MEDICINE HAT COLLEGE

Expense Disclosure Summary

Name Wayne Resch **Position** Chief Financial Officer
Period Covered July 1 - September 30, 2013

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

Dates (Travel Dates if applicable)	Destination/Location	Purpose	Airfare	Other Transportation*	Accomodation	Meals	Hospitality	Incidentals	Total
No Expenses to Disclose	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	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.

Signature _____