

<u>Name</u>

Vicky Roy

## **Expense Disclosure Summary**

**Position** 

Period Covered	January - March 2021									
Please attach sup	porting documentati	on ie: Expense Disclosure S	Sheet and a	ipplicable rece	eipts					
Dates (Travel Dates if applicable)	Destination/Location	Purpose	Airfare	Other Transportation*	Accommodation	Meals	Hospitality	Incidentals	1	Гotal
February 25, 2021	The Keg	Welcome dinner with new dean					\$ 99.02		\$	99.02
			\$ -	\$ -	\$ -	\$ -	\$ 99.02	\$ -	\$	99.02
		ntals, public transportation, to			above.					
Signature	Original Copy Signed			-						

Vice President Academic & Provost



## **Expense Disclosure Sheet**

Name Vicky Roy <u>Date</u> February 25, 2021

<u>Position</u> Vice President Academic & Provost <u>Purpose</u> Welcome dinner with new Dean, <u>Destination</u> Medicine Hat,

School of Trades & Technology

AB

Receipt Reconciliation: (Please attach supporting documentation ie: receipts)

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
Feb 25, 2021	The Keg Steakhouse	Hospitality	Dinner x 2	94.92	4.10	99.02
					<b>Total Receipts</b>	99.02

,		DATE	2/25/21 8:21PM
	DINING : S	SILAS	
SEAT#	ITEMS ORDERED		AMOUNT
į	CALAMARI STEAK FRITES FRIED CAULIFLOW OVEN RSTD CHICK gnocchi	***	14.00 27.00 12.00 29.00 0.00
	SI	JBTOTAL GST	82.00 4.10

\*\*\*\*\*\*\*\*\*\*\*\*

TOTAL

SUBTOTAL

82.00 4.10

86.10

86.10

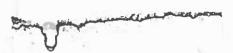
TOTAL DUE

Thank you for visiting The Keg Steakhouse + Bar - Medicine Hat Dining Room - Restaurant #221

Please Review your experience at www.KegFeedback.com and receive a CHANCE to WIN a \$100 Gift Card!

\* See www.kegfeedback.com for complete contest rules

GST/HST R761451699



KEG - 221 - MEDICINE HAT 2550 NW Box Springs Blvd Medicine Hat AB Tic 0C8 403-548-2737

\*\* TRANSACTION RECORD \*\*
Tran. #: 380
Lookup #: 0038091979902
RVC:DINING Table #:36
Check #: 144474
Group #: 1
Employee #: 131
Employee: SILAS

## sa Purchase

App Name: Visa Credit

Amount TOTAL CAD\$99.02

APPROVED 057407 00-001 (001) 057407 KC522113 053001001005 02/25/2021 8:22:54 PM

TVR: 0080208000 TSI: 7C00

Customer Copy

THANK YOU Come Again



## HOSTING EXPENSE 7 @5 ≠A: CFA

(To be submitted upon completion of hosting)
This form must be completed when charging a department account for hosting guests.

				Number of Attendee	Faculty/Staff	
NameAddress					Students	
					Other	
Pate of Function: (month/day	y/year)		_	Names and Busines	s Relationship:	
ocation:			_			
Description of Meal: Breakfast Lunch	Dinner Other (	(specify)		If Large Group, Nam	пе	
usiness Purpose: (Check	appropriate box and pro	vide details)	<del>-</del>			
Staff Recognition			Conference			
Seminar Speaker (Name) (Topic)	(Name)			Prospective Employee (Name) (Position)		
Student Recruitment A	ctivitiy			Student Academic Achievement (Purpose)		
Other			Meeting			
<u> </u>				-		
					FOR OFFICE	USE ONLY
VE	NDOR	Total		GL CODE	<u>Amount</u>	<u>GST</u>
TOTAL EXPENSE					INVOICE	TOTAL
TOTAL EXPENSE Less - Advance		(If applicable	3)		INVOICE	TOTAL
	able)	(If applicable	2)		INVOICE	TOTAL
Less - Advance	able)	(If applicabl	3)		INVOICE	TOTAL
Less - Advance  NET CLAIM DUE (Repaya	able)	(If applicable for OFFICE USE ONLY	VENDO	R NUMBER	INVOICE	TOTAL
Less - Advance	able)		VENDO	R NUMBER	INVOICE	TOTAL
Less - Advance  NET CLAIM DUE (Repay:  ate  EQUEST BY:		FOR OFFICE USE ONLY	VENDO			