



Expense Disclosure Summary

Name Sarah MacKenzie
Period Covered March - April 2024

Position Board Chair

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
April 29-30, 2024	Calgary	CICAN Conference	\$ -	\$ 277.30	\$ 268.33	\$ 10.00	\$ -	\$ -	\$ 555.63
	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ 277.30	\$ 268.33	\$ 10.00	\$ -	\$ -	\$ 555.63

* 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 Signed//



Expense Disclosure Sheet

Name Sarah MacKenzie **Date** April 29, 2024

Position Board Chair **Purpose** CICAN Conference **Destination** Calgary

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

Date	Vendor	Expense Category (Select from drop down menu)	Description	Subtotal	GST	Total
4/29/2024	Travel Claim	Meals	Per Diem	10.00		10.00
4/29/2024	Travel Claim	Other Transportation	Mileage	277.3		277.30
4/29/2024	Fairmont Palliser	Accommodation	Hotel	268.33		268.33
						-
						-
						-
						-
						-
						-
						-
Total Receipts						555.63

Other Transportation

Airfare

Accommodation

Meals

Incidentals

Hospitality

MEDICINE HAT COLLEGE TRAVEL CLAIM

**CLAIMANT**

Name: Sarah MacKenzie
Address:

MEETING/CONFERENCE

Name: CIGan Conference
Location: Calgary

DAYS INVOLVED [0.83]

Departure date Apr 29 2024 3:00PM
Return date Apr 30 2024 11:00AM

EXPENSES

Meals	Days Rate	Total
Breakfast	1 @ \$10.00 =	\$10.00
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	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 \$287.30
USD \$0.00 *\$1.00/CND

INVOICE TOTAL

TOTAL EXPENSE \$287.30
Less - Advance (if applicable) -\$0.00
NET CLAIM DUE (Repayable) 287.30

FOR OFFICE USE ONLY**VENDOR NUMBER****CONTROL
03 - 20728**

GL CODE	AMOUNT	GST	TOTAL

Written Signatures

Request By

Department Signatu
(If Necessary Signature)**Electronic Signatu**

Active Directory

Department Code

1-110000-9240

Finance:



PALLISER

133 9th Avenue SW,
Calgary, AB, Canada T2P 2M3
T (403) 262-1234 F (403) 260-1260
G.S.T. Registration # 846543619

Room : 0921
Folio # :
Cashier # : 633
Reference # :
Page # : 1 of 1

Ms Sarah MacKenzie
Unknown Country

ALL Membership # :
Group Name : 2024 CIGan Annual Conference
Company Name : Colleges and Institutes Canada

Arrival : 04-29-24
Departure : 04-30-24

Date	Description	Additional Information	Charges	Credits
04-29-24	Room Charge		239.00	
04-29-24	Room - Destination Marketing Fee		7.17	
04-29-24	Room - AB Tourism Levy		9.85	
04-29-24	Room GST		12.31	
04-30-24				268.33
GST Summary			Total Charges	268.33
Room	12.31		Total Credits	268.33
F&B	0.00			
Other	0.00			
Total	12.31		Balance	0.00

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To provide feedback about your stay, please contact Ken Flores, General Manager, at Ken.Flores@fairmont.com.

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Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1 800 441 1414

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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année)

Thank you for choosing to stay at Fairmont Palliser