



Expense Disclosure Summary

Name Wayne Resch **Position** VP Admin & Finance
Period Covered January 1 - March 31, 2015

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
February 24, 2015	Brooks, AB	Town Hall Meeting Service Provider	\$ -	\$ 96.80	-	-	-	-	\$ 96.80
March 3-4, 2015	Calgary, AB	Meeting	\$ -	\$ 301.25	\$ 162.41	\$ 44.00	-	\$ 10.00	\$ 517.66
January 0, 1900			\$ -	-	-	-	-	-	-
January 0, 1900			\$ -	-	-	-	-	-	-
January 0, 1900			\$ -	-	-	-	-	-	-
January 0, 1900			\$ -	-	-	-	-	-	-
January 0, 1900			\$ -	-	-	-	-	-	-
January 0, 1900			\$ -	-	-	-	-	-	-
January 0, 1900			\$ -	-	-	-	-	-	-
January 0, 1900			\$ -	-	-	-	-	-	-
January 0, 1900			\$ -	-	-	-	-	-	-
			\$ -	\$ 398.05	\$ 162.41	\$ 44.00	-	\$ 10.00	\$ 614.46

* 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 _____

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Wayne Resch
Address:

MEETING/CONFERENCE

Name: Town Hall Meeting, Brooks Campus
Location: Brooks, Alberta



DAYS INVOLVED [0.16]

Departure date Feb 24 2015 10:45AM
Return date Feb 24 2015 2:30PM

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	220 KM @ 0.44/KM	\$96.80
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 \$96.80
USD \$0.00 *\$1.00/CND

TOTAL EXPENSE \$96.80
Less - Advance (if applicable) -\$0.00
NET CLAIM DUE (Repayable) 96.80

INVOICE TOTAL

FOR OFFICE USE ONLY

GL CODE

AMOUNT

VENDOR NUMBER

GST

CONTROL
03 - 7431
TOTAL

Written Signatures

Request By

Wayne Resch
Debbie Penney

Department Code

1-71100-9240

Department Signatures
(If Necessary Signature)

Finance:

Electronic Signatures

Active Directory WResch@mhc.ab.ca



Expense Disclosure Sheet

Name Wayne Resch

Date March 3-4, 2015

Position VP Admin & Finance

Purpose Service Provider Meeting

Destination Calgary, AB

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
March 3-4, 2015	Best Western Premier	Accommodation	Hotel Room - Stantec Meeting			162.41
March 3-4, 2015	MHC Travel Claim	Meals	Meal Allowance - Stantec Meeting			44.00
March 3-4, 2015	MHC Travel Claim	Other Transportation	Mileage Allowance - Stantec Meeting			264.00
March 3-4, 2015	MHC Travel Claim	Incidentals	Overnight Incidentals - Stantec Meeting			10.00
March 3-4, 2016	Mount Royal University	Other Transportation	Parking - Stantec Meeting			10.50
March 3-4, 2017	SAIT Parking	Other Transportation	Parking - Stantec Meeting			6.75
March 3-4, 2018	Delta Bow Valley Hotel Vinci Park	Other Transportation	Parking - Stantec Meeting			20.00
						-
						-
						-
						-
						-
Total Receipts						517.66

Best Western PREMIER Freeport Inn & Suites

GST #13178 8788 RT0007

86 Freeport Blvd NE

Calgary, AB T3J 5J9

Telephone: (403)264-9650 Fax: (403)264-9651

Mar 04, 2015

2:08 am

Each Best Western® branded hotel is independently owned and operated.

Wayne Resch
299 COLLEGE DRIVE SE
MEDICINE HAT, AB T1A 3Y6

Folio #: 111573
Room Number: 218
Rate: \$149.00
Pay Method: VA0503

Arrival Date: Tuesday, March 03, 2015

Departure Date: Wednesday, March 04, 2015

Member #:

Information: RESERVATION MULTIPLE SEGMENT

Date	Department	Reference	Voucher	Room	Debit	Credit
3/3/2015	ROOM CHARGE	Auto Posted		218	\$149.00	
3/3/2015	ROOM GST	Auto Posted		218	\$7.45	
3/3/2015	ROOM TAX	Auto Posted		218	\$5.96	

Balance: \$162.41

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the amount of these charges. Interest will be charged on any overdue balance.

I am aware that all personal information collected about me, with the exception of my credit card number, will be stored in the computer for the purpose of proficiency with my next reservation.

Signature _____

MEDICINE HAT COLLEGE TRAVEL CLAIM



CLAIMANT

Name: Wayne Resch

Address:

MEETING/CONFERENCE

Name: Meeting with Stantec and Tour SAIT & MRU Facilities

Location: Calgary, Alberta

DAYS INVOLVED [1.25]

Departure date Mar 3 2015 3:30PM

Return date Mar 4 2015 9:30PM

EXPENSES

Meals	Days	Rate	Total
Breakfast	0 @	\$10.00	= \$0.00
Lunch	0 @	\$12.00	= \$0.00
Dinner	2 @	\$22.00	= \$44.00
Full Per diem	0 @	\$44.00	= \$0.00
Overnight incidental	1 @	\$10.00	= \$10.00
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	600 KM @ 0.44/KM	\$264.00
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 \$318.00

USD \$0.00 *\$1.00/CND

TOTAL EXPENSE \$318.00

Less - Advance (if applicable) -\$0.00

NET CLAIM DUE (Repayable) 318.00

INVOICE TOTAL

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL
03 - 7470
TOTAL

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By

Wayne Resch

Debbie Harvey

Department Code

1-74663-9240

Department Signatures
(If Necessary Signature)

Finance:

Electronic Signatures

Active Directory WResch@mhc.ab.ca

DELTA BOW VALLEY
HOTEL
VINCI PARK
RECEIPT C1

ENTRY TIME:
04.03.15 10:52
EXIT TIME:
04.03.15 12:47
PARK-DUR.: HRS:MIN
0:01:55
AMOUNT:
\$ 20.00

KIND OF PAYMENT:
VISA
XXXXXXXXXXXX0503
XXXXX
REF. 86
GST:12099-6095
THANK YOU!

MOUNT ROYAL UNIVERSITY
Date: 03/04/15 17:19:23
Payment Type: Visa
Account Number: 0503
Auth Code: 075614
ISO Code:
Ref:
10.50
Tax: .50
Total: 10.50

POS: AP4

SAIT PARKING
1301 16TH AVENUE NW
CALGARY AB

CARD *****0503
CARD TYPE VISA
DATE 2015/03/04
TIME 7138 14:27:06
RECEIPT NUMBER
C84114677-001-064-021-0

PURCHASE
TOTAL

\$6.75

VISA CREDIT
A0000000031010
F7AF089838E298EF
0080008000-E800
24A4314316CC2B34
0080008000-F800

APPROVED

AUTH# 012122 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

THANK YOU