

Expense Disclosure Summary

Name Irlanda Price **Position** AVP Student Development
Period Covered July - September 2018

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
July 3, 2018	Brooks, AB	Working in Brooks	\$ -	\$ 94.16			\$ -		\$ 94.16
September 7, 2018	Brooks, AB	Social Work Program Launch		\$ 95.92			\$ -		\$ 95.92
			<u>\$ -</u>	<u>\$ 190.08</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 190.08</u>

* 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 Irlanda Price **Date** July 3, 2018

Position AVP Student Development **Purpose** Working in Brooks for the day **Destination** Brooks, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
July 3, 2018	Medicine Hat College Travel Claim	Other Transportation	Mileage (214 km x \$0.44/km)	94.16		94.16
Total Receipts					\$ 94.16	

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT



Name: Irlanda Price
Address:

MEETING/CONFERENCE

Name: Working in Brooks
Location: Brooks Campus



DAYS INVOLVED | 0.25 |

Departure date Jul 3 2018 8:00AM
Return date Jul 3 2018 2:00PM

EXPENSES

Meals	Days	Rate	Total
Breakfast	0 @	\$10.00	= \$0.00
Lunch	0 @	\$12.00	= \$0.00
Dinner	0 @	\$22.00	= \$0.00
Full Per diem	0 @	\$44.00	= \$0.00
Overnight incidental	0 @	\$10.00	= \$0.00
Hospitality Allowance	0 @	\$20.00	= \$0.00
Conference Cost			\$0.00
Hotel (attach invoice)			\$0.00
Miscellaneous			\$0.00
			\$0.00
			\$0.00

FOR OFFICE USE ONLY

Amount	GST

TRANSPORTATION

Own Car	214 KM @ 0.44/KM	\$94.16
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

CND \$94.16
USD \$0.00 *\$1.00/CND

TOTAL EXPENSE \$94.16
Less - Advance (if applicable) -\$0.00
NET CLAIM DUE (Repayable) 94.16

INVOICE TOTAL

FOR OFFICE USE ONLY

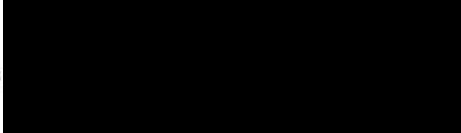
VENDOR NUMBER

CONTROL
03 - 16442

GL CODE	AMOUNT	GST	TOTAL
		4.48	

Written Signatures

Request By



Department Code



Department Signatures
(If Necessary Signature)

Signature

mp

Electronic Signatures

Active Directory



2018 JUL 5 PM 12:47



Expense Disclosure Sheet

Name Irlanda Price **Date** September 7, 2018

Position AVP Student Development **Purpose** Social Work Program Launch **Destination** Brooks, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
September 7, 2018	Medicine Hat College Travel Claim	Other Transportation	Mileage (218 km x \$0.44/km)	95.92		95.92
					Total Receipts	\$ 95.92

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Irlandia Price
Address:

MEETING/CONFERENCE

Name: Brooks Campus Social Work Program Launch
Location: Brooks, AB



DAYS INVOLVED [0.17]

Departure date Sep 7 2018 3:00PM
Return date Sep 7 2018 7:00PM

EXPENSES

Meals	Days Rate Total	
Breakfast	0 @ \$10.00 =	\$0.00
Lunch	0 @ \$12.00 =	\$0.00
Dinner	0 @ \$22.00 =	\$0.00
Full Per diem	0 @ \$44.00 =	\$0.00
Overnight incidental	0 @ \$10.00 =	\$0.00
Hospitality Allowance	0 @ \$20.00 =	\$0.00
Conference Cost		\$0.00
Hotel (attach invoice)		\$0.00
Miscellaneous		\$0.00
		\$0.00
		\$0.00

FOR OFFICE USE ONLY

Amount	GST

TRANSPORTATION

Own Car	218 KM @ 0.44/KM	\$95.92
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

CND \$95.92
USD \$0.00 *\$1.00/CND

INVOICE TOTAL

TOTAL EXPENSE \$95.92
Less - Advance (if applicable) -\$0.00
NET CLAIM DUE (Repayable) 95.92

FOR OFFICE USE ONLY

VENDOR NUMBER

**CONTROL
03 - 16534**

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By
Department Signatures
(If Necessary Signature)

Department Code
Finance:

Electronic Signatures

Active Directory