

Expense Disclosure Summary

Name Period Covered

Board Chair

Darren Hirsch
1 October 2015 - 31 December 2015

Please attach supporting documentation i.e.: Ex
xpense Disclosure Sheet and applicable receipts
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	22-24 October 2015 Olds, AB	Dates (Travel Dates if applicable)
	015	ates if
		Destination/Location
	Board Renewal	Purpose
\$	❖	Airfare
,	١	
\$ -	\$ -	Other Transportation* Accommod
\$ 345.79	\$ 345.79	Accommodation
\$	\$ -	Meals
\$	\$ -	Hospitality
⋄	\$	ī
20.00	20.00	cidentals
\$ 365.79	\$ 365.79	Total

^{*} 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

for D. Hiroch



Expense Disclosure Sheet

Position	Name
Board Chair	Darren Hirsch
<u>Purpose</u>	<u>Date</u>
Board Renewal	22-24 October 2015

Destination

Olds, AB

Receipt Reconciliation: (Please attach supporting documentation i.e.: receipts)

365.79	Total Receipts	T				
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1						
1						
1			8			
1						
1						
•						
1						
345.79	15.86	329.93	Hotel	Accommodation	October 22, 2015 Pomeroy Inn & Suites	October 22, 2015
20.00			Overnight Incidentals	Incidentals	Darren Hirsch	October 22, 2015 Darren Hirsch
Total	GST	Subtotal	Description	Expense Category (Select from drop down menu)	Vendor	Date



momeroy Inn & Suites @ Ol College

GST# 824143507 Box 3702: 4601 46th Avenue

Telephone: (403)556-8815 Fax: (403)556-1056

Olds, AB T4H 1P5

Darren Hirsch

Medicine Hat, AB T1A 3Y6

Arrival Date: Thursday, October 22, 2015 Departure Date: Saturday, October 24, 2015

Member #: 19962

Information:

Folio #: 31768 Room Number: 424 Rate: \$149.00

Rate Change During Stay: 10/22/2015 - \$149.00 10/23/2015 - \$159.00

Pay Method: VISA8763

Date	Department	Reference	Voucher	Room	Debit	Credit
10/22/2015	ROOM CHARGE	Auto Posted		424	\$149.00	
10/22/2015	ROOM G.S.T.	Auto Posted		424	\$7.45	
10/22/2015	DMF FEE	Auto Posted	es es	424	\$4.47	
10/22/2015	G.S.T.	Auto Posted		424	\$0.22	
10/22/2015	HOTEL TAX	Auto Posted		424	\$0.18	
10/22/2015	HOTEL TAX	Auto Posted		424	\$5.96	
10/23/2015	ROOM CHARGE	Auto Posted		424	\$159.00	
10/23/2015	ROOM G.S.T.	Auto Posted		424	\$7.95	
10/23/2015	DMF FEE	Auto Posted		424	\$4.77	
10/23/2015	G.S.T.	Auto Posted	12	424	\$0.24	
10/23/2015	HOTEL TAX	Auto Posted		424	\$0.19	
10/23/2015	HOTEL TAX	Auto Posted		424	\$6.36	
10/24/2015	VISA	CHECKED-OUTVI8763	ED	424		\$345.79

I agree that my liability for all charges is not waived Signature _

Tax Summar	y i
ROOM G.S.T.	\$15.40
G.S.T.	\$0.46
HOTEL TAX	\$12.69
DMF FEE	\$9.24

\$0.00 Balance:

Oct 24, 2015

8:13 am

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Darren Hirsch

Address:

MEETING/CONFERENCE

Name:

Board Renewal

Location:

Olds, AB



DAYS INVOLVED [2.42]

Departure date

Oct 22 2015 8:00AM

Return date

Oct 24 2015 6:00PM

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	2 @ \$10.00 = \$20.00 _23

Over Hospitality Allowance Conference Cost

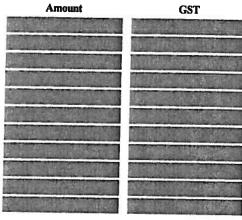
Hotel (attach invoice) Miscellaneous

22, 23 0 @ \$20.00 = \$0.00\$0.00

> \$0.00 \$0.00 \$0.00

\$0.00

FOR OFFICE USE ONLY



TRANSPORTATION

Own Car	0 KM @ 0.44/KM	\$0.00
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 \$20.00

VENDOR NUMBER

USD \$0.00 *\$1.00/CND

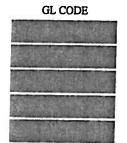
TOTAL EXPENSE \$20.00 Less - Advance (if applicable) -\$0.00

NET CLAIM DUE (Repayable) 20.00

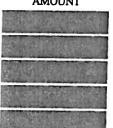


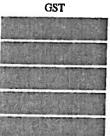
INVOICE TOTAL

FOR OFFICE USE ONLY



AMOUNT





CONTROL 03 - 8187

TOTAL

Written Signatures

Request By

Department Signatures (If Necessary Signature)

Department Code

Finance:

GL11000-9240

Electronic Signatures

Active Directory

MWatson@mhc.ab.ca