

### **Expense Disclosure Summary**

<u>Name</u> Period Covered Wayne Resch Position May 1 - June 30, 2023 VP Administration & Finance

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

Dates (Travel Dates if applicable)	Destination/Location	Purpose	Airfa	re	_	other	Ace	commodation	N	<b>1eals</b>	Hos	pitality	Inci	dentals	Total
	-	Senior Business Officer										• •			
June 7, 2023	Calgary, AB.	Meeting	\$	-	\$	282.00	\$	167.28	\$	41.50	\$	-	\$	7.35	\$ 498.13
			\$	-	\$	282.00	\$	167.28	\$	41.50	\$	-	\$	7.35	\$ 498.13

\* 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



# Expense Disclosure Sheet

Name	Wayne Resch	<u>Date</u>	June 7, 2023			
Position	VP Administration & Finance	<u>Purpose</u>	Senior Business Officer Meeting	Destination	Calgary	

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
07-Jun-23	MHC Travel Claim	Other Transportation	Mileage to Calgary & Return	282.00		282.00
07-Jun-23	MHC Travel Claim	Meals	Dinner allowance (2 nights)	41.5		41.50
07-Jun-23	MHC Travel Claim	Incidentals	Overnight incidental	7.35		7.35
07-Jun-23	Best Western Plus Village Park Inn	Accommodation	Hotel accommodation (1 night)	167.28		167.28
						-
						-
						-
						-
						-
						_
		-	·		Total Receipts	498.13

Best Western Plus Village Park Inn	(403) 289-	0241			
COLOR AND A THE AND	frontdesk@villageparkinn.	.com			
804 Crowchild Trail NW Calgary, AB T2M3Y7	www.villageparkinn.com				
	GST# 825502917RT	0001			
06/07/2023 07:15 AM					
Loyalty Club:	Room #				
Registered To:	Conf #	8			
RESCH, WAYNE	Arrival	06/06/23			
PBM	Departure	06/07/23			
	Room Type	KAP - King Atrium Leve			
	Guests	1/0			
	Payment				
	Acct				

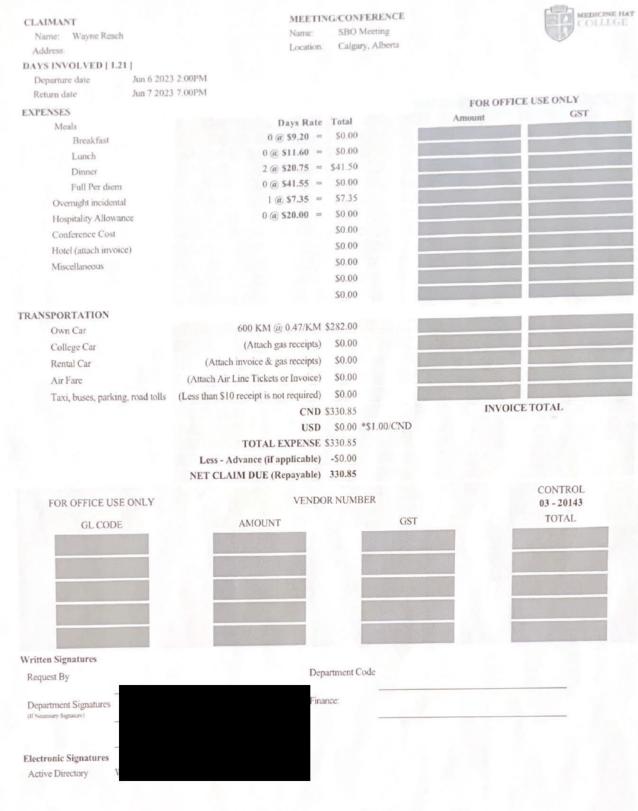
Posting Date	Oper	AcctCode	Description	From	Reference	Amount
06/06/23	Ethan	RC	ROOM CHRG REVENUE			\$149.00
06/06/23	Ethan	9	GST			\$7.67
06/06/23	Ethan	91	TOURISM LEVY			\$6.14
06/06/23	Ethan	92	DMF		2	\$4.47
06/07/23	life	2VS	PAYMENT VISA/MC		0503 - 098140	\$167.28-
					Balance Due	\$0.00

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

### MEDICINE HAT COLLEGE TRAVEL CLAIM



If you have any questions please contact the Finance Department at 403-529-3856.