVED | 0.65 |**

Departure date Jul 14 2014 4:30AM

Return date Jul 14 2014 8:00PM

**EXPENSES**

Meals	Days Rate	Total	FOR OFFICE USE ONLY	GST
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	0 @ \$10.00 =	\$0.00		
Hospitality Allowance	0 @ \$20.00 =	\$0.00		
Conference Cost		\$0.00		
Hotel (attach invoice)		\$0.00		
Miscellaneous		\$0.00		
Taxes		\$129.00		
CND		\$161.00		
USD		\$0.00		
* \$1.00/CND				
<b>TOTAL EXPENSE</b>		<b>\$161.00</b>		
Less - Advance (if applicable)		-\$0.00		
<b>NET CLAIM DUE (Repayable)</b>		<b>161.00</b>		

**TRANSPORTATION**

Own Car	0 KM @ 0.44/KM	\$0.00		
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 receipt is not required)	\$0.00		
CND		\$161.00		
USD		\$0.00		
* \$1.00/CND				
<b>TOTAL EXPENSE</b>		<b>\$161.00</b>		
Less - Advance (if applicable)		-\$0.00		
<b>NET CLAIM DUE (Repayable)</b>		<b>161.00</b>		
<b>INVOICE TOTAL</b>				

FOR OFFICE USE ONLY

GL CODE	AMOUNT	VENDOR NUMBER	CONTROL
			03 - 5848
			TOTAL

**Written Signatures**

Request By

Department Signatures  
(if Necessary Signature)

*Denise Henning*

Department Code

12000 - 9246

Finance:

Electronic Signatures  
Active Directory

Clawrence@nhc.ab.ca



AIRPORT TAXI SERVICE  
4608 101 ST. (7805907070)  
EDMONTON, AB  
TSE-509

Term ID: 05130339

### Purchase

XXXXXXXXXX

VISA

Entry Method: C

Invoice #: 246

Amount: \$ 59.00  
Tip: \$ 1.00

Total: \$ 60.00

2014/07/14 10:00:47

Seq #: 0010060020

Appr Code: 014876

Resp Code: 01/027

VISA

00000000031010  
9C 59 19 18 91 68 EC 4F  
00 00 00 00 00 00  
F8 00  
44 44 C8 A4 71 69 78 EF

APPROVED  
Thank You

Verified By Pin

Merchant Copy

- IMPORTANT -

retain this copy for your records

GST 801566050 RT0001

AIRPORT TAXI SERVICE  
4608 101 ST. (7805907070)  
EDMONTON, AB  
TSE-509

Term ID: 05130339

### Purchase

XXXXXXXXXX

VISA

Entry Method: C

Invoice #: 246

Amount: \$ 59.00  
Tip: \$ 1.00

Total: \$ 60.00

2014/07/14 16:03:15

Seq #: 0010060050

Appr Code: 094031

Resp Code: 01/027

VISA

00000000031010  
30 58 62 58 C3 E8 91 05  
00 00 00 00 00 00  
F8 00  
C3 DB 0D 65 C5 6F 93 17

APPROVED  
Thank You

Verified By Pin

Merchant Copy

- IMPORTANT -

retain this copy for your records

GST 801566050 K1U401

### RECEIPT

DATE: Sun 14, 2014  
AMOUNT: 9.00

FROM: A. Porec

TO: B. DRIVER

CAB: W. W. RAY

Thank You

Deluxe TAXI  
Medicine Hat.  
(Home to Airport)

**Your booking is confirmed. Booking reference: NVFP21**

An email booking confirmation has been sent to: [dhenning@mhc.ab.ca](mailto:dhenning@mhc.ab.ca).  
Use your booking reference to retrieve your official Itinerary/Receipt at [aircanada.com](http://aircanada.com).

**Passengers** Dr Denise Henning

Flight	From	To	Departure	Arrival	Airfare	Options	Taxes, fees and charges	Travel Insurance	Purchase Travel Insurance	Grand Total
AC7230	Medicine Hat (YXH)	Edmonton (YEG)	05:30 Mon 14-Jul 2014	09:20 Mon 14-Jul 2014	360.00	0.00	64.46			
AC8134		- Connection in Calgary -								
AC8169	Edmonton (YEG)	Medicine Hat (YXH)	17:00 Mon 14-Jul 2014	19:43 Mon 14-Jul 2014						
AC7233		- Connection in Calgary -								
<b>Grand Total</b>										<b>\$424.46</b>
- Canadian dollars										

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.


**AIR CANADA**
**Booking Information**Booking Reference: **NVFP21****Customer Care**

Electronic Ticketing confirmed. This is your official Itinerary/receipt.

Air Canada  
1-888-247-2262

Main Contact:  
Dr Denise Henning  
[dhenning@mhc.ab.ca](mailto:dhenning@mhc.ab.ca)  
Work: 1-403-5293801

Flight Arrivals and Departures  
1-888-422-7533

**Flight Itinerary**

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC7230 <sup>1</sup>	Medicine Hat (YXH) Mon 14-Jul 2014 05:30	Calgary (YYC) Mon 14-Jul 2014 06:29	0	3hr:50	BEH	Tango, T	
AC8134 <sup>2</sup>	Calgary (YYC) Mon 14-Jul 2014 08:30	Edmonton, Edmonton Int'l (YEG) Mon 14-Jul 2014 09:20	0		DH4	Tango, T	
AC8169 <sup>3</sup>	Edmonton, Edmonton Int'l (YEG) Mon 14-Jul 2014 17:00	Calgary (YYC) Mon 14-Jul 2014 17:52	0	2hr:43	DH3	Tango, T	
AC7233 <sup>1</sup>	Calgary (YYC) Mon 14-Jul 2014 18:50	Medicine Hat (YXH) Mon 14-Jul 2014 19:43	0		BEH	Tango, T	

Operated by:  
<sup>1</sup> Air Canada Express - Air Georgian  
<sup>2</sup> Air Canada Express - Jazz

**Passenger Information**

1: Dr Denise Henning : Adult (16+), Ticket Number: 0142135234954

Air Canada - Aeroplan :  
Payment Card: xxxxx-xxxx-xxxx-  
Seat Selection: None

Meal Preference: None  
Special Needs: None

**Purchase Summary**

Fare Summary

Passenger Type	Adult
<b>Air Transportation Charges</b>	
Departing Flight - Tango	<b>168.00</b>
Return Flight - Tango	<b>168.00</b>
Surcharges	24.00
<b>Taxes, Fees and Charges</b>	
Canada Airport Improvement Fee	30.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	20.21
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	<b>424.46</b>
Number of passengers	1
Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$424.46</b>

**Payment Information**

**Credit/Debit Card xxxxx-xxxx-xxxx-3095** - Amount paid: **\$424.46**

The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$424.46 (Airfare - per ticket)

Ticket number(s): 0142135234954

**Fare Rules**

Departing Flight Medicine Hat (YXH) To Edmonton (YEG) - Tango

Return Flight Edmonton (YEG) To Medicine Hat (YXH) - Tango

- Changes:**
  - Prior to day of departure - **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
  - Same-day confirmed changes at check-in or at the airport** are subject to availability and are permitted only for same-day flights at a fee of \$150 CAD/USD per direction, per passenger.
  - Same-day standby** is available only to passengers travelling between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) and Newark (EWR) airports.
  - Flights can only be used in sequence from the place of departure specified on the itinerary.
- Cancellations:**
  - Tickets are non-refundable and non-transferable.
  - Cancellations** can be made up to 45 minutes prior to departure.
  - Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket, subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
  - Customers who no-show their flight will forfeit the fare paid.
- Paid Advance Seat Selection** is available on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
  - Up to 24 hours after the purchase of a new ticket, Air Canada will cancel your ticket and provide a full refund without penalty.
- Flights operated by Air Canada: earn 25% Aeroplan Miles (Altitude Qualifying Miles) for flights within Canada and 50% Aeroplan Miles (Altitude Qualifying Miles) for flights between Canada and the U.S.
- Read complete fare rules applicable to this fare.

**Baggage Allowance and Fees**

Prepare your checked and carry-on baggage with the help of our Baggage Guide .

**Carry-on Baggage**

On your Air Canada, Air Canada Express, or Air Canada rouge-operated flight, you are entitled to 1 standard item (max. size: 23 x 40 x 55 cm [9 x 15.5 x 21.5 in]) and 1 personal item (max. size: 16 x 33 x 43 cm [6 x 13 x 17 in]). Maximum weight for each item is 10 kg (22 lb). View more details.

**Checked Baggage**

Please see below for details on the bags you plan on checking at the baggage counter.

<b>Departing Flight :</b> Medicine Hat (YXH) To Edmonton (YEG) - Tango	
<b>Return Flight :</b> Edmonton (YEG) To Medicine Hat (YXH) - Tango	
Regular Baggage Allowance	1st bag: <b>\$20.00 CAD</b> 2nd bag: <b>\$20.00 CAD</b> + taxes* per direction
	<b>Complimentary</b>

Max. weight per bag: 23 kg (50 lb)  
 Max. linear dimensions per bag: 158 cm (62 in)

\* For travel within Canada or between Canada and the United States, a Canadian tax of \$3.00 CAD may apply to 1st and 2nd bag fees. For travel between Canada or the United States and Mexico, the Dominican Republic and Barbados, an applicable local sales tax of \$4.00 CAD may apply to the 2nd bag fee. For all other itineraries to/from Mexico, the Dominican Republic and Barbados as well as itineraries to/from South America, an applicable local sales tax of \$21.00 CAD may apply to the 2nd bag fee. All above tax amounts are based on the maximum applicable tax amounts per itinerary type. Actual amounts may vary and will be changed in the currency used in your departure airport. Tax amounts are subject to change without notice by local government.

Fee amounts are displayed in the currency of the first departure city on your ticket. On the day of travel, applicable fees will be assessed in the local currency of the country you are travelling from. Certain exceptions may apply where the departure airport does not charge in local currency. The currency exchange rate will be determined by the date of travel. Please note that checked baggage fees may be assessed a second time if your itinerary includes a stopover lasting more than 24 hours.

#### Additional Baggage Allowance for Air Canada Altitude and Star Alliance members

Baggage check-in must occur with Air Canada, Air Canada Express (flights operated by Jazz, Sky Regional, Air Georgian, Exploits Valley Air), Air Canada Rouge or a Star Alliance member airline. Your Air Canada Altitude status level must be valid at time of check-in to qualify for waiver of charges related to baggage.

	Economy Class	Premium Economy	Business Class
Altitude Super Elite 100k, Elite 75k, Elite 50k & Elite 35k	3 bags 32kg (70lb)	3 bags 32kg (70lb)	3 bags 32kg (70lb)
Altitude Prestige 25k	2 bags 23kg (50lb)	2 bags 23kg (50lb)	2 bags 32kg (70lb)
Star Alliance Gold	3 bags 23kg (50lb)	3 bags 23kg (50lb)	3 bags 32kg (70lb)
Star Alliance Silver	1 bag 23kg (50lb)	2 bags 23kg (50lb)	2 bags 32kg (70lb)

Note: If you exceed your baggage allowance (in number, size and/or weight), additional checked baggage charges will apply. The policy and fees will be those of the carrier identified in the checked baggage information section.

View Air Canada's additional checked baggage policy.

View the additional checked baggage policy of Air Canada's codeshare and interline partners.

### Important Information

Please review this itinerary/receipt and, should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

#### Before You Go: A To-Do List

All passengers are advised to view the Travel documentation page for Important Information on Identification required for travel.


Check-in and boarding times

#### Links

Manage my booking online:  
 Flight Departure & Arrivals:  
 General conditions of carriage:  
 Information and Services

<http://www.aircanada.com/mybookings>  
<http://www.aircanada.com/flightstatus>  
<http://www.aircanada.com/conditionsofcarriage>  
<http://www.aircanada.com/travelinfo>

 **Fly Carbon Neutral.** Offset your portion of this flight's CO<sub>2</sub> emissions.  
 Offset now | Learn more

 [Rate this page](#)



## Expense Disclosure Sheet

**Name** Denise Henning                      **Date** July 30, 2014

**Position** President and CEO                      **Purpose** Meeting with President and VP,  
Academic - Lethbridge College                      **Destination** Lethbridge, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
7/30/2014	MHC Travel Claim	Other Transportation	Return mileage from Medicine Hat to Lethbridge			150.92
						-
<b>Total Receipts</b>						<b>150.92</b>

27/06/14

# MEDICINE HAT COLLEGE TRAVEL CLAIM



**CLAIMANT**  
Name: Denise Hemming

**MEETING/CONFERENCE**  
Name: Meeting with President & VP Academic, Lethbridge College

Location: 3000 College Drive South, Lethbridge

Address:  
**DAYS INVOLVED [ 0.29 ]**

Departure date Jul 30 2014 11:00AM

Return date Jul 30 2014 6:00PM

### 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


### TRANSPORTATION

Own Car 343 KM @ 0.44/KM \$150.92

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 receipt is not required) \$0.00

**INVOICE TOTAL**

CND \$150.92 USD \$0.00 \*\$1.00/CND

**TOTAL EXPENSE \$150.92**

Less - Advance (if applicable) -\$0.00

**NET CLAIM DUE (Repayable) 150.92**

### FOR OFFICE USE ONLY

### VENDOR NUMBER

**CONTROL 03 - 5885**

GL CODE	AMOUNT	VENDOR NUMBER	GST	CONTROL TOTAL

### Written Signatures

Request By

Department Code

Department Signatures  
(if Necessary Signatures)

Finance:

*Denise Hemming*  
*James Smith*

12000-9240

### Electronic Signatures

Active Directory

SSchutz@mh.ca

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

03-5885-15092



### Expense Disclosure Sheet

**Name** Denise Henning **Date** August 6, 2014  
**Position** President and CEO **Purpose** Meeting with D. Martin and B. Tucker - Dinosaur Provincial Park **Destination** Dinosaur Provincial Park, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
8/6/2014	MHC Travel Claim	Other Transportation	Return Mileage from Medicine Hat to Dinosaur Provincial Park			139.04
						-
<b>Total Receipts</b>						139.04

# MEDICINE HAT COLLEGE TRAVEL CLAIM



**MEETING/CONFERENCE**  
 Name: Meeting with Donna Martin and Brad Tucker  
 Location: Dinosaur Provincial Park, AB

**CLAIMANT**  
 Name: Denise Henning  
 Address:

**DAYS INVOLVED** [ 0.29 ]  
 Departure date Aug 6 2014 9:00AM  
 Return date Aug 6 2014 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	

**TRANSPORTATION**

Own Car	316 KM @ 0.44/KM	\$139.04		
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 receipt is not required)	\$0.00		
	CND \$139.04			
	USD \$0.00	*\$1.00/CND		
	<b>TOTAL EXPENSE</b>	\$139.04		
	Less - Advance (if applicable)	-\$0.00		
	<b>NET CLAIM DUE (Repayable)</b>	139.04		
			<b>INVOICE TOTAL</b>	

FOR OFFICE USE ONLY

GL CODE	AMOUNT	VENDOR NUMBER	CONTROL TOTAL
			03 - 5893
			TOTAL

**Written Signatures**  
 Request By \_\_\_\_\_  
 Department Code 12000-9246  
 Department Signatures (if Necessary Signatures) Denise Henning Finance:  
 Department Signatures \_\_\_\_\_

**Electronic Signatures**  
 Active Directory CLawrence@mh.c.ab.ca

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





## Expense Disclosure Sheet

**Name** Denise Henning **Date** August 22, 2014  
**Position** President and CEO **Purpose** Strategic Planning Consultation  
 - Bow Island **Destination** Bow Island, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
8/21/2014	MHC Travel Claim	Other Transportation	Return mileage from Medicine Hat to Bow Island			96.80
8/21/2014	Bow Island Lodge	Accommodation	Hotel			97.01
					<b>Total Receipts</b>	<b>193.81</b>

# MEDICINE HAT COLLEGE TRAVEL CLAIM

## CLAIMANT

Name: Denise Henning  
Address:

## MEETING/CONFERENCE

Name: Strategic Plan Consultation - Bow Island  
Location: Bow Island, AB



## DAYS INVOLVED [ 0.75 ]

Departure date Aug 21 2014 5:00PM  
Return date Aug 22 2014 11:00AM

## EXPENSES

Meals	Days Rate	Total	FOR OFFICE USE ONLY	GST
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		

## TRANSPORTATION

Own Car	120 KM @ 0.44/KM	\$52.80		
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 receipt is not required)	\$0.00		
	CND	\$52.80		
	USD	\$0.00		
	*\$1.00/CND			
	TOTAL EXPENSE	\$52.80		
	Less - Advance (if applicable)	-\$0.00		
	NET CLAIM DUE (Repayable)	\$52.80		
	INVOICE TOTAL			

## FOR OFFICE USE ONLY

GL CODE	AMOUNT	VENDOR NUMBER	CONTROL
			03 - 5939
			TOTAL

## Written Signatures

Request By

Department Signatures  
(if Necessary Signature)

*Denise Henning*  
*Denise Henning*

Department Code

12000-9240.

Finance:

## Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca

# INVOICE

To: Medicine Hat College

From:

**BOW ISLAND LODGE**

Phone (403)545-6060 Fax (403)545-6144  
 Box 717, 230 7th Avenue East, Highway 3  
 Bow Island, AB., T0K 0G0  
 GST # 876766421

P.O. #  
 GST 5 %  
 Room Tax 4 %

Guest Ref #	Rm #	Guest Name	From D/M	To D/M	# of Days	Rm Rate	Rm Charge
2331	101	Denise Henning	21/08	22/08	1	\$89.00	\$89.00
	121		21/08	22/08	1	\$89.00	\$89.00
	123		21/08	22/08	1	\$89.00	\$89.00
	126		21/08	22/08	1	\$89.00	\$89.00

*Travel claim Reimburse*

*97.01*

<b>TOTAL</b>	\$356.00
<b>GST</b>	\$17.80
<b>Room Tax</b>	\$14.24
<b>AMOUNT</b>	\$388.04

I verify that the charges on this invoice are correct.

Signature:





## Expense Disclosure Sheet

**Name** Denise Henning                      **Date** August 25, 2014

**Position** President and CEO                      **Purpose** Strategic Plan Consultation - Oyen                      **Destination** Oyen, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
8/24/2014	MHC Travel Claim	Other Transportation	Return mileage Medicine Hat to Oyen			165.44
8/24/2014	MHC Travel Claim	Meals	Meal Allowance			22.00
8/24/2014	Canalta Oyen	Accommodation	Hotel			157.17
						-
<b>Total Receipts</b>						<b>344.61</b>

# MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Denise Henning  
Address:

**MEETING/CONFERENCE**

Name: Strategic Plan Consultation - Oyen  
Location: Oyen, AB



**DAYS INVOLVED [0.79]**

Departure date Aug 24 2014 5:00PM  
Return date Aug 25 2014 12:00PM

**EXPENSES**

	Days Rate	Total	FOR OFFICE USE ONLY
			Amount GST
<b>Meals</b>			
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	0 @ \$10.00 =	\$0.00	
Hospitality Allowance	0 @ \$20.00 =	\$0.00	
Conference Cost		\$0.00	
Hotel (attach invoice)		\$0.00	
Miscellaneous		\$0.00	

**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 receipt is not required)	\$0.00	
	CND \$187.44		
	USD \$0.00 *\$1.00/CND		
	<b>TOTAL EXPENSE \$187.44</b>		
	Less - Advance (if applicable)	-\$0.00	
	<b>NET CLAIM DUE (Repayable) 187.44</b>		

FOR OFFICE USE ONLY

GL CODE	AMOUNT	VENDOR NUMBER	CONTROL
			03 - 5940
			TOTAL

Written Signatures  
Request By *Clarence Lawrence* for D. Henning  
Department Signatures  
(if Necessary) Signature: *Denise Henning* Finance: *12000-9270*

Electronic Signatures  
Active Directory CLawrence@mhc.ab.ca

CANALTA OYEN

JUNCTION HIGHWAY 9 & 41  
OYEN ALBERTA T0J 2J0 CA

Phone: 403-664-3010

Fax: 403-664-3011

Email: gm@canaltaoyen.com

Printed: 8/25/2014 5:19:30 AM

# Folio (Detailed)

Name: HENNING, DENISE

Confirmation Number: 264-371670

Address: 299 COLLEGE DR

Frequent Stay#: AUTH ON

Medicine Hat, AB T1A 3Y6 CA

Room: 101

Room Type: N1K, NON-SMOKING 1 KING

Nights: 1

Guests: 1/0

Rate Plan: ROD

Daily Rate: \$139.99 + \$17.18 Tax

GTD: VI - VISA

Arrival: 8/24/2014 (Sun)

Departure: 8/25/2014 (Mon)

XXXX XXXX XXXX

## Room Rate:

8/24/2014 (Sun) - 8/24/2014 (Sun) \$139.99 + \$17.18 Tax per night.

Date	Code	Description	Amount	Balance
8/24/2014	VI	VISA (5045)	(\$157.17)	(\$157.17)
8/24/2014	ROOM	ROOM CHARGE	\$139.99	(\$17.18)
8/24/2014	TAX1	GST	\$7.00	(\$10.18)
8/24/2014	TAX2	LODGING TAX	\$5.60	(\$4.58)
8/24/2014	TAX3	DESTINATION MARKETING FUND	\$4.20	(\$0.38)
8/24/2014	DTX1	GST ON DMF	\$0.21	(\$0.17)
8/24/2014	DTX2	HOTEL TAX ON DMF	\$0.17	\$0.00

## Summary

Room	Tax	F&B	Other	CC	Cash	DB
\$139.99	\$17.18	\$0.00	\$0.00	(\$157.17)	\$0.00	\$0.00

Guest Signature:



## Expense Disclosure Sheet

**Name** Denise Henning                      **Date** August 26, 2014  
  
**Position** President and CEO              **Purpose** Meeting with President and Vice-President, Academic - University of Lethbridge and Principal - Kainai High School              **Destination** Lethbridge and Cardston, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
8/26/2014	MHC Travel Claim	Other Transportation	Return mileage from Medicine Hat to Lethbridge			215.60
8/26/2014	MHC Travel Claim	Meals	Meal Allowance			22.00
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
<b>Total Receipts</b>						<b>237.60</b>

# MEDICINE HAT COLLEGE TRAVEL CLAIM



**CLAIMANT**  
Name: Denise Henning

**MEETING/CONFERENCE**  
Name: Meeting with University of Lethbridge President and VP, Academic / Kainai High School Principal  
Location: Lethbridge/Cardston, AB

Address:  
**DAYS INVOLVED** | 3.00 | *2.6*  
Departure date Aug 24 2014 1:07PM  
Return date Aug 27 2014 1:07PM

EXPENSES	Days Rate	Total	FOR OFFICE USE ONLY
Meals			Amount
Breakfast	0 @ \$10.00 =	\$0.00	GST
Lunch	0 @ \$12.00 =	\$0.00	
Dinner	1 @ \$22.00 =	\$22.00	
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	

**TRANSPORTATION**

Own Car	490 KM @ 0.44/KM \$215.60		
College Car	(Attach gas receipts)	\$0.00	
Rental Car	(Attach invoice & gas receipts)	\$0.00	
Air Fare	(Attach Air Line Tickets or Invoices)	\$0.00	
Taxi, buses, parking, road tolls	(Less than \$10 receipt is not required)	\$0.00	
	CND \$237.60		INVOICE TOTAL
	USD \$0.00 *\$1.00/CND		
	<b>TOTAL EXPENSE \$237.60</b>		
	Less - Advance (if applicable) -\$0.00		
	<b>NET CLAIM DUE (Repayable) 237.60</b>		

FOR OFFICE USE ONLY

GL CODE	AMOUNT	VENDOR NUMBER	CONTROL TOTAL
			03 - 5938
			TOTAL

**Written Signatures**

Request By: Denise Henning Department Code: 12000-9240

Department Signatures (If Necessary Signatures): [Signature] Finance:

**Electronic Signatures**  
Active Directory: CLawrence@nhc.ab.ca

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





## Expense Disclosure Sheet

Name      Denise Henning                              Date                      September 9, 2014  
Position      President and CEO                              Purpose                      Brooks Regional Visit                              Destination      Brooks, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
9/9/2014	MHC Travel Claim	Other Transportation	Return mileage from Medicine Hat to Brooks			96.80
9/9/2014	Ramada	Accommodation	Hotel			157.17
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
<b>Total Receipts</b>						<b>253.97</b>

# MEDICINE HAT COLLEGE TRAVEL CLAIM

## CLAIMANT

Name: Denise Henning  
Address:

**MEETING/CONFERENCE**  
Name: Strategic Planning - Brooks Community  
Location: Brooks, AB



### DAYS INVOLVED (0.75)

Departure date Sep 8 2014 4:00PM  
Return date Sep 9 2014 10:00AM

### EXPENSES

**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

### 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 receipt is not required) \$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

VENDOR NUMBER

CONTROL  
03 - 6071

GL CODE	AMOUNT	GST	INVOICE TOTAL

### Written Signatures

Request By

Department Code

Department Signatures  
(if Necessary Signature)

Finance:

Electronic Signatures  
Active Directory

CLawrence@nhc.ab.ca

12000-9240



# RAMADA

## RAMADA BROOKS

1319 2ND ST WEST  
BROOKS AB T1R 1P7 CA

Phone: 403-362-6440

Fax: 403-362-6480

Email: gm@ramadabrooks.com

Printed: 9/9/2014 6:35:20 AM

(9)

### Folio (Detailed)

Name:	HENNING, DENISE	Confirmation Number:	62327025
		Account Number:	068-761981

Address:	299 SE MEDICINE HAT, AB T1B3Y6 CA	Room Type:	NK1, 1 KING NSMK	Nights:	1	Guests:	1/0
Room:	203	Daily Rate:	\$139.99 + \$17.18 Tax	GTD:	VI - VISA		
Rate Plan:	RACK	Departure:	9/9/2014 (Tue)		XXXX XXXX XXXX		
Arrival:	9/8/2014 (Mon)						

Room Rate: 9/8/2014 (Mon) - 9/8/2014 (Mon) \$139.99 + \$17.18 Tax per night.

Date	Code	Description	Amount	Balance
9/8/2014	RM	ROOM CHARGE	\$139.99	\$139.99
9/8/2014	TAX1	GST	\$7.00	\$146.99
9/8/2014	TAX3	DMF	\$4.20	\$151.19
9/8/2014	TAX2	TOURISM	\$5.60	\$156.79
9/8/2014	DTX1	GST ON DMF	\$0.21	\$157.00
9/8/2014	DTX2	HOTEL TAX ON DMF	\$0.17	\$157.17
9/9/2014	VI	VISA XXXX XXXX XXXX 5045	(\$157.17)	\$0.00

Summary						
Room	Tax	F&B	Other	CC	Cash	DB
\$139.99	\$17.18	\$0.00	\$0.00	(\$157.17)	\$0.00	\$0.00

By signing below, I agree to these terms and conditions.

#### Guest Signature:

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.  
 "We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt/Privacy, Wynnham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."



## Expense Disclosure Sheet

**Name** Denise Henning                      **Date** September 23, 2014

**Position** President and CEO                      **Purpose** Brooks Regional Visit                      **Destination** Brooks, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
9/23/2014	MHC Travel Claim	Other Transportation	Return mileage from Medicine Hat to Brooks			96.80
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
<b>Total Receipts</b>						96.80

# MEDICINE HAT COLLEGE TRAVEL CLAIM

## CLAIMANT

Name: Denise Henning  
Address:

## MEETING/CONFERENCE

Name: Brooks Regional Visit  
Location: Brooks, AB



## DAYS INVOLVED | 0.35 |

Departure date Sep 23 2014 8:00AM  
Return date Sep 23 2014 4:30PM

## EXPENSES

		Days Rate Total	FOR OFFICE USE ONLY
			Amount GST
<b>MEALS</b>			
Breakfast	0 @ \$10.00 =	\$0.00	
Lunch	0 @ \$12.00 =	\$0.00	
Dinner	0 @ \$22.00 =	\$0.00	
Full Per diem	0 @ \$44.00 =	\$0.00	
Overnight incidental	0 @ \$10.00 =	\$0.00	
Hospitality Allowance	0 @ \$20.00 =	\$0.00	
Conference Cost		\$0.00	
Hotel (attach invoice)		\$0.00	
Miscellaneous		\$0.00	
		\$0.00	
		\$0.00	
		\$0.00	
		\$0.00	
		\$0.00	
		\$0.00	
		\$0.00	
		\$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 receipt is not required)	\$0.00	
	CND	\$96.80	
	USD	\$0.00	
		+\$1.00/CND	
<b>TOTAL EXPENSE</b>		\$96.80	
Less - Advance (if applicable)		-\$0.00	
<b>NET CLAIM DUE (Repayable)</b>		96.80	
			<b>INVOICE TOTAL</b>

## FOR OFFICE USE ONLY

## VENDOR NUMBER

## CONTROL

03 - 7134

TOTAL

GL CODE	AMOUNT	GST	TOTAL

## Written Signatures

Request By Denise Henning Department Code 12000-92910  
Department Signatures [Signature] Finance: \_\_\_\_\_  
(If Necessary, Signature)

## Electronic Signatures

Active Directory Clawrence@nhc.ab.ca



## Expense Disclosure Sheet

**Name** Denise Henning                      **Date** September 25, 2014  
**Position** President and CEO                      **Purpose** Brooks Regional Visit                      **Destination** Brooks, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
9/25/2014	MHC Travel Claim	Other Transportation	Return mileage from Medicine Hat to Brooks			96.80
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
<b>Total Receipts</b>						<b>96.80</b>

**MEDICINE HAT COLLEGE TRAVEL CLAIM**



**CLAIMANT**

Name: Denise Herring  
Address:

**MEETING/CONFERENCE**  
Name: Brooks Regional Visit  
Location: Brooks, AB

DAYS INVOLVED | 0.35 |

Departure date Sep 30 2014 8:00AM  
Return date Sep 30 2014 4:30PM  
*25-26*  
*25-26*

**EXPENSES**

	Days/Rate Total
<b>Meals</b>	
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


**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 receipt is not required) \$0.00

INVOICE TOTAL

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

**CONTROL**  
03 - 7135  
TOTAL

FOR OFFICE USE ONLY

GL CODE


AMOUNT


VENDOR NUMBER


GST


**Written Signatures**

Request By *Denise Herring* Department Code *12000-9240*  
 Department Signatures (if Necessary, Signature) Finance:

**Electronic Signatures**

Active Directory *Clawrence@mh.c.ab.ca*



## Expense Disclosure Sheet

**Name** Denise Henning                      **Date** September 30, 2014  
**Position** President and CEO              **Purpose** Brooks Regional Visit                      **Destination** Brooks, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
9/30/2014	MHC Travel Claim	Other Transportation	Return mileage from Medicine Hat to Brooks			96.80
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
<b>Total Receipts</b>						<b>96.80</b>



# MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Denise Hemming  
Address:

**MEETING/CONFERENCE**

Name: Regular MHC Brooks Campus Visit  
Location: Brooks, AB



**DAYS INVOLVED (0.35)**

Departure date Sep 30 2014 8:00AM  
Return date Sep 30 2014 4:30PM

**EXPENSES**

**Meals**  
Breakfast  
Lunch  
Dinner  
Full Per diem  
Overnight incidental  
Hospitality Allowance  
Conference Cost  
Hotel (attach invoice)  
Miscellaneous

**Days Rate Total**

0 @ \$10.00 = \$0.00  
0 @ \$12.00 = \$0.00  
0 @ \$22.00 = \$0.00  
0 @ \$44.00 = \$0.00  
0 @ \$10.00 = \$0.00  
0 @ \$20.00 = \$0.00

**FOR OFFICE USE ONLY**

Amount

GST

\$0.00  
\$0.00  
\$0.00  
\$0.00  
\$0.00  
\$0.00

**TRANSPORTATION**

Own Car  
College Car  
Rental Car  
Air Fare  
Taxi, buses, parking, road tolls

220 KM @ 0.44/KM \$96.80

(Attach gas receipts) \$0.00  
(Attach invoice & gas receipts) \$0.00  
(Attach Air Line Tickets or Invoice) \$0.00  
(Less than \$10 receipt is not required) \$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**

GL CODE

AMOUNT

GST

**CONTROL**  
03 - 6066  
**TOTAL**

[Barcode area]

[Barcode area]

[Barcode area]

[Barcode area]

**Written Signatures**

Request By

Department Signatures  
(if Necessary Signatures)

*Denise Hemming*  
*J. Harris*

Department Code

Finance:

12000-9240

**Electronic Signatures**

Active Directory

CLawrence@mhc.ab.ca