MEDICINE HAT COLLEGE

Expense Disclosure Summary

Name Graham Kelly **Position** Board Chair
Period Covered July 1 - Sepmber 30, 2019

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
			$ -	$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -

No expenses for July 1 - September 30, 2019

* 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 signed//*