

Expense Disclosure Summary

<u>Name</u> Wayne Resch <u>Position</u> VP Administration & Finance

Period Covered July 1 - August 31, 2023

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

Dates (Travel Dates if		Durmana	A : u.f.		Other	**	A account a dati	:	N/A		Ш	:+-!:+-	la at	la mtala		Tatal
applicable)	Destination/Location	Purpose	Airfa	are	Transportati	on*	Accommodati	ion	IVIE	eals	HO	spitality	Inci	lentals		Total
		Changing of the														
July 20, 2023	CFB Suffield	Command Ceremony	\$	-	\$ 44	4.18	\$ -	-	\$	-	\$	-	\$	-	\$	44.18
			\$	-	\$ 44	4.18	\$ -	-	\$	-	\$	-	\$	-	\$	44.18

^{*} 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	
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Expense Disclosure Sheet

Name	Wayne Resch	Date	June 7, 2023
	- /		

<u>Position</u> VP Administration & Finance <u>Purpose</u> Senior Business Officer Meeting <u>Destination</u> Calgary

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
20-Jul-23	MHC Travel Claim	Other Transportation	Mileage to Suffield and Return	44.18		44.18
						-
						-
						-
						-
						-
						-
			•		Total Receipts	44.18

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT Name: Wayne Resch	MEETIN Name: Location:	G/CONFERENCE Changing of Command Co CFB Suffield	eremony	MEDICINE HA
Address:	Location.	CI D Dallan		
DAYS INVOLVED [0.13]	3 9:00AM			
	3 12:00PM		FOR OFFIC	CE USE ONLY
EXPENSES	Days Rate	Total	Amount	GST
Meals	0 @ \$10.00 =			
Breakfast	0 @ \$12.00 =			1 3 1 6 6 6
Lunch	0 @ \$22.00 =			
Dinner	0 @ \$44.00 =			
Full Per diem	0 @ \$10.00 =			
Overnight incidental	0 @ \$20.00 =		The state of the state of	
Hospitality Allowance	0.60	\$0.00		HE THE PARTY OF TH
Conference Cost Hotel (attach invoice)		\$0.00		
		\$0.00		
Miscellaneous		\$0.00		
		\$0.00	A STATE OF THE STA	TO SHE WAS TO SEE
TRANSPORTATION				100
Own Car	94 KM @ 0.47/KM	\$44.18		
College Car	(Attach gas receipts)	and the second second	SIC MARKETINE	AND THE PARTY OF T
	(Attach invoice & gas receipts)	annual and a second		
Rental Car	(Attach Air Line Tickets or Invoice)	Table 1		
Air Fare		-		TOTAL ROSES CONTROL
Taxi, buses, parking, road tolls	(Less than \$10 receipt is not required)	The state of the s	INVOIC	E TOTAL
		\$44.18	LAVOIC	ETOTAL
		\$0.00 *\$1.00/CND		
	TOTAL EXPENSE			
	Less - Advance (if applicable)			
	NET CLAIM DUE (Repayable)	44.18		
FOR OFFICE USE ONLY	VENDO	R NUMBER		CONTROL 03 - 20208
	MOUNT	GST		TOTAL
GL CODE	AMOUNT	USI		TOTAL
CO THE PERSON NAMED IN				
			1000	
Written Signatures				
Request By	Depa	artment Code		
and agency and				
Department Signatures (If Necessary Signature)	Finan	nce:		
Electronic Signatures				