



## Expense Disclosure Summary

**Name** David Petis                      **Position** VP Advancement & Community Relations  
**Period Covered** October 1 - December 31, 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
October 19, 2018	Medicine Hat, AB	Community Relations Meeting	\$ -	\$ -	\$ -	\$ -	\$ 4.99	\$ -	\$ 4.99
October 26, 2018	Various	Mileage for Various Work Related Trips in October	\$ -	\$ 331.32	\$ -	\$ -	\$ -	\$ -	\$ 331.32
December 17, 2018	Various	Mileage for Various Work Related Trips in November & December 2018	\$ -	\$ 32.12	\$ -	\$ -	\$ -	\$ -	\$ 32.12
			<u>\$ -</u>	<u>\$ 363.44</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4.99</u>	<u>\$ -</u>	<u>\$ 368.43</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 David Petis                      Date October 19, 2018  
 VP Advancement & Community  
Position Relations                      Purpose Community Relations Meeting                      Destination Medicine Hat, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
19-Oct-18	Starbucks MHC	Hospitality	Coffee meeting with local non-profit organization			4.99
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
<b>Total Receipts</b>						<b>4.99</b>



## Expense Disclosure Sheet

<u>Name</u>	David Petis	<u>Date</u>	October 26, 2018	
	VP Advancement & Community Relations	<u>Purpose</u>	Mileage for Various Work Related Trips in October	<u>Destination</u> <u>Various</u>

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
26-Oct-18	MHC Travel Claim	Other Transportation	Mileage			331.32
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
<b>Total Receipts</b>						<b>331.32</b>



## Expense Disclosure Sheet

**Name** David Petis      **Date** December 17, 2018  
**Position** VP Advancement & Community Relations      **Purpose** Mileage for Various Work Related Trips in November & December 2018      **Destination** Various

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
17-Dec-18	MHC Travel Claim	Other Transportation	Mileage			32.12
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
<b>Total Receipts</b>						<b>32.12</b>



MEDICINE HAT COLLEGE

19 Oct 18  
VALID ONLY ON DATE ISSUED

# MEAL VOUCHER

6048

Guest Name: [REDACTED]

Amount:  open  not to exceed \$

GL Code: [REDACTED] Host Signature: [REDACTED]

COLLEGE HOST: PLEASE PROVIDE ADVANCE NOTICE TO FOOD SERVICES MANAGER WHEN ISSUING MEAL VOUCHERS TO LARGE GROUPS.



3

STARBUCKS  
(MHC)  
MEDICINE HAT, AB  
GST# 119036796

## R E C E I P T

GRANDE/MED COFFEE	2.25
VENTI/LARGE COFFEE	2.50
<b>Total</b>	<b>4.99</b>
Sales WOTa	4.75
GST	0.24
<b>Voucher</b>	<b>4.99</b>

10:10 AM 10/19/2018 MANAGER 1

130

THANK YOU  
PLEASE COME AGAIN

# MEDICINE HAT COLLEGE TRAVEL CLAIM

## CLAIMANT

Name: David Petis

Address:



## MEETING/CONFERENCE

Name: Mileage for various work related trips in October 2018

Location: Various



## DAYS INVOLVED [ 14.25 ]

Departure date Oct 12 2018 9:00AM

Return date Oct 26 2018 3:00PM

## 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	753 KM @ 0.44/KM	\$331.32
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

## INVOICE TOTAL

CND \$331.32  
 USD \$0.00 \*\$1.00/CND  
**TOTAL EXPENSE \$331.32**  
 Less - Advance (if applicable) -\$0.00  
**NET CLAIM DUE (Repayable) 331.32**

## FOR OFFICE USE ONLY

GL CODE	AMOUNT	VENDOR NUMBER	GST	CONTROL
				03 - 16725
				TOTAL
			15.78	

## Written Signatures

Request By  
 Department Signatures  
(If Necessary Signature)



Department Code  
 Finance:

## Electronic Signatures

Active Directory

2018 NOV 5 AM 10:03

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT David Petis

Name: [Redacted]

Address: [Redacted]

MEETING/CONFERENCE

Name: Mileage for various work related trips in Nov & Dec 2018

Location: Various



DAYS INVOLVED [ 3.17 ]

Departure date Dec 14 2018 2:30PM

Return date Dec 17 2018 6:31PM

EXPENSES

	Days	Rate	Total
Meals			
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
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
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[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

TRANSPORTATION

Own Car	73 KM @ 0.44/KM	\$32.12
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

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[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

CND \$32.12  
USD \$0.00 \*\$1.00/CND

TOTAL EXPENSE \$32.12

Less - Advance (if applicable) -\$0.00

NET CLAIM DUE (Repayable) 32.12

INVOICE TOTAL

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL 03 - 16919

GL CODE	AMOUNT	GST	TOTAL
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
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[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Written Signatures

Request By [Redacted]  
Department Signature [Redacted]  
Electronic Signature [Redacted]  
Active Directory [Redacted]

Department Code [Redacted]

Finance: \_\_\_\_\_

2018 DEC 19 PM 2:06