



## Expense Disclosure Summary

**Name** Carla Bennett      **Position** Interim VP Administration & Finance  
**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
December 4, 2018	Medicine Hat, AB	Office Staff Function	\$ -	\$ -	\$ -	\$ -	\$ 171.71	\$ -	\$ 171.71
			<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 171.71</u>	<u>\$ -</u>	<u>\$ 171.71</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.*

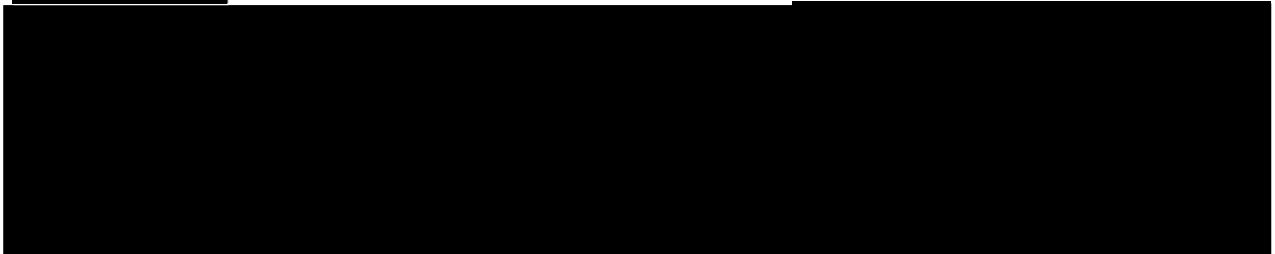
**Signature** \_\_\_\_\_  
 Original Copy Signed



STATEMENT DATE: 2018/12/20  
AGENT NAME: MEDICINE HAT COLLEGE  
CORPORATE BILL: DETAIL - NOT TO BE USED FOR PAYMENT REMITTANCE  
CARD HOLDER NAME: BENNETT CARLA

<u>TRAN DT</u>	<u>MERCH NAME</u>	<u>MERCH CITY</u>	<u>PRV</u>	<u>AMOUNT</u>	<u>NAT. TAX</u>	<u>FRGN CUR</u>
12/04/18	THE HEARTWOOD CAFE	MEDECINE HA	AB	\$171.71	\$8.18	\$ .00
				\$ .00	\$ .00	\$ .00

①





Thank you!

**THE HEARTWOOD CAFE**

(587) 289-2898  
403 North Railway Street SE, MEDICINE HAT, AB

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**Dec 4th 2018, 3:08 pm**

**Employee 16464281**

**Order 3883**

1 · roasted beet	\$15.00
1 · & Salad	\$12.00
1 · beet salad (\$0.00)	
1 · & Salad	\$12.00
1 · beet salad (\$0.00)	
1 · Veggie	\$17.00
1 · cup soup (\$0.00)	
1 · combo	\$19.00
1 · prociutto (\$0.00)	
1 · Deli Sandwich	\$14.75
1 · fries (\$0.00)	
1 · Chicken (\$0.00)	
1 · combo	\$19.00
1 · ham n apple (\$0.00)	
1 · combo	\$19.00
1 · bbq (\$0.00)	
2 · Tea Latte	\$9.50
2 · Peppermint (\$0.00)	
2 · 12oz. (-\$1.00)	
1 · drinks	\$4.95
1 · kombucha (\$2.20)	
Subtotal	\$142.20
Tax	\$7.12

Tip

\$22.39

Total Paid

\$171.71

Carla Bennett

How was your experience?



This receipt from THE HEARTWOOD CAFE was sent by Point. If you have any questions about the specific transaction, please contact the merchant. If you feel you received this receipt in error, please contact support@point.com. For our privacy policy info, go to point.com/privacy



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# HOSTING EXPENSE CLAIM FORM

(To be submitted upon completion of hosting)  
This form must be completed when charging a department account for hosting guests.

Name: Carla Bennett  
Address: \_\_\_\_\_  
\_\_\_\_\_

Number of Attendees:  
9 Faculty/Staff  
\_\_\_\_\_ Students  
\_\_\_\_\_ Other

Date of Function: (month/day/year) Dec 4/18  
Location: Heartwood Cafe

Names and Business Relationship:  
[Redacted]

Description of Meal:  
 Breakfast  
 Lunch  
 Dinner  
 Other (specify) \_\_\_\_\_

Business Purpose: (Check appropriate box and provide details)

- Staff Recognition \_\_\_\_\_
- Seminar Speaker (Name) \_\_\_\_\_ (Topic) \_\_\_\_\_
- Student Recruitment Activity (Purpose) \_\_\_\_\_
- Other Team Building - Finance
- Conference \_\_\_\_\_
- Prospective Employee (Name) \_\_\_\_\_ (Position) \_\_\_\_\_
- Student Academic Achievement (Purpose) \_\_\_\_\_
- Meeting \_\_\_\_\_

VENDOR	Total	GL CODE	FOR OFFICE USE ONLY	
			Amount	GST

TOTAL EXPENSE \$ 0 00  
Less - Advance \_\_\_\_\_  
NET CLAIM DUE (Repayable) \$ 0 00 (if applicable)

INVOICE TOTAL

FOR OFFICE USE ONLY	VENDOR NUMBER			TOTAL
	GL CODE	AMOUNT	GST	