



## Expense Disclosure Summary

**Name** Wayne Resch **Position** VP Administration & Finance  
**Period Covered** October 1, 2022 to December 31, 2022

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
	Calgary, Alberta	Senior Business Officers Meeting	\$ -	\$ 289.00	\$ 166.15	\$ 22.00	\$ -	\$ 10.00	\$ 487.15
	Crave Restaurant	Labor Relations	\$ -	\$ -	\$ -	\$ 80.78	\$ -	\$ -	\$ 80.78
			\$ -	\$ 289.00	\$ 166.15	\$ 102.78	\$ -	\$ 10.00	\$ 567.93

\* 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 \_\_\_\_\_





# MEDICINE HAT COLLEGE TRAVEL CLAIM



**CLAIMANT**

Name: Wayne Resch  
Address:

**MEETING/CONFERENCE**

Name: SBO Meeting  
Location: Calgary, Alberta

**DAYS INVOLVED [ 1.15 ]**

Departure date Oct 6 2022 2:00PM  
Return date Oct 7 2022 5:30PM

**EXPENSES**

Meals	Days	Rate	Total	FOR OFFICE USE ONLY	
				Amount	GST
Breakfast	0 @	\$10.00 =	\$0.00		
Lunch	0 @	\$12.00 =	\$0.00		
Dinner	1 @	\$22.00 =	\$22.00		
Full Per diem	0 @	\$44.00 =	\$0.00		
Overnight incidental	1 @	\$10.00 =	\$10.00		
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	600 KM @ 0.47/KM	\$282.00		
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		
	<b>CND</b>	<b>\$314.00</b>		
	<b>USD</b>	<b>\$0.00</b>	<b>*\$1.00/CND</b>	
	<b>TOTAL EXPENSE</b>	<b>\$314.00</b>		
	<b>Less - Advance (if applicable)</b>	<b>-\$0.00</b>		
	<b>NET CLAIM DUE (Repayable)</b>	<b>\$314.00</b>		

**INVOICE TOTAL**

FOR OFFICE USE ONLY	VENDOR NUMBER			CONTROL
GL CODE	AMOUNT	GST	TOTAL	03 - 19736

**Written Signatures**

Request By

Department Code

Department Signatures  
(If Necessary Signature)

Finance:

**Electronic Signatures**

Active Directory WResch@mhc.ab.ca

00

CALGARY PARKING AUTHORITY (403) 537-7000

Plate: **245LBE**

Zone: **8370 : Parking**

Valid through:

**SATURDAY**

**08 OCT 22**

**6:00 AM**

START TIME: 10/7/2022 8:02 AM

AMOUNT PAID: \$7.00 (GST Incl.)

c 471516\*0503

Auth No: 061793

Trn No: b5de1381b821be44

Terminal: 1547

Receipt No: 9754

Pay for your parking online: [www.parkplus.ca](http://www.parkplus.ca)

Best Western Plus Village Park Inn

(403) 289-0241

1804 Crowchild Trail NW  
Calgary, AB T2M3Y7

frontdesk@villageparkinn.com

www.villageparkinn.com

GST# 825502917RT0001

10/07/2022 07:36 AM

[Redacted]

Room # 512-A  
Conf # 751247167-01  
Arrival 10/06/22  
Departure 10/07/22  
Room Type KAP -King Atrium Level  
Guests 1 / 0

Registered To:

RESCH, WAYNE  
PBM  
299 College Drive SE  
Medicine Hat, AB T1A 3Y6

Payment [Redacted]  
Acct [Redacted]

(403) 952-9263

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
10/06/22	Lyna	RC	ROOM CHRG REVENUE			\$147.99
10/06/22	Lyna	9	GST			\$7.62
10/06/22	Lyna	91	TOURISM LEVY			\$6.10
10/06/22	Lyna	92	DMF			\$4.44
10/07/22	Charan	2VS	PAYMENT VISA/MC		[Redacted]	\$166.15-
<b>Balance Due</b>						<b>\$0.00</b>

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

\*\*PLEASE BE ADVISED THIS RECEIPT IS PRODUCED FOR THE PURPOSE OF THE EXPRESS CHECK OUT. IF YOUR BILL IS NOT A ZERO BALANCE IT MEANS NO CHARGES HAVE BEEN PROCESSED.

X \_\_\_\_\_  
GUEST SIGNATURE

Signature

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CRAVE PUB  
299 COLLEGE DR SE  
MEDICINE HAT AB

50  
#8  
Crave  
11/17/2022 12:50 PM  
201783507

#	Item	Price
2	Lunch Feature	19.98
1	Steak Sandwich	9.99
1	Pulled Pork Sandwich	9.99
1	Chicken Quesadilla	9.99
1	Steak Sandwich	9.99
4	Pop	10.00
<b>Subtotal</b>		<b>69.94</b>
Tax		3.50
<b>Total</b>		<b>\$ 73.44</b>

	Net	Tax	Gross
5.00%:	69.94	3.50	73.44
Tax total:	69.94	3.50	73.44

**Thank you!**

H2S 3H4 Montreal  
4036307471

DATE 2022/11/17  
TIME 7280 12:49:44  
RECEIPT NUMBER  
C82001632-001-025-008-0

PURCHASE  
AMOUNT \$73.44  
TIP \$7.34  
TOTAL

**\$80.78**

**APPROVED**

AUTH# 079004 01-027  
THANK YOU

CARDHOLDER WILL PAY  
CARD ISSUER ABOVE AMOUNT  
PURSUANT TO CARDHOLDER  
AGREEMENT.

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS



# HOSTING EXPENSE CLAIM FORM

*(To be submitted upon completion of hosting)*

This form must be completed when charging a department account for hosting guests.

**Claimant:**  
 Name: Wayne Resch  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Number of Attendees:**  
 6 Faculty/Staff  
 \_\_\_\_\_ Students  
 \_\_\_\_\_ Other

**Date of Function:** (month/day/year) 11/17/2022  
**Location:** Crave Restaurant

**Names and Business Relationship:**  
 \_\_\_\_\_  
Negotiating Team  
 \_\_\_\_\_

**Description of Meal:**  
 Breakfast  
 Lunch  
 Dinner  
 Other (specify) \_\_\_\_\_

**If Large Group, Name**  
 \_\_\_\_\_

**Business Purpose: (Check appropriate box and provide details)**

- |   |   |
|---|---|
| <input type="checkbox"/> Staff Recognition<br>_____                       | <input type="checkbox"/> Conference<br>_____                                      |
| <input type="checkbox"/> Seminar Speaker<br>(Name) _____<br>(Topic) _____ | <input type="checkbox"/> Prospective Employee<br>(Name) _____<br>(Position) _____ |
| <input type="checkbox"/> Student Recruitment Activity<br>(Purpose) _____  | <input type="checkbox"/> Student Academic Achievement<br>(Purpose) _____          |
| <input checked="" type="checkbox"/> Other<br>_____                        | <input type="checkbox"/> Meeting<br>_____   |

Lunch to celebrate the end of contract negotiations.

VENDOR	Total	GL CODE	FOR OFFICE USE ONLY	
			Amount	GST
Crave	\$ 80.78	_____		

**TOTAL EXPENSE** \$ 80.78  
 Less - Advance (If applicable) \_\_\_\_\_  
**NET CLAIM DUE (Repayable)** \$ 80.78

**INVOICE TOTAL**

Date: \_\_\_\_\_  
 REQUEST BY: \_\_\_\_\_  
 DEPT. CODE: \_\_\_\_\_  
 DEPT. APPROVAL: x \_\_\_\_\_  
 (Signature)  
 x \_\_\_\_\_  
 (Signature - if Necessary)  
 FINANCE: x \_\_\_\_\_

FOR OFFICE USE ONLY	VENDOR NUMBER			
	GL CODE	AMOUNT	GST	TOTAL