



Expense Disclosure Summary

Name Len Vandervaart **Position** Vice President Academic
Period Covered October 1 - December 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
10-Oct	Medicine Hat	Hosted TESL Partners to Lunch	\$ -	\$ -	\$ -	\$ -	\$ 121.47	\$ -	\$ 121.47
14-Oct	Medicine Hat	Curriculum Mapping Meeting	\$ -	\$ -	\$ -	\$ -	\$ 30.22	\$ -	\$ 30.22
17-Oct	Edmonton	Campus AB Quality Council Meeting	\$ -	\$ 31.00	\$ 241.99	\$ -	\$ -	\$ -	\$ 272.99
30-Oct	Medicine Hat	Post Secondary Collaboration	\$ -	\$ -	\$ -	\$ -	\$ 89.03	\$ -	\$ 89.03
7-Nov	Calgary	Mount Royal University Convocation	\$ -	\$ 14.00	\$ -	\$ -	\$ -	\$ -	\$ 14.00
1-Dec	Medicine Hat	Post Secondary Collaboration	\$ -	\$ -	\$ -	\$ -	\$ 129.55	\$ -	\$ 129.55
16-18 Dec	Edmonton	Dual Credit Meeting; Senior Academic Officers Meeting	\$ -	\$ 82.68	\$ 334.56	\$ -	\$ -	\$ -	\$ 417.24
			\$ -	\$ 127.68	\$ 576.55	\$ -	\$ 370.27	\$ -	\$ 1,074.50

* 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

Original copy signed



Expense Disclosure Sheet

Name Len Vandervaat **Date** October 10, 2014
Position Vice President Academic **Purpose** Hosted Lunch **Destination** Medicine Hat

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
10-Oct	Earls Restaurant	Hospitality	Hosted TESL Partners to Lunch	116.53	4.94	121.47
						-
						-
Total Receipts						121.47

Earls - 10216
3215 SE Dunmore Road
Medicine Hat, AB
T1B 2H2
403-628-3278

FARLS RESTAURANTS

earls

GREAT FOOD GREAT PEOPLE

** TRANSACTION RECORD **

Tran. #: 11311
RUC: Restaurant
Table #: 54
Check #: 6615
Group #: 1
Employee #: 176
Employee Name: JOCELYN

UISA CREDIT
Pre-Auth Purchase
xxxxxxxxxxxx8983 C
AID: A0000000031010

Amount \$103.69
Tip \$17.78
=====

TOTAL CAD \$121.47

APPROVED 058475
00-001 058475
EA25WS03/EA25WC03
186001001003
2014/10/09 12:55:25

TUR: 0000008000
TSI: F800

Customer Copy

THANK YOU
Come Again

176 JOCELYN

Tbl 54/1 Chk 6615 Gst 7
09Oct'14 11:58AM

1 LEMONADE 3.25
1 CAJUN SAND 14.50
w/yam fr garlic 2.00
2 CAJUN SAND @ 14.50 29.00
1 CHK TACO SAND 15.00
w/ greens sal 1.75
1 QUINOA BOWL/TOFU 17.00
1 FIG BRIE CHICKEN 14.50
w/ greens sal 1.75

Subtotal 98.75
GST Tax 4.94
12:54PM Total 103.69



Expense Disclosure Sheet

Name Len Vandervaart **Date** October 14, 2014

Position Vice President Academic **Purpose** Curriculum Mapping Lunch Meeting **Destination** Medicine Hat

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
14-Oct	I Pho Vietnamese Restaurant	Hospitality	Curriculum Mapping Lunch Meeting	29.02	1.20	30.22
						-
						-
						-
					Total Receipts	30.22

i Pho

VIETNAMESE & KOREAN REST

776 - 8 Street SW

TEL: 587-289-0303

I PHO VIETNAMESE RESTAURANT
776 - 8 Street SW
MEDICINE HILL, AB

Terminal ID: 28276715

Purchase

XXXXXXXXXXXX0903

VISA

Entry Method: C

Amount: \$ 25.18

Tip: \$ 5.04

Total: \$ 30.22

2014/10/14 13:19:01

Seq #: 0011650060

Appr Code: 070344

Resp Code: 01/027

REG 10-14-2014 12:34
000015

1 BEVERAGE \$2.00
1 NOODLE \$9.99
1 RICE \$11.99
SUBTOTAL \$23.98
GST \$1.20
CREDIT \$25.18

~ THANK YOU ! ~
PLEASE COME AGAIN

VISA CREDIT
#0000000031010
41 A4 FC DF 32 14 AW AF
00 00 00 00 00
F8 00
15 9D BA BE 00 14 22 95

APPROVED



Expense Disclosure Sheet

Name Len Vandervaat **Date** October 17, 2014
Position Vice President Academic **Purpose** Campus AB Quality Council Meeting **Desination** Edmonton

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
16-Oct	The Sutton Place Hotel	Accommodation	Hotel - 1 night	230.88	11.11	241.99
16-Oct	The Sutton Place Hotel	Other Transportation	Parking	31.00		31.00
						-
						-
						-
Total Receipts						272.99



The Sutton Place Hotel

Dr Len Vandervaart
 299 College Drive S.E
 Medicine Hat AB T1A3Y6
 Canada

Room Number : 2002
 Arrival Date : 10-16-14
 Departure Date : 10-19-14
 Page : 1 of 1
 Folio Number : 372373
 Confirmation : 18109356
 Cashier : 325

INVOICE

GST No: 121767065 RT 0001 10-19-14

Date	Description		Charges	Credits
10-16-14	Promotional Rate		215.78	
10-16-14	Room Alberta Tourism Levy		8.63	
10-16-14	Room D.M.F.		6.47	
10-16-14	Room GST		10.79	
10-16-14	Room D.M.F. GST		0.32	
10-16-14	Daily Parking Self		31.00	
10-19-14	Visa	XXXXXXXXXXXX8983		272.99
Total			272.99	272.99
Balance			0.00	CAD
Room GST	10.79			
F&B GST	0.00			
Misc GST	1.80			
Total	12.59			

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 * 1.866.3.SUTTON (1.866.378.8866)
 email: info_edmonton@suttonplace.com website: www.edmonton.suttonplace.com



Expense Disclosure Sheet

Name Len Vandervaart **Date** October 30, 2014
Position Vice President Academic **Purpose** Post Secondary Collaboration **Desination** Medicine Hat

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
30-Oct	Crave Pub	Hospitality	Lunch with U of L VP Academic	85.50	3.53	89.03
						-
Total Receipts						89.03

CRAVE PUB
299 COLLEGE DR SE
MEDICINE HAT AB

CARD *****8983
CARD TYPE VISA
DATE 10/14/10/30
TIME 0262 12:37:31
RECEIPT NUMBER
CB2038928-001-023-007 0

PURCHASE
AMOUNT \$74.19
TIP \$14.84
TOTAL
\$89.03

VISA CREDIT
A0000000031010
DC65ADB2BC261946
0000008000-E800
6E15178B4374BDFF
0000008000-F800

APPROVED

AUTH# 019309 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

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

S E R V I C E

Server: MARISSA 2
Guest:

Table #27

1: COFFEE	2.25
1: CHIC TACO	13.75
2: COFFEE	2.25
2: GREEK SALAD	10.50
4: POP	2.48
4: CHICKEN TENDERS	12.50
4: SIDE CHIPOTLE	0.95
5: POP	2.48
5: CLUBHOUSE	10.25
6: COFFEE	2.25
6: COFFEE	2.25
6: CACAP SALAD	8.75

Total 74.19
Net Sales 70.66
Total Tax 3.53
11:34 AM 10/30/2014

CRAVE WHAT YOU WANT

THANK YOU!
PLEASE PAY SERVER



Expense Disclosure Sheet

Name Len Vandervaat **Date** November 7, 2014
Position Vice President Academic **Purpose** MRU Convocation **Desination** Calgary

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
7-Nov	Mount Royal University	Other Transportation	Parking	13.33	0.67	14.00
						-
						-
						-
Total Receipts						14.00

MOUNT ROYAL UNIVERSITY
Date: 11/07/14 16:32:59
Payment Type: Visa
Account Number: 8933
Auth Code: 076390
ISO Code:
Net:
14.00
Tax: .67
Total: 14.00
POS: AP4



KEEP TICKET WITH YOU. DO NOT FOLD.
There are no in and out privileges.

Parking Agreement
The parking ticket licenses you to park your vehicle in a designated area at your sole risk and at posted rates. Mount Royal University assumes no responsibility for damage to the vehicle, its contents or to any other property however caused.



Expense Disclosure Sheet

Name Len Vandervaat **Date** December 1, 2014

Position Vice President Academic **Purpose** Post Secondary Collaboration **Desination** Medicine Hat

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
1-Dec	Crave Pub	Hospitality	Lunch with U of L Fine Arts Representatives	124.41	5.14	129.55
						-
						-
						-
					Total Receipts	129.55

CRAVE PUB
299 COLLEGE DR SE
MEDICINE HAT AB

CARD *****8983
CARD TYPE VISA
DATE 2014/12/01
TIME 4376 13:21:01
RECEIPT NUMBER
C82038928-001-043-028-0

PURCHASE
AMOUNT \$107.96
TIP \$21.59
TOTAL
\$129.55

VISA CREDIT
A0000000031010
0C433581368F478D
0000008000-E800
BAE10692C5CCDB08
0000008000-F800

APPROVED

AUTH# 030238 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

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

S E R V I C E

Server: TRACY 2
Guest:

Table #27

1: COFFEE	2.25
1: CLUBHOUSE	10.25
2: ICED TEA	2.81
2: CRAVE BURGER	13.25
3: COFFEE	2.25
2: CLUBHOUSE	10.25
4: COFFEE	2.25
4: GRILL CHIC WRAP	11.25
5: LUNCH SPECIAL	9.25
6: CLUBHOUSE	10.25
7: COFFEE	2.25
7: PORK SANDWICH	9.95
8: ICED TEA	2.81
8: CHIC SPINACH	13.75

Total 107.96
Net Sales 102.82
Total Tax 5.14
1:17 PM 12/1/2014

CRAVE WHAT YOU WANT

THANK YOU!
PLEASE PAY SERVER



Expense Disclosure Sheet

Name Len Vandervaart **Date** December 16-18, 2014

Position Vice President Academic **Purpose** Dual Credit Meeting; Senior Academic Officers Meeting **Desination** Edmonton

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
16-Dec	Sky Shuttle	Other Transportation	Shuttle from airport to hotel	18.00		18.00
17-Dec	Yellow Cab	Other Transportation	Taxi from hotel to meeting location	64.68		64.68
18-Dec	Coast Edmonton Plaza Hotel	Accommodation	Hotel - 2 nights	319.22	15.34	334.56
						-
						-
						-
					Total Receipts	417.24

SKY SHUTTLE
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-465-8515

Term Id: 4502412509425
Term #: 0858
VISA CREDIT
PURCHASE
Op Id: 5
Card #: XXXXXXXXXXXX8983

AID: A0000000031010

APPROVED

AMOUNT CAD \$ 18.00

Ref. #: C
Auth. #: 087534
Resp. Code: 00
TUR: 4000008000
TSI: F800

Book on line at
EDMONTONSKYSHUTTLE.COM
Thank you for being our guest
GST 862184769

Date: 2014/12/16 Time: 16:46:26
Response: AUTH 087534

CUSTOMER COPY

SkyShuttle
P.O. Box 9860
Edmonton AB T5J 2T2
780-465-8515

Transaction #: 381421
Date: 12/16/2014 Time: 04:48:25 PM
Cashier: Alisha Register #: 1
Location: Edmonton

Item	Description	Amount
CPDT02	Coast Edmonton Plaz	\$18.00
	Sub Total:	\$18.00
	Total:	\$18.00
	Cash Tendered:	\$18.00

Thank you from
SkyShuttle
Tickets are non refundable.
* GST included



YELLOW CAB
13135 31 AVENUE NW
EDMONTON AB T6N 1C2
780-462-3456

Term Id: 45024124782187
Item #: 1837
VISA CREDIT
PURCHASE
IP Id: 789324
Card #: XXXXXXXXXXXX8983

MID: A0000000831010

APPROVED

AMOUNT	CAD\$58.80
TIP	CAD\$5.88
=====	
TOTAL	CAD\$64.68

Ref. #: C
Auth. #: 004421
Resp. Code: 00
CUR: 4000008800
CSI: F808


BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2014/12/17 Time: 18:10:15
Response: AUTH 004421

YELLOW CAB

780.462.3456

GST# _____
Date: Dec 17 2014 Amount: 64.68
Driver: _____ Car#: _____
From: Coast Hotel - downtown
To: King Hotel Airport
10135-31 Avenue, Edmonton, AB T6N 1C2 



10155 105th Street,
 Edmonton, AB T5J 1E2
 Tel: (780) 423 4811 Fax: (780) 423 3204

0717

Dr Len Vandervaart
 299 College Drive S.E
 Medicine Hat AB T1A 3Y6
 CANADA

Receipt

Invoice date 12/18/2014
 Our reference CEP-FC500715 /
 GST Number 10103 5467 RT0020

Guest **Dr Len Vandervaart** Arrival **12/16/2014** Departure **12/18/2014** Room **0717**

Date	Description	Quantity	Unit Price	Total ()
12/16/2014	Room Charge	1	149.00	149.00
12/16/2014	GST Taxes	1	7.67	7.67
12/16/2014	Tourism Levy	1	6.14	6.14
12/16/2014	Destination Market Fee	1	4.47	4.47
12/17/2014	Room Charge	1	149.00	149.00
12/17/2014	GST Taxes	1	7.67	7.67
12/17/2014	Tourism Levy	1	6.14	6.14
12/17/2014	Destination Market Fee	1	4.47	4.47

12/18/2014	VS ****8983 Auth: 053678		Total invoice	334.56
				-334.56
			Total Paid	-334.56
			Total Due	0.00

Total GST 15.34

I agree that my liability for any charges incurred by me 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 full amount of these charges. Interest will be charged on any overdue balance.

Signature X _____

For reservations: www.coasthotels.com or 1-800-663-1144