





**BEST WESTERN PLUS South Edmonton Inn & Suites**  
**1204 101 Street**  
**Edmonton, AB T6X 0P1**  
**(780)-801-3580**

**Folio#: 136513**  
**RESCH, WAYNE**  
**299 College Drive SE**  
**Medicine Hat, AB T1A 3Y6**  
**Phone:**  
**Company:**

**Room: 212**  
**Room Type: BSKN- Business Plus Suite King Non-Smoking**  
**Arrival: 5/5/2014**  
**Departure: 5/6/2014**  
**Employee: Sylvia**

Trans#	Date	Posting Description	Charges	Payments	Balance
672869	05/05/14	Rm: 212 CRS Override	\$129.99	\$0.00	\$129.99
672870	05/05/14	Tourism Levy	\$5.20	\$0.00	\$135.19
672871	05/05/14	GST	\$6.50	\$0.00	\$141.69
672872	05/05/14	Travel Fee	\$1.30	\$0.00	\$142.99
				<b>Balance:</b>	<b>\$142.99</b>

**Membership Tier: PLATINUM**  
**Membership#: 6006637265407312**  
**Method of Pay: Credit Card**

③

**Signature:**

\_\_\_\_\_

**Folio Summary**

**Previous Balance: \$0.00**  
**Room Charges: \$129.99**  
**Other Charges/Credits: \$0.00**  
**Phone Charges: \$0.00**  
**Tax: \$13.00**  
**Less Payments: \$0.00**

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**Total Amount Due: \$142.99**

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

GST # 131351801 RT0001

Each Best Western hotel is independently owned and operated.

# MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Wayne Resch  
Address:

**MEETING/CONFERENCE**

Name: Legislative Compliance/Legal Counsel Meetings  
Location: Edmonton/Calgary



**DAYS INVOLVED [ 2.25 ]**

Departure date May 5 2014 3:00PM  
Return date May 7 2014 9:00PM

**EXPENSES**

	Days	Rate	Total
Meals			
Breakfast	0	@ \$10.00	= \$0.00
Lunch	2	@ \$12.00	= \$24.00
Dinner	3	@ \$22.00	= \$66.00
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	1200 KM @ 0.44/KM	\$528.00
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 \$638.00  
USD \$0.00 \*\$1.00/CND

**TOTAL EXPENSE \$638.00**  
Less - Advance (if applicable) -\$0.00  
**NET CLAIM DUE (Repayable) 638.00**

**INVOICE TOTAL**

**FOR OFFICE USE ONLY**

**VENDOR NUMBER**

**CONTROL  
03 - 5597**

GL CODE	AMOUNT	GST	TOTAL

**Written Signatures**

Request By Wayne Resch

Department Code 1-71100-9240

Department Signatures (If Necessary Signature) \_\_\_\_\_

Finance: \_\_\_\_\_

J. McCallum

**Electronic Signatures**

Active Directory WResch@mhc.ab.ca

# Best Western PREMIER Freeport Inn & Suites

GST #803876515

86 Freeport Blvd NE

Calgary, AB T3J 5J9

Telephone: (403)264-9650 Fax: (403)264-9651

May 07, 2014

2:51 am

Each Best Western® branded hotel is independently owned and operated

WAYNE RESCH  
299 College Drive SE  
Medicine Hat, AB T1A 3Y6

Folio #: 88430  
Room Number: 227  
Rate: \$149.00  
Pay Method: VA0503

Arrival Date: Tuesday, May 06, 2014  
Departure Date: Wednesday, May 07, 2014

Best Western Rewards Member #: 6006637265407312  
Best Western Rewards Tier: PLATINUM  
Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
5/6/2014	ROOM CHARGE	Auto Posted		227	\$149.00	
5/6/2014	ROOM GST	Auto Posted		227	\$7.45	
5/6/2014	ROOM TAX	Auto Posted		227	\$5.96	

Balance:

I agree that my liability for all charges 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 amount of these charges. Interest will be charged on any overdue balance.

I am aware that all personal information collected about me, with the exception of my credit card number, will be stored in the computer for the purpose of proficiency with my next reservation.

Signature \_\_\_\_\_

②

**RECEIPT**

License Plate Number  
**671GEE**

Expiration Date/Time  
**06:00 AM**  
**MAY 08, 2014**

Purchase Date/Time: 08:49am May 07, 2014  
Total Parking: \$49.00  
Total Federal: \$2.45  
Total Due: \$51.45      Rate: EARLY BIRD + EVENING  
Total Paid: \$51.45      Payment Type: Card  
Ticket #: 00023419  
S/N #: 500012260460  
Setting: Lot 31  
Mach Name: Lot 31-2



Card #\*\*\*\*-0503, Visa

Auth #: 024561

GST REG #102466000

PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT



EARLS #24 - Barlow Trail  
3030 23rd Street NE  
Calgary, AB  
T2E 8R7  
403-291-6700

\*\* TRANSACTION RECORD \*\*

Tran. #: 22021  
RUC: Restaurant  
Table #: 78  
Check #: 5392  
Group #: 1  
Employee #: 304  
Employee Name: LIAM

USA CREDIT  
Pre-Auth Purchase  
XXXXXXXXXXXX0503 C  
AID: A0000000031010

Amount \$47.78

Tip \$4.78

TOTAL CAD \$52.56

APPROVED 081824  
00-001 081824  
EA24WS08/EA24WC08  
144001001009  
2014/06/12 13:16:07

TUR: 0080208000  
TSI: FCOO

Customer Copy

THANK YOU  
Come Again

EARLS RESTAURANTS

earls  
GREAT PEOPLE  
GREAT FOOD GI

304 LIAM

Tbl 75/1 Chk 5392 Gst 3  
12Jun'14 12:25PM

1 BURGER	14.00
1 PORTOBEL SAND*	13.00
w/yam fr garlic	2.00
1 CHK TACO SAND	15.00
w/ greens sal	1.50

Subtotal	45.50
GST Tax	2.28
01:14PM Total	47.78

-- PLEASE PAY YOUR SERVER --

*lunch with  
wayne hest  
Shelley Gingsrich  
GST#139964886  
Olivia Chen*







06-18-14

<b>Wayne Resch</b>	Folio No. :	<b>116681</b>	Room No. :	<b>220</b>
<b>Medicine Hat College 299</b>	A/R Number :		Arrival :	<b>06-17-14</b>
<b>College Driv</b>	Group Code :		Departure :	<b>06-18-14</b>
<b>Medicine Hat Ab</b>	Company :		Conf. No. :	<b>60329285</b>
<b>CAN_0260 T1A 3Y</b>	Membership No. :		Rate Code :	<b>IMCGV</b>
	Invoice No. :		Page No. :	<b>1 of 1</b>

Date	Description	Charges	Credits
06-17-14	*Accommodation	129.00	
06-17-14	GST- 5%	6.45	
06-17-14	Alberta Tourism Levy- 4%	5.16	
06-18-14	Visa XXXXXXXXXXXXXXX2615		140.61
<b>Total</b>		<b>140.61</b>	<b>140.61</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. 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.

*Cancellation Charge*

