



Expense Disclosure Summary

Name Don Bruce **Position** Board Chair
Period Covered January 1, 2014 - March 31, 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
January 2, 2014	Medicine Hat, AB	Preparatory meetings for announcement of new president	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
January 6, 2014	Medicine Hat, AB	Announcement of New College President	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
January 15, 2014	Medicine Hat, AB	Board Audit Committee Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
January 16, 2014	Edmonton, AB	Joint Council of Board Chairs and Presidents	\$ -	\$ 396.00	\$ 155.89	\$ 32.00	\$ -	\$ 20.00	\$ 603.89
January 21, 2014	Medicine Hat, AB	Board of Governors Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
February 16, 2014	Medicine Hat, AB	Meeting with Incoming President	\$ -	\$ 96.80	\$ -	\$ -	\$ 91.77	\$ -	\$ 188.57
February 25, 2014	Medicine Hat, AB	Board of Governors Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
March 18, 2014	Medicine Hat, AB	Board of Governors Meeting	\$ -	\$ 96.80	\$ -	\$ -	\$ -	\$ -	\$ 96.80
0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ 1,073.60	\$ 155.89	\$ 32.00	\$ 91.77	\$ 20.00	\$ 1,373.26

* 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

Name Don Bruce Date January 2, 2014
Position Board Chair Purpose Preparatory meetings for announcement of new 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
1/2/2014	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: Meeting with College Administration
Location: Medicine Hat, AB



DAYS INVOLVED [0.21]

Departure date Jan 2 2014 8:00AM
Return date Jan 2 2014 1:00PM

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 - 4287
TOTAL

Written Signatures

Request By

C. Lawrence for D. Bruce

Department Code

11000-9240

Department Signatures
(if Necessary Signatures)

F. McArthur

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca



Expense Disclosure Sheet

Name Don Bruce

Date January 6, 2014

Position Board Chair

Purpose Announcement of New College 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
1/6/2014	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: Board Audit Committee
Location: Medicine Hat, AB

DAYS INVOLVED [0.21]

Departure date Jan 15 2014 9:00AM
Return date Jan 15 2014 2:00PM

EXPENSES

FOR OFFICE USE ONLY

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

Amount GST

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 - 4289

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By

Don Bruce

Department Code

11000-9240

Department Signatures
(if Necessary Signatures)

John McCallum

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca

Expense Disclosure Sheet

Name Don Bruce

Date January 16, 2014

Destination Edmonton, AB

Position Board Chair

Purpose Joint Council of Board Chairs and Presidents

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
1/15/2014	MHC Travel Claim	Other Transportation	Return Mileage from Brooks to Edmonton			396.00
1/16/2014	Sutton Place Hotel and Suites	Accommodation	Hotel			155.89
1/15/2014	MHC Travel Claim	Meals	Meal Allowance			32.00
1/15/2014	MHC Travel Claim	Incidentals	Overnight Incidental			20.00
1/15/2014	MHC Travel Claim	Other Transportation	Impark Parking			19.00
1/15/2014	Sheraton Hotel	Accommodation	Hotel			185.90
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
Total Receipts						808.79

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce
Address:

MEETING/CONFERENCE

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



DAYS INVOLVED [1.75]

Departure date: Jan 15 2014 4:00PM
Return date: Jan 17 2014 10:00AM

EXPENSES

FOR OFFICE USE ONLY

Meals	Days Rate Total	Amount	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	2 @ \$10.00 = \$20.00 ✓		
Hospitality Allowance	0 @ \$20.00 = \$0.00		
Conference Cost			
Hotel (attach invoice)			
Miscellaneous			
	Impark Parking \$19.00 ✓		
	Hosted president for supper (claim only \$44.00)		
	\$0.00		

TRANSPORTATION

Own Car	900 KM @ 0.44/KM \$396.00		
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 \$511.00

USD \$0.00 *\$1.00/CND

TOTAL EXPENSE \$511.00

Less - Advance (if applicable) -\$0.00

NET CLAIM DUE (Repayable) 511.00

INVOICE TOTAL

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL 03 - 4322 TOTAL

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By

Clarence for D. Bruce

Department Code

11000-9240

Department Signatures
(If Necessary Signature)

R.M. [Signature]

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca

2

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



Bruce, Don	Page Number	1	Invoice Nbr	165144
	Guest Number	159279	Arrive Date	01-15-2014 18:10
	Folio ID	A	Depart Date	01-16-2014 06:31
	No. Of Guest	1	Agent	VANIRAJ
	Room Number	140		
	Time			01-22-2014 14:35

Duplicate Invoice

Tax Identification R849702444

Date	Reference	Description	Charges	Credits
01-15-2014	RT140	Room Charge	\$169.00	
01-15-2014	RT140	GST Room Charge	\$8.45	
01-15-2014	RT140	Tourism Levy	\$6.76	
01-15-2014	RT140	Destination Marketing Fee	\$1.69	
01-15-2014	DEPOSIT	Deposit Applied		\$-185.90
		** Total	\$185.90	\$-185.90
		** Balance	\$-0.00	

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

GST Summary GST# R849702444

GST Room Revenue	8.45
GST Food & Beverage	0.00
GST Telephone	0.00
GST Other	0.00
	8.45

Continued on the next page

Co. AOF

Bruce, Don

INFORMATION INVOICE

Room Number : 1105
 Arrival Date : 01-16-14
 Departure Date : 01-17-14
 Page : 1 of 1
 Folio Number : 335673
 Confirmation : 17840837
 Cashier : 344

Company Name : Government of Canada*

GST No: 121767065 RT 0001

01-17-14

Date	Description	Charges	Credits
01-16-14	Room Charge	139.00	
01-16-14	Room Alberta Tourism Levy	5.56	
01-16-14	Room D.M.F.	4.17	
01-16-14	Room GST	6.95	
01-16-14	Room D.M.F. GST	0.21	
01-17-14	Visa XXXXXXXXXXXXXXX5045 XXXXX		155.89
Total		155.89	155.89
Balance		0.00	CAD

Room GST 6.95
 F&B GST 0.00
 Misc GST 0.21
 Total 7.16

I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Sutton Place Hotel and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents.

Guest Signature: _____

A MEMBER OF THE SUTTON PLACE HOTELS GROUP - CHICAGO, EDMONTON, TORONTO, VANCOUVER

10235-101 Street, Edmonton, AB Canada T5J 3E9 Tel 780.428.7111 * Fax 780.441.3098 * 1.8663.SUTTON (1.866.378.8866)
 email: info_edmonton@suttonplace.com website: www.edmonton.suttonplace.com

MEDICINE HAT COLLEGE TRAVEL CLAIM



CLAIMANT

Name: Don Bruce
Address:

MEETING/CONFERENCE

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

DAYS INVOLVED [0.13]

Departure date Jan 21 2014 3:30PM
Return date Jan 21 2014 6:30PM

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

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

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 - 4303
TOTAL**

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By

Don Bruce

Department Code

11000-9240

Department Signatures
(if Necessary Signature)

J. Lawrence

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca



Expense Disclosure Sheet

Name Don Bruce **Date** February 16, 2014 **Destination** Medicine Hat, AB

Position Board Chair **Purpose** Meeting with Incoming 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
2/16/2014	MHC Travel Claim	Other Transportation	Return mileage Brooks to Medicine Hat			96.80
2/16/2014	Tony Romas	Hospitality	Meal with incoming president and spouse			91.77
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
Total Receipts						188.57

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Don Bruce
Address:

MEETING/CONFERENCE

Name: Meeting with Incoming President
Location: Medicine Hat, AB



DAYS INVOLVED [0.13]

Departure date Feb 16 2014 11:00AM
Return date Feb 16 2014 2:00PM

EXPENSES

FOR OFFICE USE ONLY

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

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 - 5514**

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By

C. Lawrence for D. Bruce

Department Code

1000-9240

Department Signatures
(if Necessary Signature)

R. M. ...

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca



HOSTING EXPENSE REIMBURSEMENT

(To be submitted upon completion of hosting)
This form must be completed when charging a department account for hosting guests.

Claimant:
Name: Don Bruce
Address: _____

Number of Attendees:

Faculty/Staff

Students
3
Other

Date of Function: (month/day/year) Feb 16 2014
Location: Medicine Hat, Tony Komar

Names and Business Relationship:
Board Chair
Denise & John Henning

Description of Meal:
 Breakfast
 Lunch
 Dinner
 Other (specify) _____

If Large Group, Name

Business Purpose: (Check appropriate box and provide details)

- Staff Recognition _____
- Conference _____
- Seminar Speaker
(Name) _____
(Topic) _____
- Prospective Employee
(Name) _____
(Position) _____
- Student Recruitment Activity
(Purpose) _____
- Student Academic Achievement
(Purpose) _____
- Other Meet w incoming President & spouse on Newbury trip.

VENDOR	Total	GL CODE	FOR OFFICE USE ONLY	
			Amount	GST
<u>Tony Komar</u>	<u>91.77</u>	<u>11000 9250</u>		

TOTAL EXPENSE \$ 0.00
Less - Advance (If applicable) _____
NET CLAIM DUE (Repayable) \$ 0.00

INVOICE TOTAL

Date: Feb 19 2014
REQUEST BY: Cyran for D. Bruce
(Signature)
DEPT. CODE: 11000 9250
DEPT. APPROVAL: [Signature]
(Signature)
x _____
(Signature - if Necessary)
FINANCE: x _____

FOR OFFICE USE ONLY	VENDOR NUMBER			
	GL CODE	AMOUNT	GST	TOTAL

 CHECK # 354939 DATE 2/16/14
 TABLE # 31 TIME 6:00PM

DINING ROOM : JAY

ITEMS ORDERED	AMOUNT
2 8OZ TOP SIRL	46.00
1 PRIME 10 OZ	24.00
1 JUICE	3.00
1 POP	3.00

SUBTOTAL	76.00
GST PLUS	3.80

TOTAL DUE 79.80

DeLise Hennings
John Hennings
Don Bruce
 # OF GUESTS 3
 G.S.T. #825804552RT0001

TONY ROMA'S GIFT CERTIFICATES
 A GREAT GIFT IDEA

PLEASE PAY YOUR SERVER

THANK YOU FOR CHOOSING TONY ROMA'S
 MEDICINE HAT!!

TON OMAS #18
 200 tachen Rd SE
 Med ne Hat, AB
 T18 4
 400 8-0742

** TRANSACTION RECORD **

Try #: 331

Use DI ***

SCU BANK VISA Purchase
 XXI xxxxxx6016 C
 AIC 0000000031010

Amount \$79.80
 Tip \$11.97

=====
 TOTAL CAD \$91.77

APP ED 458505
 00- 458505
 TRC S1/TRC18UC1
 027 001012
 201 2/18 18:18:18

TUR 000008000
 TS1 800

Customer Copy

THANK YOU
 Come Again



Expense Disclosure Sheet

Name Don Bruce **Date** February 25, 2014
Position Board Chair **Purpose** Board of Governors 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
2/25/2014	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: Board of Governors Meeting
Location: Medicine Hat, AB



DAYS INVOLVED [0.25]

Departure date Feb 25 2014 1:00PM
Return date Feb 25 2014 7:02PM

EXPENSES

FOR OFFICE USE ONLY

Meals	Days Rate Total	Amount	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		
	\$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		

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

CONTROL
03 - 5515
TOTAL

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By

CLawrence for D. Bruce
P. McCallum

Department Code

11000 - 9240

Department Signatures
(if Necessary Signatures)

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca



Expense Disclosure Sheet

Name Don Bruce Date March 18, 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
3/18/2014	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: Board of Governors' Meeting
Location: Medicine Hat College



DAYS INVOLVED [0.27]

Departure date Mar 18 2014 1:00PM
Return date Mar 18 2014 7:30PM

EXPENSES

FOR OFFICE USE ONLY

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

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 - 5461
TOTAL

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By

Clarence for Don Bruce
Clarence

Department Code

11000-9240

Department Signatures
(if Necessary Signatures)

Finance:

Electronic Signatures

Active Directory

CLawrence@mhc.ab.ca