

Expense Disclosure Summary

<u>Name</u>

Don Bruce

Position

Board Chair

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	Tran	Other sportation*	Accom	modation	<u> </u>	Meals	Hos	pitality	Inci	dentals		Total
July 14, 2014	Edmonton, AB	Council of Board Chairs and Presidents (CASDC)	ś -		== 383.08	ر د		<u> </u>	54.00	١		ا د	10.00	Ś	447.08
July 14, 2014	Editionton, Ab	New Board Member Orientation/Meeting	-	,	363.06	٦	**	3	54.00	3		3	10.00	3	447.08
July 16, 2014	Medicine Hat, AB	with President Meeting with new MHC Board Chair, Vice-Chair	\$ -	\$	96.80	\$	-	\$	-	\$	-	\$	<u>-</u>	\$	96.80
July 21, 2014	Medicine Hat, AB	and President		\$	96.80									\$	96.80
			\$ -	\$	479.88	\$	-	\$	54.00	\$	-	\$	10.00	\$	640.68

^{*} 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

<u>Name</u>

Don Bruce

<u>Date</u>

July 14, 2014

Council of Board Chairs and

Position

Board Chair

Purpose

Presidents (CASDC)

Destination

Edmonton, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
			Return mileage from Brooks to			
7/13/2014	MHC Travel Claim	Other Transportation	Edmonton			366.08
7/13/2014	MHC Travel Claim	Meals	Meal Allowance			54.00
7/13/2014	MHC Travel Claim	Incidentals	Overnight Incidental			10.00
7/14/2014	MHC Travel Claim	Other Transportation	parking			17.00
7/13/2014	Sheraton Hotels and Resorts	Accommodation	Hotel			192.50
						_
						<u>-</u>
						••
						_
						-
					Total Receipts	639.58

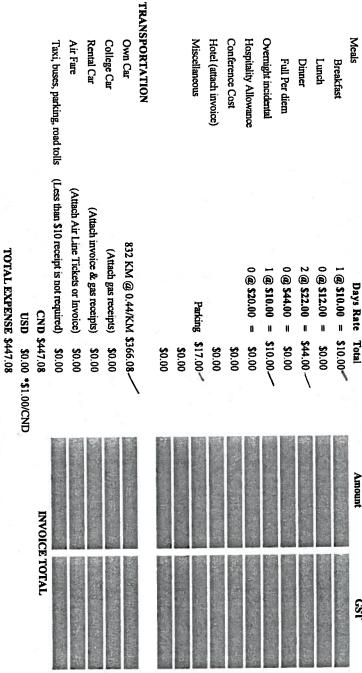
MEDICINE HAT COLLEGE TRAVEL CLAIM



MEDICINE HAT

	FOR OFFIC	FOR OFFICE USE ONLY
s Rate Total	Amount	GST
0.00 = \$10.00	A 11 11 11 11 11 11 11 11 11 11 11 11 11	The second second
2.00 = \$0.00		の事的でものが大公子が

EXPENSES



Written Signatures Request By Department Signatures (If Necessary Signature) FOR OFFICE USE ONLY GL CODE Alverial NET CLAIM DUE (Repayable) Less - Advance (if applicable) AMOUNT General VENDOR NUMBER Department Code Finance: 447.08 -\$0.00 GST 1000-9240 CONTROL **03-5849** TOTAL

Electronic Signatures

Active Directory CLawrence@mhc.ab.ca

MacLwan University Robbins Parkade RECEIPT C4

ENTRY I LML:

07/14/14 EXIT TIME: 08:50

07/14/14 15:55

PARK-DUR.: HRS:MIN 0:07:05

AMOUNT: \$ 17.00

KIND OF PAYMENT:

TYPE: PURCHASE

ACCT: VISA

17.00

CARD NUMBER:

DATE/TIME:

REFERENCE #: 14/07/14 15:56:20

66205805

AUTHOR. #: 475238 0010350050 C

A0000000031010 00000008000 F800 SCOTIABANK VISA

UFRIFIED BY PIN

01/027 APPROVED - THANK

Retain This - IMPORTANT --Copy For Your

0(11) MARCHAN DRIBBLIN 68T No. R107448219

Records

CUSTOMER COPY ***

http://www.starwood.com 403-346-2091 Red Deer, AB T4N 3X9 3310 50 Avenue Sheraton Red Deer



		Medicine Hat, AB T1A Folio ID 3Y6	299 College Drive	Bruce, Don
Room Number	No. Of Guest	Folio ID	Guest Number	Page Number
804	N	≯	190164	+
	Agent	Depart Date	Arrive Date	Invoice Nbr
	JESSSTEM	07-14-2014 06:24	07-13-2014 19:03	1000022365

Information Invoice

GST Date GST Other GST Telephone GST Room Revenue GST Summary 07-13-2014 07-13-2014 07-13-2014 07-13-2014 07-13-2014 Tax Identification Food & Beverage **RT804 RT804 RT804** Reference DEPOSIT **RT804** R849702444 GST# R849702444 Description GST Deposit Applied Destination Marketing Fee Tourism Levy Room Charge ** Total ** Balance Room Charge \$192.50 \$0.00 Charges \$175.00 \$8.75 \$1.75 \$7.00 \$-192.50 \$-192.50 Credits 8.75 0.00 0.00 0.00 8.75

Continued on the next page



Expense Disclosure Sheet

Name

Don Bruce

Date

July 16, 2014

New Board Member

Orientation/Meeting with

Position

Board Chair

<u>Purpose</u>

President

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
			Return mileage from Brooks to			
7/16/2014	MHC Travel Claim	Other Transportation	Medicine Hat			96.
N2						
					Total Receipts	96

MEDICINE HAT COLLEGE TRAVEL CLAIM

Written Signatures CLAIMANT TRANSPORTATION DAYS INVOLVED [0.21] Electronic Signatures **EXPENSES** Department Signatures
(If Necessary Signature) Request By Name: Address: Return date Departure date FOR OFFICE USE ONLY Meals Air Fare Own Car Miscellaneous Hotel (attach invoice) Conference Cost Hospitality Allowance Overnight incidental Taxi, buses, parking, road tolls Rental Car College Car Don Bruce Dinner Lunch Full Per diem Breakfast GL CODE Jul 16 2014 1:00PM Jul 16 2014 8:00AM denisa (Less than \$10 receipt is not required) (Attach Air Line Tickets or Invoice) NET CLAIM DUE (Repayable) Less - Advance (if applicable) -\$0.00 (Attach invoice & gas receipts) AMOUNT 220 KM @ 0.44/KM \$96.80 **TOTAL EXPENSE \$96.80** (Attach gas receipts) Finance: 0 @ \$10.00 0@\$44.00 0 @ \$22.00 0 @ \$12.00 0 @ \$10.00 0@\$20.00 Days Rate Name: Location: MEETING/CONFERENCE VENDOR NUMBER USD CND \$96.80 Department Code \$0.00 Total 96.80 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Medicine Hat, AB /CONFERENCE
New Board Member Orientation / Meet with President *\$1.00/CND GST 1000-9240 Amount FOR OFFICE USE ONLY INVOICE TOTAL CONTROL **03 - 5850** TOTAL GST MEDICINE HAT

Active Directory

CLawrence@mhc.ab.ca



Expense Disclosure Sheet

<u>Name</u>

Don Bruce

<u>Date</u>

July 21, 2014

Meeting with the new MHC

Board Chair, Vice-Chair and

<u>Position</u>

Board Chair

<u>Purpose</u>

President

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
			Return mileage from Brooks to			
7/21/2014	MHC Travel Claim	Other Transportation	Medicine Hat			
	-					
i			I.		Total Receipts	

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT Written Signatures TRANSPORTATION DAYS INVOLVED [0.13] **EXPENSES** Electronic Signatures Department Signatures
(If Necessary Signature) Request By Name: Return date Departure date FOR OFFICE USE ONLY Meals Own Car Hospitality Allowance Overnight incidental Taxi, buses, parking, road tolls Rental Car College Car Hotel (attach invoice) Conference Cost Air Fare Miscellaneous Don Bruce Dinner Lunch Full Per diem Breakfast GL CODE Jul 21 2014 4:00PM Jul 21 2014 1:00PM CILLAR (Less than \$10 receipt is not required) (Attach Air Line Tickets or Invoice) NET CLAIM DUE (Repayable) Less - Advance (if applicable) -\$0.00 (Attach invoice & gas receipts) AMOUNT 220 KM @ 0.44/KM \$96.80 **TOTAL EXPENSE \$96.80** (Attach gas receipts) 0@\$10.00 0 @ \$44.00 0 @ \$22.00 0@\$12.00 0@S10.00 = 0 @ \$20.00 **Days Rate** Name: Location: MEETING/CONFERENCE VENDOR NUMBER USD CND \$96.80 Department Code Finance: \$0.00 96.80 \$0.00 \$0.00 \$0.00 \$0.00 Total \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Medicine Hat, AB CONFERENCE

Meeting with the New MHC Board Chair, Vice-Chair,

and President and President *\$1.00/CND 1/000 CST Amount 9450 FOR OFFICE USE ONLY INVOICE TOTAL CONTROL 03 - 5867 TOTAL CST

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