

Expense Disclosure Summary

<u>Name</u>	Kevin Shufflebotham	<u>Position</u>	President & CEO
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Period Covered October 1 - December 30, 2020

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

Dates (Travel Dates if						Other										
applicable)	Destination/Location	Purpose	Α	irfare	Tran	sportation*	Acc	commodation	٨	/leals	Но	spitality	Inc	identals		Total
		Lunch Meeting with City														
October 19, 2020	Medicine Hat, AB		\$	-	\$	-	\$	-	\$	-	\$	40.33	\$	-	\$	40.33
		Superintendents from														
October 28, 2020	Brooks, AB	Brooks Schools	\$	-	\$	103.40	\$	-	\$	-	\$	-	\$	-	\$	103.40
October 29, 2020	Ralston, AB	Meeting at CFB Suffield	\$	-	\$	47.00	\$	-	\$	-	\$	-	\$	-	\$	47.00
			\$	_	\$	_	\$	_	\$	_	\$	_	\$	_	\$	_
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			\$	_	\$	_	\$	-	\$	-	\$	_	\$	_	\$	_
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			\$	-	\$	150.40	\$	-	\$	-	\$	40.33	\$	-	\$	190.73

*	Other T	Franchortation	includes	vahicla rantals	public transportation.	tavic r	arkina	and mileage
	omeri	ransportation	includes	venicie rentais.	Dublic transportation.	. Laxis. I	Jarkine.	ano mileage

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Expense Disclosure Sheet

<u>Name</u> Kevin Shufflebotham <u>Date</u> October 19, 2020

<u>Position</u> President & CEO <u>Purpose</u> <u>Lunch Meeting with City</u> <u>Destination</u> 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
October 19, 2020	Sabi Restaurant	Hospitality	Lunch with City	38.66	1.67	40.33
						-
						-
						-
						-
						-
						-
					Total Receipts	40.33



Expense Disclosure Sheet

<u>Name</u> Kevin Shufflebotham <u>Date</u> October 28, 2020

Meeting with Superintendents

<u>Position</u> President & CEO <u>Purpose</u> from Brooks Schools <u>Destination</u> Brooks, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
October 28, 2020	Travel Claim	Other Transportation	Mileage to Brooks return	103.40		103.40
						-
						-
						-
						-
						-
	•		•		Total Receipts	103.40



Expense Disclosure Sheet

Name Kevin Shufflebotham Date October 29, 2020

<u>Position</u> President & CEO <u>Purpose</u> Meeting at CFB Suffield <u>Destination</u> Ralston, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
October 29, 2020	Travel Claim	Other Transportation	Mileage to Ralston return	47.00		47.00
000000 23, 2020	Travel didiii	other transportation	initiage to haloton return	17.00		-
						-
						-
						-
						-
						-
						-
					Total Receipts	47.00

HEDICINE HAT. AB (1A OC Merchant ID: 000000006444601 ferm ID: 65862149 25672540010

Purchase

13:15:42 10/19/20 Ref#:000044709573 Inv N: 809237 Appr Code: 829799 35.07 Amount: 5.26 Tip: Total: 40.33 Merchant Copy NO SIGNATURE REQUIRED

T1A 609 Phone# 403-527-8040 ______ Surrent Bill R.No: #018882 Date: 2020-10-17 13:09:05 Transaction by: Sigh

Sabai Infusion Restaurant

638 2nd Street SE Medicine Hat, Alberta

2 Chow mein

-Chicken & shrimp

Table: Al

No Description

Tea

Subtotal (3)

Total

35.07

Amt (\$)

29,93 3,50

33.404

1.67

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

MEETING/CONFERENCE

MEDICINE HAT

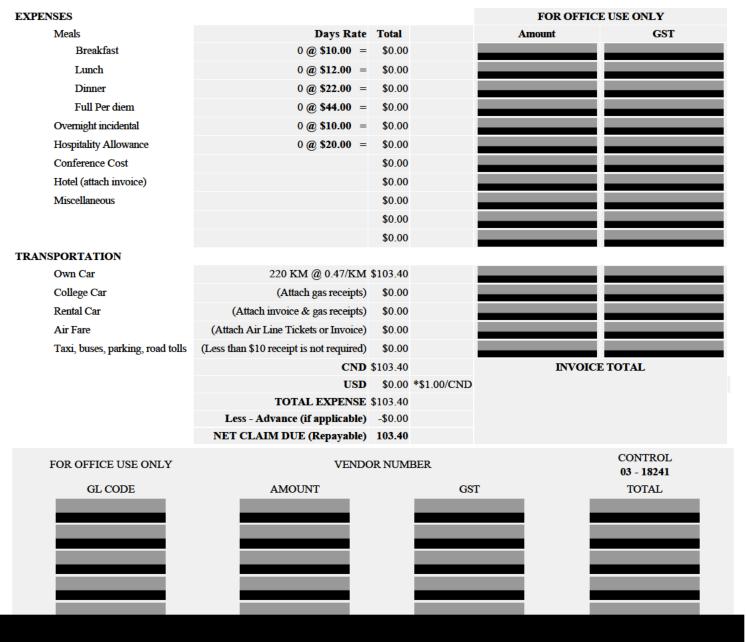
Name: Kevin Shufflebotham Name: MHC Brooks Campus Visit

Address: Location: Brooks, AB



Departure date Oct 28 2020 3:30PM

Return date Oct 28 2020 7:30PM



MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Address:

MEETING/CONFERENCE

Name: Meeting with CFB Suffield Lt. Colonel

MEDICINE HAT

Location: Ralston, AB



Name: Kevin Shufflebotham

Departure date Oct 29 2020 11:00AM
Return date Oct 29 2020 4:00PM

EXPENSES			FOR OFFICE	E USE ONLY
Meals	Days Rate	Total	Amount	GST
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	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		
TRANSPORTATION				-
Own Car	100 KM @ 0.47/KM	\$47.00		
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	\$47.00	INVOICE	TOTAL
		\$0.00 *\$1.00/CND		
	TOTAL EXPENSE			
	Less - Advance (if applicable)			
	NET CLAIM DUE (Repayable)	47.00		
FOR OFFICE USE ONLY	VENDO:	R NUMBER		CONTROL 03 - 18240
GL CODE	AMOUNT	G	ST	TOTAL
GE CODE	AWOUNT			TOTAL
			_	
		_	_	