



Expense Disclosure Summary

Name Don Bruce
Period Covered April 1 - June 30, 2014

Position Board Chair

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
April 15, 2014	Medicine Hat, AB	Foundation / Board of Governors Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
April 24, 2014	Medicine Hat, AB	Board Audit Committee Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
April 29-30, 2014	Calgary, AB	Joint Council of Board Chairs and Presidents	\$ -	\$ 203.00	\$ -	\$ 22.00	\$ -	\$ 10.00	\$ 235.00
May 20, 2014	Medicine Hat, AB	Board of Governors Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
June 4, 2014	Medicine Hat, AB	President's Installation Rehearsal	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
June 5, 2014	Medicine Hat, AB	Installation of President Denise Henning, PhD	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
June 6, 2014	Medicine Hat, AB	Convocation	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
June 11, 2014	Medicine Hat, AB	Foundation Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
0		0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ 880.60	\$ -	\$ 22.00	\$ -	\$ 10.00	\$ 912.60

* 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.

Don Bruce

Signature _____



Expense Disclosure Sheet

Name Don Bruce Date April 15, 2014 Destination Medicine Hat, AB
Position Board Chair Purpose Foundation / Board of Governors Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
4/15/2014	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat			96.80
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
Total Receipts						96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM



CLAIMANT

Name: Don Bruce
Address:

MEETING/CONFERENCE

Name: Foundation Meeting / Board of Governors' Meeting
Location: Medicine Hat, AB

DAYS INVOLVED [0.35]

Departure date Apr 15 2014 12:01PM
Return date Apr 15 2014 8:30PM

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 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

INVOICE TOTAL

FOR OFFICE USE ONLY

GL CODE	AMOUNT	VENDOR NUMBER	GST	CONTROL 03 - 5540 TOTAL

Written Signatures

Request By CLawrence for D. Bruce
Department Signatures (if Necessary Signature) F McNeill

Department Code 11000-9240
Finance: _____

Electronic Signatures

Active Directory CLawrence@mhc.ab.ca

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce
Address:

MEETING/CONFERENCE

Name: Board Audit Committee
Location: Medicine Hat, AB



DAYS INVOLVED [0.25]

Departure date Apr 24 2014 9:02AM
Return date Apr 24 2014 3:00PM

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 receipt is not required)	\$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

GL CODE

VENDOR NUMBER

AMOUNT

GST

CONTROL

03 - 5558
TOTAL

Written Signatures

Request By

Clarence D. Bruce

Department Code

11000-9240

Department Signatures
(if Necessary Signatures)

P. McCulloch

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce
Address:

MEETING/CONFERENCE

Name: Joint Council of Board Chairs and Presidents
Location: Calgary, AB



DAYS INVOLVED [1.08]

Departure date: Apr 29 2014 2:00PM
Return date: Apr 30 2014 4:00PM

EXPENSES

Meals	Days	Rate	Total
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	1	@ \$10.00	= \$10.00
Hospitality Allowance	0	@ \$20.00	= \$0.00
Conference Cost			\$0.00
Hotel (attach invoice)			\$0.00
Miscellaneous	Parking - Calgary		\$33.60
			\$0.00
			\$0.00

FOR OFFICE USE ONLY

Amount	GST

TRANSPORTATION

Own Car	385 KM @ 0.44/KM	\$169.40
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 \$235.00
USD \$0.00 *\$1.00/CND
TOTAL EXPENSE \$235.00
Less - Advance (if applicable) -\$0.00
NET CLAIM DUE (Repayable) 235.00

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL
03 - 5580

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By: CLawrence for D. Bruce
Department Signatures (If Necessary Signature): J. McAllister

Department Code: 11000 - 9240
Finance: _____

Electronic Signatures

Active Directory: CLawrence@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

Jul 07, 2014

11:57 pm

Each Best Western® branded hotel is independently owned and operated.

Mr. DON BRUCE

Folio #: 87436

Room Number: 226

Rate: \$149.00

Pay Method: VA5045

Arrival Date: Tuesday, April 29, 2014

Departure Date: Wednesday, April 30, 2014

Member #:

Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
04/29/14	VISA	room & taxVI5045	cc auth			\$162.41
04/29/14	ROOM CHARGE	Auto Posted		226	\$149.00	
04/29/14	ROOM GST	Auto Posted		226	\$7.45	
04/29/14	ROOM TAX	Auto Posted		226	\$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 _____



Expense Disclosure Sheet

Name Don Bruce **Date** May 20, 2014 **Destination** Medicine Hat, AB
Position Board Chair **Purpose** Board of Governors Meeting

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
5/20/2014	MHC Travel Claim	Other Transportation	Return Mileage from Brooks to Medicine Hat			96.80
Total Receipts						96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce
Address:

MEETING/CONFERENCE

Name: Board of Governors Meeting
Location: Medicine Hat, AB



DAYS INVOLVED [0.27]

Departure date: May 20 2014 1:00PM
Return date: May 20 2014 7:30PM

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 receipt is not required)	\$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 - 5835

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By

Claimant for D. Bruce
Dennis Helling

Department Code

11000 - 9240

Department Signatures
(If Necessary Signature)

Finance:

Electronic Signatures

Active Directory: CLawrence@mhc.ab.ca



Expense Disclosure Sheet

Name Don Bruce Date June 4, 2014 Destination Medicine Hat, AB
Position Board Chair Purpose President's Installation Rehearsal

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
6/4/2014	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat			96.80
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
Total Receipts						96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce
Address:

MEETING/CONFERENCE

Name: Installation Rehearsal
Location: Medicine Hat, AB



DAYS INVOLVED [0.17]

Departure date Jun 4 2014 12:01PM
Return date Jun 4 2014 4:00PM

EXPENSES

	Days	Rate	Total
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
			\$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 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

INVOICE TOTAL

FOR OFFICE USE ONLY

VENDOR NUMBER

**CONTROL
03 - 5712**

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By *Don Bruce for D. Bruce.*
 Department Signatures *Heather Pennington*
 (If Necessary Signature) _____

Department Code 11000-9240
 Finance: _____

Electronic Signatures

Active Directory CLawrence@mhc.ab.ca



Expense Disclosure Sheet

Name Don Bruce Date June 5, 2014 Destination Medicine Hat, AB
Position Board Chair Purpose Installation of President Denise Henning, PhD

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
6/5/2014	MHC Travel Claim	Other Transportation	Return mileage Brooks to Medicine Hat			96.80
						-
						-
						-
						-
						-
						-
						-
						-
Total Receipts						96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce
Address:

MEETING/CONFERENCE

Name: Installation of President Denise Henning
Location: Medicine Hat, AB



DAYS INVOLVED [0.17]

Departure date Jun 5 2014 7:01AM
Return date Jun 5 2014 11:00AM

EXPENSES

	Days	Rate	Total
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
			\$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 receipt is not required)	\$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 - 5713

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By Am Law for D. Bruce
Department Signatures (If Necessary Signature) Denise Henning

Department Code 11000-9240
Finance: _____

Electronic Signatures

Active Directory CLawrence@mhc.ab.ca



Expense Disclosure Sheet

Name Don Bruce Date June 6, 2014
Position Board Chair Purpose Convocation 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
6/6/2014	MHC Travel Claim	Other Transportation	Return mileage Brooks to Medicine Hat			96.80
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
Total Receipts						96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce
 Address:

MEETING/CONFERENCE

Name: Convocation
 Location: Medicine Hat, AB



DAYS INVOLVED [0.40]

Departure date Jun 6 2014 7:00AM
 Return date Jun 6 2014 4:30PM

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 receipt is not required)	\$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 - 5714

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By

Don Bruce

Department Code

11000-9240

Department Signatures
 (If Necessary Signature)

Debbie Hemming

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca



Expense Disclosure Sheet

Name Don Bruce **Date** June 11, 2014

Position Board Chair **Purpose** Foundation Meeting **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
11/6/2014	MHC Travel Claim	Other Transportation	Return mileage from Brooks to Medicine Hat			96.80
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
Total Receipts						96.80

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce

Address:

MEETING/CONFERENCE

Name: Foundation Meeting

Location: Medicine Hat, AB



DAYS INVOLVED [0.21]

Departure date Jun 11 2014 10:00AM

Return date Jun 11 2014 3:00PM

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 receipt is not required)	\$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

GL CODE

VENDOR NUMBER

AMOUNT

GST

CONTROL

03 - 5833

TOTAL

Written Signatures

Request By

CLawrence for D. Bruce

Department Code

11000 - 9240

Department Signatures
(If Necessary Signature)

Debbie Henderson

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca