



## Expense Disclosure Summary

**Name** Dr. Nancy Brown **Position** Vice President Academic & Provost  
**Period Covered** September - October, 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
September 3, 2024	Brooks, AB	New Student Orientation		\$ 111.18		\$ 13.00			\$ 124.18
September 4, 2024	Brooks, AB	Meeting with Minister of Immigration & Multiculturalism		\$ 111.18					\$ 111.18
October 7-10, 2024	Calgary & Edmonton	ABIE Strategic Planning and AI Conference		\$ 650.84	\$ 613.88	\$ 111.00		\$ 30.00	\$ 1,405.72
October 17&18, 2024	Calgary, AB	ACOSAO Meeting		\$ 306.00		\$ 44.00		\$ 10.00	\$ 360.00
October 21, 2024	Stand Off, AB	MHC/RCC/LC Collaboration Meeting		\$ 236.64		\$ 13.00			\$ 249.64
			\$ -	\$ 1,415.84	\$ 613.88	\$ 181.00	\$ -	\$ 40.00	\$ 2,250.72

*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** September 3, 2024

**Position** Vice President Academic & Provost      **Purpose** New Student Orientation - Brooks Campus      **Destination** Brooks, AB

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

Date	Vendor	Expense Category	Description	Subtotal	GST	Total
3-Sep-24	MHC Travel Claim	Meals	Breakfast	13.00		13.00
3-Sep-24	MHC Travel Claim	Other Transportation	218km x \$0.51/km	111.18		111.18
<b>Total Receipts</b>						<b>124.18</b>

# MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Nancy Brown  
 Address:

**MEETING/CONFERENCE**

Name: New Student Orientation  
 Location: Brooks, AB



**DAYS INVOLVED [ 0.17 ]**

Departure date Sep 3 2024 7:30AM  
 Return date Sep 3 2024 11:30AM

**EXPENSES**

**Meals**

	Days	Rate	Total
Breakfast	1 @	\$13.00	= \$13.00
Lunch	0 @	\$17.00	= \$0.00
Dinner	0 @	\$27.00	= \$0.00
Full Per diem	0 @	\$57.00	= \$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	218 KM @ 0.51/KM	\$111.18
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
	<b>CND</b>	\$124.18
	<b>USD</b>	\$0.00 *\$1.00/CND
	<b>TOTAL EXPENSE</b>	\$124.18
	<b>Less - Advance (if applicable)</b>	-\$0.00
	<b>NET CLAIM DUE (Repayable)</b>	<b>124.18</b>

**INVOICE TOTAL**

FOR OFFICE USE ONLY	VENDOR NUMBER		CONTROL
GL CODE	AMOUNT	GST	03 - 21944
			TOTAL

**Written Signatures**

Request By

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Department Code

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Department Signatures

(If Necessary Signature)

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Finance:

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**Electronic Signatures**

Active Directory

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## Expense Disclosure Sheet

**Name** Dr. Nancy Brown      **Date** September 4, 2024

**Position** Vice President Academic & Provost      **Purpose** Meeting with Minister of Immigration & Multiculturalism      **Destination:** Brooks, AB

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

Date	Vendor	Expense Category	Description	Subtotal	GST	Total
September 4, 2024	MHC Travel Claim	Other Transportation	218km x \$0.51/km	111.18		111.18
<b>Total Receipts</b>						

# MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Nancy Brown

Address:

**MEETING/CONFERENCE**

Name: Meeting with Minister of Immigration & Multicultural and Global Village Centre

Location: Brooks, AB



**DAYS INVOLVED [ 0.19 ]**

Departure date Sep 4 2024 8:30AM

Return date Sep 4 2024 1:00PM

**EXPENSES**

EXPENSES	Days	Rate	Total	FOR OFFICE USE ONLY	
				Amount	GST
Meals					
Breakfast	0 @	\$13.00 =	\$0.00		
Lunch	0 @	\$17.00 =	\$0.00		
Dinner	0 @	\$27.00 =	\$0.00		
Full Per diem	0 @	\$57.00 =	\$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		

**TRANSPORTATION**

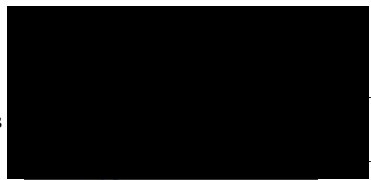
Own Car	218 KM @ 0.51/KM	\$111.18		
College Car	(Attach gas receipts)	\$0.00		
Rental Car	(Attach invoice & gas receipts)	\$0.00		
Air Fare	(Attach Air Line Tickets or Invoice)	\$0.00		
Taxi, buses, parking, road tolls	(Less than \$10 receipt is not required)	\$0.00		
	<b>CND</b>	\$111.18		
	<b>USD</b>	\$0.00	*\$1.00/CND	
	<b>TOTAL EXPENSE</b>	\$111.18		
	<b>Less - Advance (if applicable)</b>	-\$0.00		
	<b>NET CLAIM DUE (Repayable)</b>	<b>111.18</b>		

INVOICE TOTAL	

FOR OFFICE USE ONLY	VENDOR NUMBER			CONTROL
GL CODE	AMOUNT	GST	TOTAL	03 - 21945

**Written Signatures**

Request By



Department Code



Department Signatures  
(If Necessary Signature)

Finance:

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**Electronic Signatures**

Active Directory





## Expense Disclosure Sheet

**Name** Dr. Nancy Brown      **Date** October 7 - 10, 2024  
**Position** Vice President Academic & Provost      **Purpose** ABIE Strategic Planning (AB Bureau for International Education) and AI Conference      **Destination:** Edmonton, AB and Calgary, AB

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

Date	Vendor	Expense Category	Description	Subtotal	GST	Total
Oct.7-10, 2024	MHC Travel Claim	Meals	1 breakfast, 1 lunch, 3 dinner	111.00		111.00
Oct.7-10, 2024	MHC Travel Claim	Incidentals	Overnight incidental x 3	30.00		30.00
Oct.7-10, 2024	MHC Travel Claim	Other Transportation	1134km x \$0.51/km	578.34		578.34
9-Oct-24	Best Western Premier	Accommodation	Oct.9	137.01	6.59	143.60
October 7 & 8, 2024	Delta Edmonton	Accommodation	Oct.7 & 8	448.76	21.52	470.28
	Delta Edmonton	Other Transportation	Parking	70.00	2.50	72.50
<b>Total Receipts</b>						<b>1,405.72</b>

# MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Nancy Brown

Address:

**MEETING/CONFERENCE**

Name: ABIE Strategic Planning Session (Edmonton) & AI Leadership Summit (Cgy)

Location: Calgary & Edmonton, AB



**DAYS INVOLVED [ 3.21 ]**

Departure date Oct 7 2024 11:00AM

Return date Oct 10 2024 4:00PM

**EXPENSES**

	Days	Rate	Total	FOR OFFICE USE ONLY	
				Amount	GST
Meals					
Breakfast	1 @	\$13.00 =	\$13.00		
Lunch	1 @	\$17.00 =	\$17.00		
Dinner	3 @	\$27.00 =	\$81.00		
Full Per diem	0 @	\$57.00 =	\$0.00		
Overnight incidental	3 @	\$10.00 =	\$30.00		
Hospitality Allowance	0 @	\$20.00 =	\$0.00		
Conference Cost			\$0.00		
Hotel (attach invoice)			\$0.00		
Miscellaneous			\$0.00		
			\$0.00		
			\$0.00		

**TRANSPORTATION**

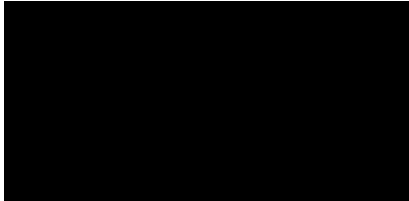
Own Car	1134 KM @ 0.51/KM	\$578.34	<b>* See note</b>		
College Car	(Attach gas receipts)	\$0.00			
Rental Car	(Attach invoice & gas receipts)	\$0.00			
Air Fare	(Attach Air Line Tickets or Invoice)	\$0.00			
Taxi, buses, parking, road tolls	(Less than \$10 receipt is not required)	\$0.00			
	<b>CND</b>	\$719.34			
	<b>USD</b>	\$0.00	*\$1.00/CND		
	<b>TOTAL EXPENSE</b>	\$719.34			
	<b>Less - Advance (if applicable)</b>	-\$0.00			
	<b>NET CLAIM DUE (Repayable)</b>	<b>719.34</b>			

**INVOICE TOTAL**  
**\* Mileage:**  
**Oct.7 to Edmonton 532km**  
**Oct.9 Edmonton to Calgary 289km**  
**Oct.10 Calgary to Medicine Hat 313km**

FOR OFFICE USE ONLY		VENDOR NUMBER		CONTROL
GL CODE	AMOUNT	GST	TOTAL	03 - 22032

**Written Signatures**

Request By

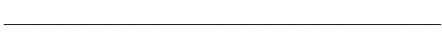


Department Code



Department Signatures  
(If Necessary Signature)

Finance:



**Electronic Signatures**

Active Directory



Freeport Inn Calgary Airport  
GST #13178 8788 RT0007 86 Freeport Blvd NE  
Calgary, AB T3J 5J9

Fax: (403)264-9651  
Email: info@bestwesterncalgary.com

Phone: (403)264-9650

Web: www.bestwesterncalgary.com



### Guest Charges

Folio #: 470790      **Guest : BROWN, NANCY**      Conf #: 429624  
Room #: 220      CRS #: BW 271960284-03  
Payment Method : Credit Card      Billing Reference :  
Rate :      Company : CAUBO - CANADIAN ASSOC OF UNIV      Arrival: 10/9/2024  
10/9/2024      \$131.74      299 College Drive SE      Departure: 10/10/2024  
Medicine Hat, AB T1A3Y6

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
10/9/2024	ROOM	Auto Posted Rate: CAUN		220	\$131.74		\$131.74
10/9/2024	RGST	Auto Posted Rate: CAUN		220	\$6.59		\$138.33
10/9/2024	RTAX	Auto Posted Rate: CAUN		220	\$5.27		\$143.60
10/10/2024	VA			220		\$143.60	\$0.00
<b>Balance</b>							<b>\$0.00</b>

### Credit Card Payment

Payment Type: Credit Card      Amount Paid: \$143.60  
Account:      Approval Code: \_071088\_  
Account Holder:      Approval Amount: (\$143.60)

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 full credit card number, will be stored in the computer for the purpose of proficiency with my next reservation.

Guest Signature \_\_\_\_\_





10222 - 102 Street, Edmonton, Alberta T5J 4C5  
 Tel: 780-429-3900 Fax: 780-421-3259

Alberta Bureau International Education  
 Nancy Brown  
 [Redacted]  
 Canada

Room: 509  
 Folio: 153650  
 Cashier: 97  
 Arrival: 10-07-24  
 Departure: 10-09-24

Group: Alberta Bureau International Education

Date	Description	Additional Information	Charges	Credits
10-07-24	ROOM CHARGE		209.00	
10-07-24	Rooms - GST		10.76	
10-07-24	Rooms - Tourism Levy		8.61	
10-07-24	Rooms - Destination Marketing Fee (DM)		6.27	
10-07-24	Guest Parking - West Lot		35.00	
10-07-24	Parking GST		1.75	
10-08-24	ROOM CHARGE		209.00	
10-08-24	Rooms - GST		10.76	
10-08-24	Rooms - Tourism Levy		8.61	
10-08-24	Rooms - Destination Marketing Fee (DM)		6.27	
10-08-24	Guest Parking - West Lot		35.00	
10-08-24	Parking GST		1.75	
10-09-24	Visa	XXXXXXXXXXXX [Redacted]		542.78

<b>GST Summary</b>	
Registration No: 878578491	
Room	21.52
F&B	0.00
Other	33.26
<b>Total</b>	<b>54.78</b>

Total	542.78	542.78
Balance Due	0.00	CDN

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



## Expense Disclosure Sheet

**Name** Dr. Nancy Brown      **Date** October 17 & 18, 2024

**Position** Vice President Academic & Provost      **Purpose** ACOSAO Meeting (AB Council of Senior Academic Officers)      **Destination:** Calgary, AB

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

Date	Vendor	Expense Category	Description	Subtotal	GST	Total
October 17-18, 2024	MHC Travel Claim	Meals	Lunch, Dinner	44.00		44.00
October 17-18, 2024	MHC Travel Claim	Incidentals	1 overnight incidental	10.00		10.00
October 17-18, 2024	MHC Travel Claim	Other Transportation	600km x \$0.51/km	306.00		306.00
				<b>Total Receipts</b>		<b>360.00</b>

# MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Nancy Brown  
Address:

**MEETING/CONFERENCE**

Name: AB Council of Senior Academic Officers (ACOSAO)  
Location: Calgary, AB



**DAYS INVOLVED [ 1.46 ]**

Departure date Oct 17 2024 9:00AM  
Return date Oct 18 2024 8:00PM

**EXPENSES**

**Meals**

	Days	Rate	Total
Breakfast	0 @	\$13.00	= \$0.00
Lunch	1 @	\$17.00	= \$17.00
Dinner	1 @	\$27.00	= \$27.00
Full Per diem	0 @	\$57.00	= \$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 @ 0.51/KM	\$306.00
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
	<b>CND</b>	\$360.00
	<b>USD</b>	\$0.00 *\$1.00/CND
	<b>TOTAL EXPENSE</b>	\$360.00
	<b>Less - Advance (if applicable)</b>	-\$0.00
	<b>NET CLAIM DUE (Repayable)</b>	<b>360.00</b>

**INVOICE TOTAL**

FOR OFFICE USE ONLY		VENDOR NUMBER		CONTROL
GL CODE	AMOUNT	GST	03 - 22042	
			TOTAL	

**Written Signatures**

Request By

Department Signatures  
(If Necessary Signature)

**Electronic Signatures**

Active Directory

Department Code

Finance:



## Expense Disclosure Sheet

**Name** Dr. Nancy Brown      **Date** October 21, 2024

**Position** Vice President Academic & Provost      **Purpose** MHC/RCC/LC Collaboration Meeting (MHC, Red Crow College & Lethbridge College)      **Destination:** Stand Off, AB

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

Date	Vendor	Expense Category	Description	Subtotal	GST	Total
21-Oct-24	MHC Travel Claim	Meals	Breakfast	13.00		13.00
21-Oct-24	MHC Travel Claim	Other Transportation	464km x \$0.51/km	236.34		236.64
<b>Total Receipts</b>						<b>249.64</b>

# MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Nancy Brown  
 Address:

**MEETING/CONFERENCE**

Name: MHC/RCC/LC Collaboration Meeting  
 Location: Stand Off, AB



**DAYS INVOLVED [ 0.39 ]**

Departure date: Oct 21 2024 6:45AM  
 Return date: Oct 21 2024 4:10PM

**EXPENSES**

	Days	Rate	Total
Meals			
Breakfast	1 @	\$13.00 =	\$13.00
Lunch	0 @	\$17.00 =	\$0.00
Dinner	0 @	\$27.00 =	\$0.00
Full Per diem	0 @	\$57.00 =	\$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	464 KM @ 0.51/KM	\$236.64
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


	<b>CND</b>	\$249.64	
	<b>USD</b>	\$0.00	*\$1.00/CND
	<b>TOTAL EXPENSE</b>	\$249.64	
	<b>Less - Advance (if applicable)</b>	-\$0.00	
	<b>NET CLAIM DUE (Repayable)</b>	<b>249.64</b>	

INVOICE TOTAL	

FOR OFFICE USE ONLY		VENDOR NUMBER	CONTROL 03 - 22048	
GL CODE	AMOUNT		GST	TOTAL

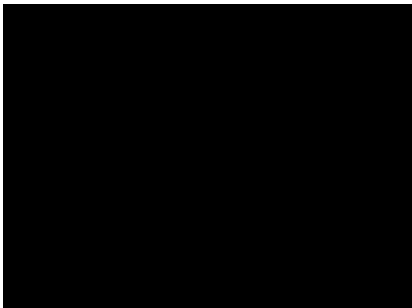
**Written Signatures**

Request By

Department Signatures  
(If Necessary Signature)

**Electronic Signatures**

Active Directory



Department Code

Finance:



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