



Expense Disclosure Summary

Name Wayne Resch **Position** VP Administration & Finance
Period Covered March 1 - April 30, 2024

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 |
|------------------------------------|----------------------|-------------------------|-------------|-----------------------|--------------------|------------------|-------------|-----------------|--------------------|
| April 4, 2024 | Brooks, Alberta | Integrated Planning | \$ - | \$ 103.40 | \$ - | \$ 12.00 | \$ - | \$ - | \$ 115.40 |
| April 25, 2024 | Calgary, Alberta | CCC President's Retreat | \$ - | \$ 277.30 | \$ 316.33 | \$ 20.75 | \$ - | \$ 7.35 | \$ 621.73 |
| April 28, 2024 | Calgary, Alberta | CICAN Conference | \$ - | \$ 277.30 | \$ 948.99 | \$ 92.30 | \$ - | \$ 22.05 | \$ 1,340.64 |
| | | | <u>\$ -</u> | <u>\$ 658.00</u> | <u>\$ 1,265.32</u> | <u>\$ 125.05</u> | <u>\$ -</u> | <u>\$ 29.40</u> | <u>\$ 2,077.77</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 Wayne Resch **Date** April 4, 2024
Position VP Administration & Finance **Purpose** Integrated Planning Session **Destination** Brooks, Alberta

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

| Date | Vendor | Expense Category (Select from drop down menu) | Description | Subtotal | GST | Total |
|-----------------------|------------------|---|------------------------------|----------|-----|--------|
| 04-Apr-24 | MHC Travel Claim | Meals | Meals @ per Diem | 12.00 | | 12.00 |
| 04-Apr-24 | MHC Travel Claim | Other Transportation | Mileage to Brooks and return | 103.40 | | 103.40 |
| | | | | | | - |
| | | | | | | - |
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| | | | | | | - |
| | | | | | | - |
| | | | | | | - |
| Total Receipts | | | | | | 115.40 |



Expense Disclosure Sheet

Name Wayne Resch **Date** April 25/26, 2024
Position VP Administration & Finance **Purpose** CCC Presidents Retreat **Destination** Calgary, Alberta

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

| Date | Vendor | Expense Category (Select from drop down menu) | Description | Subtotal | GST | Total |
|-----------|---------------------------|---|----------------------------|----------|-----------------------|---------------|
| 25-Apr-24 | MHC Travel Claim | Meals | meals per diem | 20.75 | | 20.75 |
| 25-Apr-24 | MHC Travel Claim | Incidentals | overnight incidental | 7.35 | | 7.35 |
| 25-Apr-24 | MHC Travel Claim | Other Transportation | mileage Calgary and return | 277.30 | | 277.30 |
| 26-Apr-24 | Marriott Downtown Calgary | Accommodation | one night stay Marriott | 316.33 | | 316.33 |
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| | | | | | Total Receipts | 621.73 |



Expense Disclosure Sheet

Name Wayne Resch Date April 28 - 30, 2024
Position VP Administration & Finance Purpose CICAN Conference Destination Calgary, Alberta

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

| Date | Vendor | Expense Category (Select from drop down menu) | Description | Subtotal | GST | Total |
|-----------|---------------------------|---|-------------------------------|----------|-----------------------|-----------------|
| 28-Apr-24 | MHC Travel Claim | Meals | Meals per diem | 92.30 | | 92.30 |
| 28-Apr-24 | MHC Travel Claim | Incidentals | Overnight Incidentals | 22.05 | | 22.05 |
| 28-Apr-24 | MHC Travel Claim | Other Transportation | Mileage Calgary and Return | 277.30 | | 277.30 |
| 28-Apr-24 | Marriott Calgary Downtown | Accommodation | 3 night stay Marriott Calgary | 948.99 | | 948.99 |
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| | | | | | Total Receipts | 1,340.64 |

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Wayne Resch
Address:

DAYS INVOLVED | 0.18 |

Departure date: Apr 4 2024 10:30AM
Return date: Apr 4 2024 2:45PM

MEETING/CONFERENCE

Name: Integrated Planning Session
Location: Brooks, Alberta



EXPENSES

| | Days | Rate | Total |
|------------------------|------|---------|-----------|
| Meals | 0 @ | \$10.00 | = \$0.00 |
| Breakfast | 1 @ | \$12.00 | = \$12.00 |
| Lunch | 0 @ | \$22.00 | = \$0.00 |
| Dinner | 0 @ | \$44.00 | = \$0.00 |
| Full Per diem | 0 @ | \$10.00 | = \$0.00 |
| Overnight incidental | 0 @ | \$20.00 | = \$0.00 |
| Hospitality Allowance | | | \$0.00 |
| Conference Cost | | | \$0.00 |
| Hotel (attach invoice) | | | \$0.00 |
| Miscellaneous | | | \$0.00 |
| | | | \$0.00 |

FOR OFFICE USE ONLY

| Amount | GST |
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TRANSPORTATION

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|----------------------------------|--|----------|
| Own Car | 220 KM @ 0.47/KM | \$103.40 |
| 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 |

| Amount | GST |
|--------|-----|
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CND \$115.40

USD \$0.00 *\$1.00/CND

TOTAL EXPENSE \$115.40

Less - Advance (if applicable) -\$0.00

NET CLAIM DUE (Repayable) 115.40

INVOICE TOTAL

FOR OFFICE USE ONLY

| GL CODE | AMOUNT | VENDOR NUMBER | GST | CONTROL 03 - 20603 TOTAL |
|---------|--------|---------------|-----|--------------------------|
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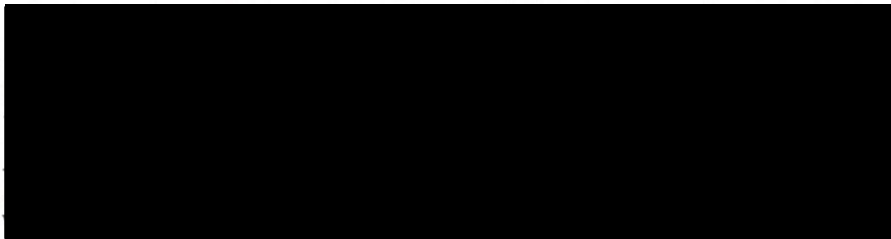
Written Signatures

Request By

Department Signatures
(If Necessary Signature)

Electronic Signatures

Active Directory



MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Wayne Resch
 Address:

MEETING/CONFERENCE

Name: CCC Presidents Retreat Meeting
 Location: Calgary, Alberta



DAYS INVOLVED [0.92]

Departure date: Apr 25 2024 9:00PM
 Return date: Apr 26 2024 7:00PM

EXPENSES

| | Days | Rate | Total |
|------------------------|------|---------|-----------|
| Meals | 0 @ | \$9.20 | = \$0.00 |
| Breakfast | 0 @ | \$11.60 | = \$0.00 |
| Lunch | 1 @ | \$20.75 | = \$20.75 |
| Dinner | 0 @ | \$41.55 | = \$0.00 |
| Full Per diem | 1 @ | \$7.35 | = \$7.35 |
| Overnight incidental | 0 @ | \$20.00 | = \$0.00 |
| Hospitality Allowance | | | \$0.00 |
| Conference Cost | | | \$0.00 |
| Hotel (attach invoice) | | | \$0.00 |
| Miscellaneous | | | \$0.00 |

TRANSPORTATION

| | | |
|----------------------------------|--|----------|
| Own Car | 590 KM @ 0.47/KM | \$277.30 |
| 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 \$305.40
 USD \$0.00 *\$1.00/CND

TOTAL EXPENSE \$305.40
Less - Advance (if applicable) -\$0.00
NET CLAIM DUE (Repayable) 305.40

FOR OFFICE USE ONLY

Amount GST

| Amount | GST |
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INVOICE TOTAL

FOR OFFICE USE ONLY

VENDOR NUMBER

CONTROL

GL CODE

AMOUNT

GST

TOTAL

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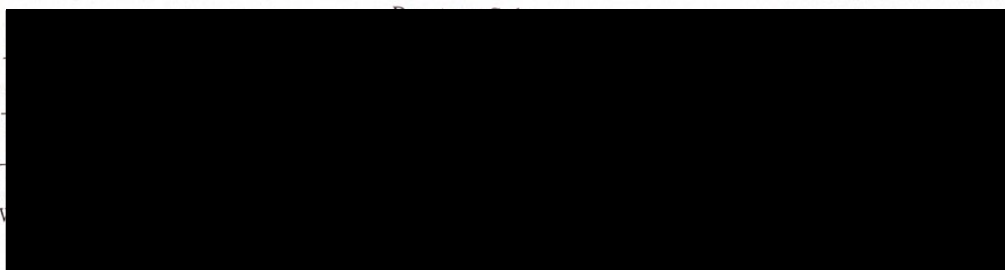
Written Signatures

Request By

Department Signatures
 (If Necessary Signature)

Electronic Signatures

Active Directory





CALGARY MARRIOTT DOWNTOWN

GUEST FOLIO

1705 RESCH/WAYNE 235.00 04/26/24 07:31 47766 8168
 ROOM NAME RATE DEPART TIME ACCT# GROUP
 GK XXX 04/25/24 23:53
 TYPE XXX AB T1A3Y6 ARRIVE TIME
 2
 ROOM ADDRESS PAYMENT MBV#
 CLERK

| DATE | REFERENCES | CHARGES | CREDITS | BALANCES DUE |
|-------|------------------|---------|---------|--------------|
| 04/25 | ROOM 1705, 1 | 235.00 | | |
| 04/25 | DM FEE 1705, 1 | 7.05 | A | |
| 04/25 | GST ROOM 1705, 1 | 12.10 | B | |
| 04/25 | T LEVY 1705, 1 | 9.68 | I | |
| 04/25 | VALETPAR VALET | 50.00 | | |
| 04/25 | TAX VALET | 2.50 | J | |
| 04/26 | CCARD-VS | | | 316.33 |

SETTLED TO: VISA [REDACTED]
 ***** AUTHORIZATION *****
 APPROVED
 Total: \$293.20 Card Type: VISA Card Entry: CHIP Acct [REDACTED] Approval Code: 042612
 PIN Verified
 ***** EMV AUTHORIZATION *****
 App Label: Visa Credit Mode: Issuer
 AID: A000000031010 TVR: 0000008000 IAD: 06011203642002 TSI: E800 ARC: 00 AC: 275BCED06B006B14 CVM: 410302
 .00

| SUMMARY OF TAXES | | TAXED AMOUNT | TAX |
|------------------|--------------------|--------------|--------------|
| A | 3% DESTINATION MKT | .00 | 7.05 |
| B | 5% GST ROOM | .00 | 12.10 |
| C | 5% GST OTHER | .00 | .00 |
| I | 4% TOURISM LEVY | .00 | 9.68 |
| J | 5% GST PARKING | .00 | 2.50 |
| K | 20% GROUP SC | .00 | .00 |
| L | 5% GST OTHER | .00 | .00 |
| N | GST BOT | .00 | .00 |
| P | GST TCC | .00 | .00 |
| | NET CHARGES 285.00 | TAX 31.33 | FOLIO 316.33 |

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Signature X

MEDICINE HAT COLLEGE TRAVEL CLAIM

MEETING/CONFERENCE
 Name: C/Can Conference
 Location: Calgary



CLAIMANT

Name: Wayne Resch
 Address:

DAYS INVOLVED [2.85]

Departure date: Apr 28 2024 5:00PM
 Return date: May 1 2024 1:30PM

EXPENSES

| | Days | Rate | Total |
|------------------------|------|---------|-----------|
| Meals | 3 @ | \$9.20 | = \$27.60 |
| Breakfast | 2 @ | \$11.60 | = \$23.20 |
| Lunch | 2 @ | \$20.75 | = \$41.50 |
| Dinner | 0 @ | \$41.55 | = \$0.00 |
| Full Per diem | 3 @ | \$7.35 | = \$22.05 |
| Overnight incidental | 0 @ | \$20.00 | = \$0.00 |
| Hospitality Allowance | | | \$0.00 |
| Conference Cost | | | \$0.00 |
| Hotel (attach invoice) | | | \$0.00 |
| Miscellaneous | | | \$0.00 |

FOR OFFICE USE ONLY

| Amount | GST |
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TRANSPORTATION

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|----------------------------------|--|----------|
| Own Car | 590 KM @ 0.47/KM | \$277.30 |
| 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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CND \$391.65
 USD \$0.00 *\$1.00/CND

INVOICE TOTAL

TOTAL EXPENSE \$391.65
 Less - Advance (if applicable) -\$0.00
NET CLAIM DUE (Repayable) 391.65

FOR OFFICE USE ONLY

| GL CODE | AMOUNT | VENDOR NUMBER | GST | CONTROL 03 - 20658 TOTAL |
|---------|--------|---------------|-----|--------------------------------|
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Written Signatures

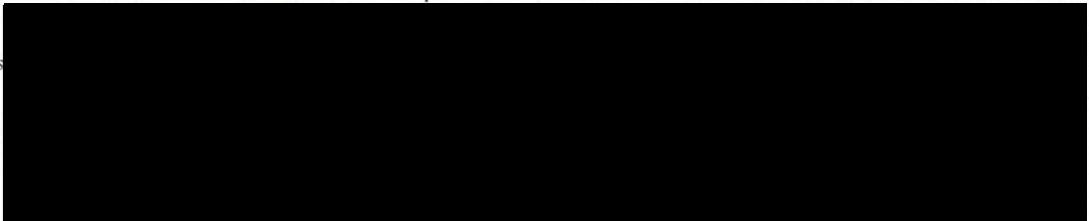
Request By

Department Code

Department Signatures
 (If Necessary Signature)

Electronic Signatures

Active Directory





CALGARY MARRIOTT DOWNTOWN

GUEST FOLIO

2120 RESCH/W 235.00 05/01/24 12:00 44039 8168
 ROOM NAME RATE DEPART TIME ACCT# GROUP
 CK 04/28/24 20:30
 TYPE ARRIVE TIME
 94

ROOM ADDRESS PAYMENT MBV#:
 CLERK

| DATE | REFERENCES | CHARGES | CREDITS | BALANCES DUE |
|-------|------------------|---------|---------|--------------|
| 04/28 | ROOM 2120, 1 | 235.00 | | |
| 04/28 | DM FEE 2120, 1 | 7.05 | A | |
| 04/28 | GST ROOM 2120, 1 | 12.10 | B | |
| 04/28 | T LEVY 2120, 1 | 9.68 | I | |
| 04/28 | VALETPAR VALET | 50.00 | | |
| 04/28 | TAX VALET | 2.50 | J | |
| 04/29 | ROOM 2120, 1 | 235.00 | | |
| 04/29 | DM FEE 2120, 1 | 7.05 | A | |
| 04/29 | GST ROOM 2120, 1 | 12.10 | B | |
| 04/29 | T LEVY 2120, 1 | 9.68 | I | |
| 04/29 | VALETPAR VALET | 50.00 | | |
| 04/29 | TAX VALET | 2.50 | J | |
| 04/30 | ROOM 2120, 1 | 235.00 | | |
| 04/30 | DM FEE 2120, 1 | 7.05 | A | |
| 04/30 | GST ROOM 2120, 1 | 12.10 | B | |
| 04/30 | T LEVY 2120, 1 | 9.68 | I | |
| 04/30 | VALETPAR VALET | 50.00 | | |
| 04/30 | TAX VALET | 2.50 | J | |
| 05/01 | VS CARD | | | \$948.99 |

TO BE SETTLED TO: VISA CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE CALGARY MARRIOTT DOWNTOWN HOTEL.
 TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL AT YOUR SERVICE OR
 PRESS MENU ON YOUR REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

===== SUMMARY OF TAXES =====

| DESCRIPTION | TAXED AMOUNT | TAX |
|----------------------|--------------|--------------|
| A 3% DESTINATION MKT | .00 | 21.15 |
| B 5% GST ROOM | .00 | 36.30 |
| C 5% GST OTHER | .00 | .00 |
| I 4% TOURISM LEVY | .00 | 29.04 |
| J 5% GST PARKING | .00 | 7.50 |
| K 20% GROUP SC | .00 | .00 |
| L 5% GST OTHER | .00 | .00 |
| N GST BQT | .00 | .00 |
| P GST TCC | .00 | .00 |
| NET CHARGES | TAX 93.99 | CREDITS .00 |
| 855.00 | | FOLIO 948.99 |

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____