



Expense Disclosure Summary

Name Robert G. McCulloch **Position** Interim President and CEO
Period Covered October 1, 2013-December 31, 2013

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 1, 2013 - December 31, 2013	Campus Community	Hosting: Community Meetings	\$ -	\$ -	\$ -	\$ 68.56	\$ -	\$ -	\$ 68.56
October 17, 2013	Brooks, AB	Brooks Campus Meet and Greet	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
October 18-19, 2013	Elkwater, AB	Board Retreat	\$ -	\$ 28.60	\$ 189.73	\$ -	\$ -	\$ -	\$ 218.33
October 23-24, 2013	Calgary, AB	Council of Presidents	\$ -	\$ 301.76	\$ -	\$ 44.00	\$ -	\$ 10.00	\$ 355.76
November 19-20, 2013	Edmonton, AB	Standing Committee on Public Accounts	\$ -	\$ 559.24	\$ 214.67	\$ 22.00	\$ -	\$ 10.00	\$ 805.91
November 27, 2013	Brooks, AB	Tuition Consultation, Brooks Campus	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
			\$ -	\$ 1,083.20	\$ 404.40	\$ 134.56	\$ -	\$ 20.00	\$ 1,642.16

* 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.

R. McCulloch

Signature _____



MEDICINE HAT
COLLEGE

Expense Disclosure Sheet

October 1, 2013 - December
31, 2013

Name Robert G. McCulloch

Date

Position Interim President and CEO

Purpose Hosting: Community Meetings

Destination Campus Community

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
11/4/2013	Sabi Pan-Asian Restaurant	Meals	Hosted previous honorary degree recipient for lunch.			34.83
11/12/2013	Crave	Meals	Hosted local business leader for lunch.			33.73
						-
						-
						-
						-
						-
						-
						-
						-
Total Receipts						68.56

SABI PAN-ASIAN
RESTAURANT
638 2ND ST. SE
MEDICINE HAT AB



**Sabai Infusion
Restaurant**

Receipt

638 - 2nd Street S.E.
403-527-8040
G.S.T. # 831814124 RT0001

\$ _____

CARD *****2367
CARD TYPE VISA
DATE 2013/11/04
TIME 0697 13:23:46
RECEIPT NUMBER
C30858726-001-197-019-0

PURCHASE
AMOUNT \$30.29
TIP \$4.54
TOTAL

\$34.83 ✓

VISA CREDIT
A0000000031010
1CEC7477F246B975
0000008000-EB00
6B1C307649C014B4
0000008000-FB00

APPROVED

AUTH# 003978 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Server	Table	Persons
	132	
- H & S		11.95
- SPR		9.95
- V-13		6.95
- SPR		
		28.85
		1.44
		<u>30.29</u>

CRAVE
MEDICINE HAT, AB
(403) 504-3540
GST# 107687782

I N V O I C E

Server: TRACY
Guest:

1. Duplicate
Table #19

1: POP	2.48
1: SOUP OF THE DAY	3.50
1: PORK SANDWICH	8.95
2: GRILL CHIC WRAP	9.95
2: POP	2.48

Total	28.73
Net Sales	27.36
Total Tax	1.37
Visa	33.73
Change	5.00
2:05 PM 11/12/2013	

28

CRAVE WHAT YOU WANT
THANK YOU!

CRAVE PUB
299 COLLEGE DRIVE SE
MEDICINE HAT AB T1A3Y6
4035283925

MERCHANT ID: 87153060017 TERM ID: 0C2
SERVER: 1

SALE

XXXXXXXXXXXXXXXXX5045
VISA ENTRY METHOD: CHIP
11/12/13 14:06:51
INV #: 000019 APPR CODE: 095711
 BATCH #: 000308
 REF #: 019

AMOUNT	\$28.73
TIP	\$5.00

TOTAL	\$33.73

PIN VERIFIED BY CARD ISSUER
CARDHOLDER AGREES TO PAY ABOVE
TOTAL AMOUNT IN ACCORDANCE WITH
CARD ISSUER'S AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION
CARDHOLDER COPY
APPROVED

APPLICATION LABEL: VISA CREDIT
AID: A0000000031010
TR: 00 00 00 80 00
TS: FB 00



Expense Disclosure Sheet

Name Robert G. McCulloch Date October 17, 2013 Destination Brooks, AB
Position Interim President and CEO Purpose Brooks Campus Meet and Greet

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
10/17/2013	MHC Travel Claim	Other Transportation	Return mileage from Medicine Hat to Brooks.			96.80
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
Total Receipts						96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM



CLAIMANT

Name: Robert McCulloch
Address:

MEETING/CONFERENCE

Name: Visit to Brooks Campus
Location: Brooks, Alberta

DAYS INVOLVED [0.17]

Departure date Oct 17 2013 12:00PM
Return date Oct 17 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 - 2048
TOTAL

Written Signatures

Request By *Robert McCulloch*
 Department Signatures *[Signature]*
(If Necessary Signature)

Department Code 1-11000-9240
 Finance: _____

Electronic Signatures

Active Directory CLawrence@mhc.ab.ca

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Robert McCulloch
Address:

MEETING/CONFERENCE

Name: Board Retreat
Location: Elkwater, Alberta



DAYS INVOLVED | 1.17 |

Departure date Oct 18 2013 2:00PM
Return date Oct 19 2013 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
			\$0.00
			\$0.00

FOR OFFICE USE ONLY

Amount	GST

TRANSPORTATION

Own Car	65 KM @ 0.44/KM	\$28.60
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 \$28.60
USD \$0.00 *\$1.00/CND
TOTAL EXPENSE \$28.60
Less - Advance (if applicable) -\$0.00
NET CLAIM DUE (Repayable) 28.60

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL

GL CODE	AMOUNT	GST	CONTROL 03 - 2049 TOTAL

Written Signatures

Request By *Robert McCulloch*
Department Signatures (if Necessary Signature) *[Signature]*

Department Code 1-11500-7240
Finance: _____

Electronic Signatures

Active Directory CLawrence@mhc.ab.ca



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 / Vouche	Charges	Credits	Balance
18/10/2013	701	Deposit Transfer - From Conf #: 51476	0.00	1,000.00	-1,000.00
18/10/2013	102	Room Taxable	169.00	0.00	-751.72
18/10/2013	102	Destination Fee - 3.000%	5.07	0.00	-746.65
18/10/2013	102	Room GST - 5.000%	8.70	0.00	-737.95
18/10/2013	102	Alberta Tourism Levy - 4.000%	6.96	0.00	-730.99

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Robert McCulloch
Address:

MEETING/CONFERENCE

Name: Council of Presidents
Location: Calgary, Alberta



DAYS INVOLVED [1.30]

Departure date Oct 23 2013 10:00AM
Return date Oct 24 2013 5:15PM

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	1 @	\$44.00	= \$44.00 ✓
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

FOR OFFICE USE ONLY

Amount GST

Amount	GST

TRANSPORTATION

Own Car	629 KM @ 0.44/KM	\$276.76 ✓
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)	\$25.00 ✓

CND \$355.76
USD \$0.00 *\$1.00/CND

TOTAL EXPENSE \$355.76
Less - Advance (if applicable) -\$0.00
NET CLAIM DUE (Repayable) 355.76

INVOICE TOTAL

FOR OFFICE USE ONLY

VENDOR NUMBER

**CONTROL
03 - 2073
TOTAL**

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By

Robert McCulloch

Don Bruce

Department Code

1-11000-9240

Department Signatures
(If Necessary Signature)

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca

03) 537-7000

CALGARY PARKING AUTHORITY (4

Terminal: 793
Plate: BLH3789

Zone: 9071
C 452088*2367

Valid through:

THURSDAY 24 OCT 13
6:00 PM



AMOUNT PAID: \$25.00 (GST incl.)

Auth No: 017451

es (403) 537-7000 ~~FREE~~ Battery Boosting & Tire Inflation Service



DELTA
CALGARY SOUTH

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

Travelscape/Expedia/Hotels.com
P.O. Box 379026
Las Vegas NV 89137
United States

Room: 0251
Folio: 231900
Cashier: 261
Arrival: 10-23-13
Departure: 10-24-13

McCulloch, Robert

A/R Account: PT-067

Date	Description	Additional Information	Charges	Credits
10-23-13	Room Charge		170.24	
10-23-13	DMF		5.11	
10-23-13	Room GST		8.77	
10-23-13	Tourism Levy		7.01	

GST Summary	
Registration No: 895126332	
Room	8.77
F&B	0.00
Other	0.00
Total	8.77

Total	191.13	0.00
Balance Due	191.13	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.



Expense Disclosure Sheet

Name

Robert G. McCulloch

Date

November 19-20, 2013

Position

Interim President and CEO

Purpose

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
11/19-20/2013	MHC Travel Claim	Other Transportation	Return mileage from Medicine Hat to Edmonton. Return mileage from Chateau Lacombe to Edmonton International Airport.			559.24
11/19-20/2013	Chateau Lacombe	Accommodation	Hotel			214.67
11/19-20/2013	MHC Travel Claim	Meals	Meal Allowance			22.00
11/19-20/2013	MHC Travel Claim	Incidentals	Overnight Incidental			10.00
						-
						-
						-
						-
						-
						-
						-
Total Receipts						805.91

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Robert McCulloch
 Address:

MEETING/CONFERENCE

Name: Standing Committee on Public Accounts
 Location: Edmonton, AB



DAYS INVOLVED [1.42]

Departure date: Nov 19 2013 7:30AM
 Return date: Nov 20 2013 5:30PM

EXPENSES

Meals	Days Rate	Total
Breakfast	1 @ \$10.00 =	\$10.00 ✓
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)		\$214.67
Miscellaneous		\$0.00
		\$0.00
		\$0.00

FOR OFFICE USE ONLY

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

TRANSPORTATION

Own Car	1271 KM @ 0.44/KM	\$559.24 ✓
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 \$805.91
 USD \$0.00 *\$1.00 CND

TOTAL EXPENSE \$805.91
 Less - Advance (if applicable) -\$0.00
NET CLAIM DUE (Repayable) 805.91

INVOICE TOTAL

FOR OFFICE USE ONLY

VENDOR NUMBER

**CONTROL
03 - 3181**

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: *Robert McCulloch*
 Department Signatures (if Necessary Signatures): *Bob Lawrence*

Department Code: 12000-9240
 Finance: _____

Electronic Signatures

Active Directory: CLawrence@mhc.ab.ca



**CHATEAU
LACOMBE**
HOTEL

11-20-13

Dr Bob McCullough Canada	Folio No. :	Room No. : 0605
	A/R Number :	Arrival : 11-19-13
	Group Code :	Departure : 11-20-13
	Company : Medicine Hat College	Conf. No. : 183033143
	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	Cafe Lacombe Lunch Gratuity Line# 605 : CHECK# 7500	3.00	
11-20-13	Visa XXXXXXXXXXXXXXX2367		214.67
Total		214.67	214.67
Balance		0.00	

Guest Signature: X _____

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.

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: Robert McCulloch

Address:

MEETING/CONFERENCE

Name: Meeting with Brooks Bulletin and Tuition Consultation

Location: Brooks, AB

DAYS INVOLVED [0.27]

Departure date Nov 27 2013 7:29AM

Return date Nov 27 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
		\$0.00

FOR OFFICE USE ONLY

Amount	GST
<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	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

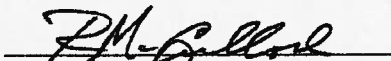
CONTROL

03 - 3189

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"/>
<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

12000-9240

Department Signatures
 (if necessary Signature)

Finance:

Pamphlet

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca

2013 DEC 3 PM 1:14