MEDICINE HAT COLLEGE

Expense Disclosure Summary

Name Graham Kelly **Position** Board Chair
Period Covered October 1, 2018-December 31, 2018

Please attach supporting documentation i.e.: Expense Disclosure Sheet and applicable receipts

Dates (Travel Dates if applicable)	Destination/Location	Purpose	Airfare	Other Transportation*	Accommodation	Meals	Hospitality	Incidentals	Total
	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -

* Other Transportation includes vehicle rentals, public transportation, taxis, parking, and mileage

NO EXPENSES FOR OCTOBER 1 - DECEMBER 31, 2018

This Expense Summary is true and complete to the best of my knowledge for the period indicated above.

Signature *//original signed//*