MEDICINE HAT COLLEGE

Expense Disclosure Summary

Name Sarah MacKenzie **Position** Acting Board Chair
Period Covered October - December 31, 2021

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	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -

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

NO EXPENSES FOR OCTOBER TO DECEMBER 31, 2021

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

Signature Sarah MacKenzie