



## Expense Disclosure Summary

**Name** Wayne Resch                      **Position** VP Administration & Finance  
**Period Covered** July 1 - September 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
September 6, 2019	Lethbridge, AB	Meetings with Architects & Lethbridge College Executive	\$ -	\$ 132.00	\$ -	\$ 10.00	\$ -	\$ -	\$ 142.00
September 23, 2019	Medicine Hat, AB	Community Relations Meeting	\$ -	\$ -	\$ -	\$ -	\$ 25.20	\$ -	\$ 25.20
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			<u>\$ -</u>	<u>\$ 132.00</u>	<u>\$ -</u>	<u>\$ 10.00</u>	<u>\$ 25.20</u>	<u>\$ -</u>	<u>\$ 167.20</u>

\* 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** Wayne Resch **Date** September 6, 2019

**Position** VP Administration & Finance **Purpose** Meetings with Architects & Lethbridge College Executive **Destination** Lethbridge, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
06-Sep-19	MHC Travel Claim	Other Transportation	Mileage			132.00
06-Sep-19	MHC Travel Claim	Meals	Breakfast			10.00
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
					<b>Total Receipts</b>	<b>142.00</b>



## Expense Disclosure Sheet

Name                      Wayne Resch                      Date                                      September 23, 2019

Position                    VP Administration & Finance                      Purpose                                      Community Relations Meeting                                      Destination                      Medicine Hat, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
23-Sep-19	Crave Pub	Hospitality	Lunch meeting with local non-profit organization			25.20
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
				<b>Total Receipts</b>		<b>25.20</b>

# MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Wayne Resch

Address: [REDACTED]

**MEETING/CONFERENCE**

Name: Meeting with FWBA Architect/ Meeting with Lethbridge College Executive

Location: Lethbridge, Alberta

**DAYS INVOLVED [ 0.42 ]**

Departure date Sep 6 2019 7:00AM

Return date Sep 6 2019 5:00PM

**EXPENSES**

Meals	Days	Rate	Total
Breakfast	1	@ \$10.00	= \$10.00
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
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

**TRANSPORTATION**

Own Car	300 KM @ 0.44/KM	\$132.00
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

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

CND \$142.00  
USD \$0.00 \*\$1.00/CND  
**TOTAL EXPENSE \$142.00**  
Less - Advance (if applicable) -\$0.00  
**NET CLAIM DUE (Repayable) 142.00**

**INVOICE TOTAL****FOR OFFICE USE ONLY****VENDOR NUMBER****CONTROL 03 - 17667**

GL CODE	AMOUNT	GST	TOTAL
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Written Signatures**

Request By

Department Signatures  
(if Necessary)**Electronic Signatures**

Active Directory WResch@mhc.ab.ca

Department Code [REDACTED]

Finance [REDACTED]

SEP13 12:10P



CRAVE PUB  
299 COLLEGE DR SE  
MEDICINE HAT AB

CARD \*\*\*\*\*  
CARD TYPE INTERAC  
ACCOUNT TYPE  
DATE 2019/09/23  
TIME 0523 12:41:19  
RECEIPT NUMBER  
C82045784-001-106-007-0

PURCHASE  
AMOUNT \$25.20  
TIP \$6.30  
TOTAL  
**\$31.50**

Interac  
A0000002771010  
F12C0BF57163ADA8  
0280008000-E800  
18C1090C704A91DC  
0280008000-F800

**APPROVED**

AUTH# 147047 00-001  
THANK YOU

VERIFIED BY PIN

MERCHANT COPY

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

S E R V I C E

Server: CLERK 1  
Guest:

Table #32

1: TURKEY PESTO 12.00  
2: BACON M EGG 12.00

Total 25.20  
Net Sales 24.00  
GST Added 1.20  
12:39 PM 9/23/2019

THANK YOU!

CRAVE WHAT YOU WANT!

Tell us about your crave experience  
and your next meal could be free!!!

Name:

Phone# :