MEDICINE HAT COLLEGE

Expense Disclosure Summary

Name Sarah MacKenzie **Position** Board Chair
Period Covered January - February 2026

Please attach supporting documentation ie: Expense Disclosure Sheet and applicable receipts

Dates (Travel Dates if applicable)	Destination/Location	Purpose	Airfare	Other Transportation*	Accommodation	Meals	Hospitality	Incidentals	Total
January 0, 1900	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -
January 0, 1900	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -

* 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.

NO EXPENSES for January - February 2026

Signature //Original Signed//

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Sarah MacKenzie **Date**

Position Board Chair **Purpose** **Destination**

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
					Total Receipts	-

MEDICINE HAT COLLEGE

Expense Disclosure Sheet

Name Sarah MacKenzie **Date**

Position Board Chair **Purpose** _____ **Destination** _____

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
					Total Receipts	-

Other Transportation
Airfare
Accommodation
Meals
Incidentals
Hospitality