



Expense Disclosure Summary

Name Dr. Nancy Brown **Position** Vice President Academic & Provost
Period Covered March - April 2024

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

Dates (Travel Dates if applicable)	Destination/Location	Purpose	Airfare	Other Transportation*	Accommodation	Meals	Hospitality	Incidentals	Total
March 1, 2024	MHC/Common Grounds	Meeting (Faculty advanced Credential)					\$ 7.61		\$ 7.61
April 9, 2024	MHC/Common Grounds	External Meeting (South Country Co-op)					\$ 10.50		\$ 10.50
April 16, 2024	MHC/Cafeteria	Meeting (Program Coordinator Retreat Planning)					\$ 43.31		\$ 43.31
April 19, 2024	Whiskey District	External Meeting (Red Deer Polytechnic)					\$ 57.96		\$ 57.96
			\$ -	\$ -	\$ -	\$ -	\$ 119.38	\$ -	\$ 119.38

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 Dr. Nancy Brown **Date** March 1, 2024
Position Vice President Academic & Provost **Purpose** Meeting: Faculty Member Advanced Credential **Destination** MHC/Common Grounds

Receipt Reconciliation: (Please attach supporting documentation ie: receipts)

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
March 1, 2024	MHC/Common Grounds	Hospitality	Coffee x 2	7.61		7.61
Total Receipts						7.61



HOSTING EXPENSE CLAIM FORM

(To be submitted upon completion of hosting)

This form must be completed when charging a department account for hosting guests.

Claimant
 Name Nancy Brown
 Address _____

Number of Attendees
 2 *Faculty/Staff*
 _____ *Students*
 _____ *Other*

Date of Function (month/day/year) _____
Location _____

Names and Business Relationship

Description of Meal
 Breakfast
 Lunch
 Dinner
 Other (specify) _____
 Coffee meeting _____

If Large Group, Name

Business Purpose (Check appropriate box and provide details)

- | | |
|---|---|
| <input type="checkbox"/> Staff Recognition
_____ | <input type="checkbox"/> Conference
_____ |
| <input type="checkbox"/> Seminar Speaker
(Name) _____
(Topic) _____ | <input type="checkbox"/> Prospective Employee
(Name) _____
(Position) _____ |
| <input type="checkbox"/> Student Recruitment Activity
(Purpose) _____ | <input type="checkbox"/> Student Academic Achievement
(Purpose) _____ |
| <input type="checkbox"/> Other

_____ | <input checked="" type="checkbox"/> _____ |

VENDOR	Total	GL CODE	FOR OFFICE USE ONLY	
			Amount	GST
MHC Coffee Shop	\$ 7.61	3210000-9250		

TOTAL EXPENSE \$ 7.61
 Less - Advance _____ (If applicable)
NET CLAIM DUE (Repayable) \$ 7.61

INVOICE TOTAL

Date 03/28/2024

 (Signature)
 x _____
 (Signature - If Necessary)
 FINANCE: x _____

FOR OFFICE USE ONLY	VENDOR NUMBER			
	GL CODE	AMOUNT	GST	TOTAL



LOST RECEIPT DECLARATION

The information on this form is personal information and must be protected in compliance with the provisions of FOIPP.

This form is to be used on the **rare** occasion when an expense (in excess of \$10), reimbursed by or charged to the College and related to the conduct of College business, cannot be supported with the original itemized receipt.

The claimant must certify that the original receipt was lost, misplaced, accidentally destroyed or unavailable and a copy could not be obtained.


The claimant can fill out only one Form per lost receipt. The Form must be signed, approved and submitted with a Travel and Expense Claim or Purchasing Card Statement in replacement of the missing receipt.

This Form is not intended to substitute the regular process for obtaining receipts.



I, Nancy Brown do hereby declare that the following receipt has been lost, misplaced, accidentally destroyed or is unobtainable.

Vendor's Name MHC Coffee Shop	
Date of Purchase March 1, 2024	Amount of Purchase 7.61
Detailed description of goods/services purchased, including any applicable taxes: 2 coffee purchases. (the receipt provided, is attached)	

I also declare that I have not and will not use this receipt (if found) to claim reimbursement from any other source, or to support any claim for income tax deductions in the future. I understand that failure to comply with these policies may result in loss of signing authority and purchasing privileges and may result in disciplinary action up to and including dismissal.

Claimant's Name (please print) Nancy Brown	Claimant's Signature 
Department Executive (Vice President Academic & Provost)	Date March 28, 2024

Approving Authority

Supervisor (please print) 	Supervisor Signature 
VP Administration and Finance	VP Signature



Expense Disclosure Sheet

Name Dr. Nancy Brown **Date** April 9, 2024

Position Vice President Academic & Provost **Purpose** External meeting (South Country Co-op) **Destination:** MHC/Common Grounds

Receipt Reconciliation: (Please attach supporting documentation ie: receipts)

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
April 9, 2024	MHC/Common Grounds	Hospitality	Coffee x 2	10.50		10.50
				Total Receipts		10.50



HOSTING EXPENSE CLAIM FORM

(To be submitted upon completion of hosting)

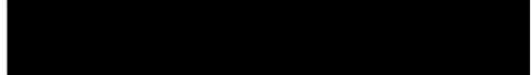
This form must be completed when charging a department account for hosting guests.

Claimant:
Name Nancy Brown
Address _____

Number of Attendees:
 1 _____ *Faculty/Staff*
 _____ *Students*
 1 _____ *Other*

Date of Function: (month/day/year) 04/09/2024
Location: Common Grounds

Names and Business Relationship:
 Nancy Brown, VPA & Provost



Description of Meal:
 Breakfast
 Lunch
 Dinner
 Other (specify) _____
 Coffee _____

If Large Group, Name

Business Purpose: (Check appropriate box and provide details)

- Staff Recognition _____
- Seminar Speaker
(Name) _____
(Topic) _____
- Student Recruitment Activity
(Purpose) _____
- Other _____
- Conference _____
- Prospective Employee
(Name) _____
(Position) _____
- Student Academic Achievement
(Purpose) _____
- Meeting (Meeting in Co-op Space) _____

VENDOR	Total	GL CODE	FOR OFFICE USE ONLY	
			Amount	GST
Common Grounds	\$ 10.50			

TOTAL EXPENSE \$ 10.50
 Less - Advance (If applicable) _____
NET CLAIM DUE (Repayable) \$ 10.50

INVOICE TOTAL

Date	05/01/2024	FOR OFFICE USE ONLY		VENDOR NUMBER	
REQUEST BY		GL CODE	AMOUNT	GST	TOTAL
DEPT. CODE:					
DEPT. APPROV:					
	X _____ (Signature - If Necessary)				
FINANCE:	X _____				

Print



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I, Nancy Brown do hereby declare that the following receipt has been lost, misplaced, accidentally destroyed or is unobtainable.

Vendor's Name	
Common Grounds	
Date of Purchase	Amount of Purchase
April 9, 2024	\$10.50
Detailed description of goods/services purchased, including any applicable taxes:	
Two coffees purchased (meeting re: Co-op space).	

I also declare that I have not and will not use this receipt (if found) to claim reimbursement from any other source, or to support any claim for income tax deductions in the future. I understand that failure to comply with these policies may result in loss of signing authority and purchasing privileges and may result in disciplinary action up to and including dismissal.

Claimant's Name (please print)	Claimant's Signature
Nancy Brown	<i>Nancy Brown</i>
Department	Date
Vice President Academic & Provost	April 24, 2024

Approving Authority



Expense Disclosure Sheet

Name Dr. Nancy Brown **Date** April 16, 2024

Position Vice President Academic & Provost **Purpose** Meeting: Program Coordinator Retreat Planning **Destination:** MHC/Cafeteria

Receipt Reconciliation: (Please attach supporting documentation ie: receipts)

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
April 16, 2024	MHC Cafeteria	Hospitality	Lunch x 4	43.31		43.31
Total Receipts						43.31



HOSTING EXPENSE CLAIM FORM

(To be submitted upon completion of hosting)
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Claimant:
 Name: Nancy Brown
 Address: _____

Number of Attendees:
 4 _____ *Faculty/Staff*
 _____ *Students*
 _____ *Other*

Date of Function: (month/day/year) 04/16/2024
Location: _____

Names and Business Relationship:
 Nancy Brown, _____

Description of Meal:
 Breakfast
 Lunch
 Dinner
 Other (specify) _____

If Large Group, Name

Business Purpose: (Check appropriate box and provide details)

- Staff Recognition _____
- Seminar Speaker
(Name) _____
(Topic) _____
- Student Recruitment Activity
(Purpose) _____
- Other _____
- Conference _____
- Prospective Employee
(Name) _____
(Position) _____
- Student Academic Achievement
(Purpose) _____
- Meeting (Program Coordinator Retreat Agenda Development)

VENDOR	Total	GL CODE	FOR OFFICE USE ONLY	
			Amount	GST
MHC Cafeteria	\$ 43.31	_____		

TOTAL EXPENSE \$ 43.31
 Less - Advance (if applicable) _____
NET CLAIM DUE (Repayable) \$ 43.31

INVOICE TOTAL

Date: 05/01/2024

REQUEST BY	DEPT. CODE	DEPT. APPROVAL	FOR OFFICE USE ONLY			
			VENDOR NUMBER	AMOUNT	GST	TOTAL
_____	_____	_____				
_____	_____	_____				
_____	_____	_____				
_____	_____	_____				
_____	_____	_____				

FINANCE: _____



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I, Nancy Brown _____ do hereby declare that the following receipt has been lost, misplaced, accidentally destroyed or is unobtainable.

Vendor's Name MHC Cafeteria	
Date of Purchase April 16, 2024	Amount of Purchase \$43.31
Detailed description of goods/services purchased, including any applicable taxes: Lunch x 4 (N. Brown, [REDACTED])	

I also declare that I have not and will not use this receipt (if found) to claim reimbursement from any other source, or to support any claim for income tax deductions in the future. I understand that failure to comply with these policies may result in loss of signing authority and purchasing privileges and may result in disciplinary action up to and including dismissal.

Claimant's Name (please print) Nancy Brown	Claimant's Signature <i>Nancy Brown</i>
Department Vice President Academic & Provost	Date April 25, 2024

Approving Authority

[REDACTED]	
[REDACTED]	[REDACTED]



Expense Disclosure Sheet

Name Dr. Nancy Brown **Date** April 19, 2024

Position Vice President Academic & Provost **Purpose** External meeting (Red Deer & Provost) **Destination**: Whiskey District Polytechnic)

Receipt Reconciliation: (Please attach supporting documentation ie: receipts)

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
April 19, 2024	Whiskey District	Hospitality	Lunch x 2	55.56	2.40	57.96
				Total Receipts		57.96



HOSTING EXPENSE CLAIM FORM

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

Claimant:
Name Nancy Brown
Address _____

Number of Attendees:
1 _____ Faculty/Staff
_____ Students
1 _____ Other

Date of Function: (month/day/year) _____
Location: _____

Names and Business Relationship:
Nancy Brown, VPA & Provost

Description of Meal:
 Breakfast Dinner
 Lunch Other (specify) _____

If Large Group, Name

Business Purpose: (Check appropriate box and provide details)

- Staff Recognition _____
- Seminar Speaker
(Name) _____
(Topic) _____
- Student Recruitment Activity
(Purpose) _____
- Other _____
- Conference _____
- Prospective Employee
(Name) _____
(Position) _____
- Student Academic Achievement
(Purpose) _____
- Meeting _____

VENDOR	Total	GL CODE	FOR OFFICE USE ONLY	
			Amount	GST
Whiskey Distnd	\$ 57.96	[REDACTED]		

TOTAL EXPENSE \$ 57.96

Less - Advance (if applicable) _____

NET CLAIM DUE (Repayable) \$ 57.96

INVOICE TOTAL

Date 05/01/2024

REQUEST BY: [REDACTED]

DEPT. CODE: [REDACTED]

DEPT. APPROV: [REDACTED]

(Signature - if Necessary)

FINANCE: x _____

FOR OFFICE USE ONLY	VENDOR NUMBER			
		AMOUNT	GST	TOTAL

Print

Whiskey District
12 Gehring Road Southwest
Medicine Hat, Alberta
Canada, T1B 4W1
Tel: +1 3062167506
Printed April 25, 2024 at 11:15 AM

REPRINT

April 19, 2024 at 1:03 PM

Table: 3, 2 guests

Shift Leader: Nicole

Food and Drink Tax #: 784
704264RT0001

REPRINT

Buddha Bowl	\$26.00
+ \$6.00: Add Chicken	
Fajita Steak Bowl	\$22.00

Food Total	\$48.00
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Sub Total	\$48.00
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Food and Drink Tax	\$2.40
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Total	\$50.40
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*Card	\$57.96
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Total Tips	\$7.56
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Thank-you!
Follow and "like" us on Instagram and Facebook
@whiskeydistrictyxh

Tip Guide:
15%=\$7.20 18%=\$8.64 20%=\$9.60