

Expense Disclosure Summary

Name Dr. Nancy Brown Position Vice President Academic & Provost

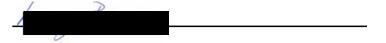
Period Covered July - August 2024

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

Dates (Travel Dates if					Other							
applicable)	Destination/Location	Purpose	Airfare	Transp	ortation*	Acco	mmodation	Meals	Hospitality	Inc	identals	Total
July 4 & 5, 2024	Calgary, AB	Post-Secondary Networking Events				\$	284.48	\$ 88.00		\$	10.00	\$ 382.48
July 7 & 8, 2024	Calgary, AB	Post-Secondary Networking Events		\$	353.22	\$	519.80	\$ 40.00		\$	10.00	\$ 923.02
July 15, 2024	Brooks, AB	PN Program Tour		\$	111.18				\$ 86.25			\$ 197.43
August 26, 2024	Medicine Hat, AB	Senior Academic Leadership Team Retreat							\$ 410.66			\$ 410.66
			\$ -	\$	464.40	\$	804.28	\$ 128.00	\$ 496.91	\$	20.00	\$ 1,913.59

This Expense Summary is true and complete to the best of my knowledge for the period indicated above.

Signature





Name Dr. Nancy Brown Date July 4 & 5, 2024

<u>Position</u> Vice President Academic & <u>Purpose</u> Post-Secodnary <u>Destination</u> Calgary, AB

Provost Networking Events

Date	Vendor	Expense Category	Description	Subtotal	GST	Total
4-Jul-24	MHC Travel Claim	Meals	Lunch x 2, Dinner x 2	88.00		88.00
4-Jul-24	MHC Travel Claim	Overnight Incidental	Incidental	10.00		10.00
4-Jul-24	Best Western Premier	Accommodation	1 night accommodation	271.43	13.05	284.48
				T	otal Receipts	382.48

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

MEETING/CONFERENCE

Name: SAIT Campus Centre Project and We Are YEG event



Address:

Active Directory

Location: Calgary, AB

DAYS INVOLVED [1.50]

Name: Nancy Brown

Departure date Jul 4 2024 9:00AM Return date Jul 5 2024 9:00PM

EXPENSES			FOR OFFICE USE ONLY
Meals	Days Rate 7	Total	Amount GST
Breakfast	0 @ \$13.00 =	\$0.00	
Lunch	2 @ \$17.00 = \$	34.00	
Dinner	2 @ \$27.00 = \$.	554.00	
Full Per diem	0 @ \$57.00 =	\$0.00	
Overnight incidental	1 @ \$10.00 = \$	510.00	
Hospitality Allowance	0 @ \$20.00 =	\$0.00	
Conference Cost		\$0.00	
Hotel (attach invoice)		\$0.00	
Miscellaneous		\$0.00	
		\$0.00	
		\$0.00	
RANSPORTATION			
Own Car	0 KM @ 0.51/KM	\$0.00	
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 \$	98.00	INVOICE TOTAL
	USD	\$0.00 *\$1.00/CND	
	TOTAL EXPENSE \$		
	Less - Advance (if applicable) -		
	NET CLAIM DUE (Repayable)	98.00	
FOR OFFICE USE ONLY	VENDOR	RNUMBER	CONTROL 03 - 21891
GL CODE	AMOUNT	GST	TOTAL
	_		
_	_	_	_
			_
ritten Signatures			
Request By	Depar	rtment Code	
_			
Department Signatures (If Necessary Signature)	Financ	ce:	
(ii recessary Signature)		-	·
lectronic Sig			

Freeport Inn Calgary Airport

GST #13178 8788 RT0007 86 Freeport Blvd NE

Calgary, AB T3J 5J9

Fax:

(403)264-9651

Diamond

Email:

info@bestwesterncalgary.com



BEST WESTERN

Phone: (403)264-9650 Web:

www.bestwesterncalgary.com

Guest Charges

Best Western Rewards #:

422837

Folio #: Room #: 463798

317

Guest: BWR Tier:

Conf #:

Payment Method: Credit Card

Billing Reference:

Auto Posted Rate: BW

CRS #:

BW 643618811-01

Rate:

Company:

Arrival:

7/4/2024

Date

7/4/2024

7/4/2024

7/4/2024

\$10.44

Departure: 7/5/2024

7/4/2024

Department

ROOM

RGST

RTAX

\$260.99

Reference Voucher Balance Room Charge Credit Auto Posted Rate: BW 317 \$260.99 \$260.99 Auto Posted Rate: BW 317 \$13.05 \$274.04

317

Balance

\$284.48 \$284.48

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			



Name Dr. Nancy Brown Date July 7 & 8, 2024

<u>Position</u> Vice President Academic <u>Purpose</u> Post- <u>Destination</u>: Calgary, AB

& Provost Secondary Networking

Events

Date	Vendor	Expense Category	Description	Subtotal	GST	Total
July 7, 2024	MHC Travel Claim	Meals	1 breakfast, 1 dinner	40.00		40.00
July 7, 2024	MHC Travel Claim	Overnight Incidental	1 incidental	10.00		10.00
July 7 & 8, 2024	MHC Travel Claim	Other Transportation	Mileage: 622km x \$0.51/km	317.22		317.22
July 7, 2024	Best Western Plus Village Park Inn	Accommodation	1 night accommodation	495.96	23.84	519.80
July 8, 2024	Parking Receipt/Indigo	Other Transportation	Parking at events	36.00		36.00
				Tota	l Receipts	923.02

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT MEETING/CONFERENCE

Name: Nancy Brown Name: Dreeshen Event & Premiers Pancake Breakfast



Address: Location: Calgary, AB

DAYS INVOLVED [1.33]

Departure date Jul 7 2024 2:00PM Return date Jul 8 2024 10:00PM

EXPENSES			FOR OFF	ICE USE ONLY
Meals	Days Rate	Total	Amount	GST
Breakfast	1 @ \$13.00 =			
Lunch	0 @ \$17.00 =	\$0.00		
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		
TRANSPORTATION				
Own Car	622 KM @ 0.51/KM	\$317.22		
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		
		\$367.22		ICE TOTAL
	USD	\$0.00 *\$1.00/	CND	
	TOTAL EXPENSE			
	Less - Advance (if applicable)			
	NET CLAIM DUE (Repayable)	367.22		
FOR OFFICE USE ONLY	VENDO	OR NUMBER		CONTROL 03 - 21892
GL CODE	AMOUNT		GST	TOTAL
		_		
		_		
_	_	_	_	
Vritten Signatures				
Request By	Dep	partment Code		
Danartmant Signatures	Ein-	ance:		
Department Signatures (If Necessary Signature)	Fin	anc.		
		_		
Electronic Signature				
Active Directory				

Best Western	Plus	Village	Park	Inn
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(403) 289-0241

1804 Crowchild Trail NW Calgary, AB T2M3Y7

frontdesk@villageparkinn.com www.villageparkinn.com

GST# 825502917RT0001

07/08/2024 07:32 AM

Loyalty Club:
Registered To:

DIAMOND

Room #

503-A

Conf #

375618614-01

Arrival

07/07/24

Departure

07/08/24

Room Type

KAP - King Atrium Level

Guests

1 / 0

Payment

Visa/Master

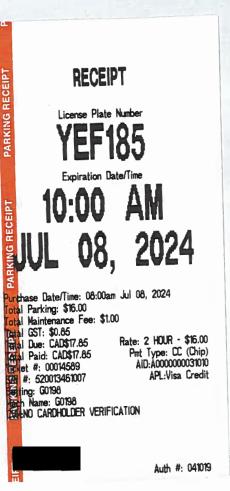
Acct

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
07/07/24	febe	RC	ROOM CHRG REVENUE			\$462.99
07/07/24	febe	9	GST			\$23.84
07/07/24	febe	91	TOURISM LEVY			\$19.08
07/07/24	febe	92	DMF			\$13.89
07/08/24	Charan	2VS	PAYMENT VISA			\$519.80-
	AID: A000000003101	0		•	TVR: 0080008000	
					Balance Due	\$0.00

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

**PLEASE BE ADVISED THIS RECEIPT IS PRODUCED FOR THE PURPOSE OF THE EXPRESS CHECK OUT. IF YOUR BILL IS NOT A ZERO BALANCE IT MEANS NO CHARGES HAVE BEEN PROCESSED.

X		
GUEST SIGNATURE		



INDIGO LOT 286

PARKING PERMIT

Meter: 03014949 Trans: 047949 Paid: \$20.00 Purchase Time: 6:53PM JUL 07.2024

License Plate: YEF 185

Base Price: \$19.05

GST: \$0.95

Total Price: \$20.00

Card:*

Auth: 077042

Expires:

JUL08 2024 8:00AM

THANK YOU

GST 120996095RT0004

NG RECEIPT

PARKING RECEIPT

PARKIN



Name Dr. Nancy Brown Date July 15, 2024

<u>Position</u> Vice President Academic <u>Purpose</u> PN Program Facility Tour <u>Destination</u>: **Brooks, AB**

& Provost

Date	Vendor	Expense Category	Description	Subtotal	GST	Total
July 15, 2024	MHC Travel Claim	Other Transportation	Mileage: 218km x \$0.51/km	111.18		111.18
July 15, 2024	Clubhouse Restaurant	Hospitality	Lunch meeting after tour.	82.68	3.57	86.25
				Tota	I Receipts	197.43

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Address:

MEETING/CONFERENCE

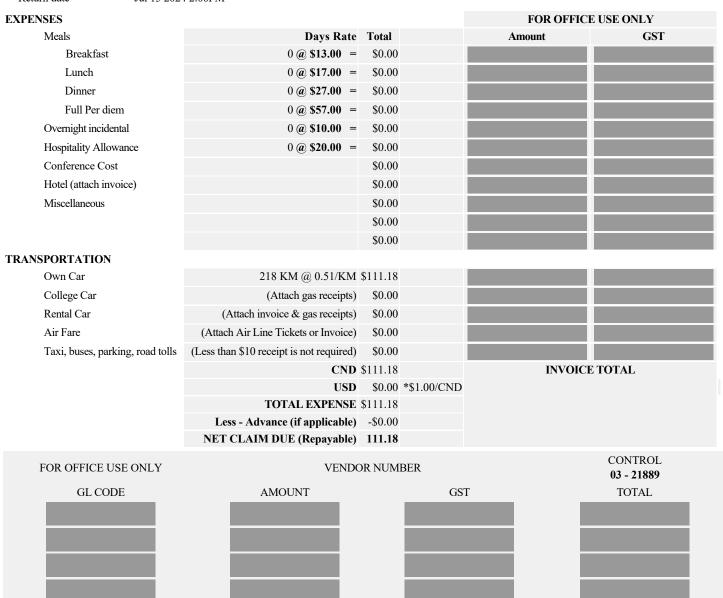
MEDICINE HAT

Name: Nancy Brown Name: PN Program Tour - Brooks Campus

Location: Brooks, AB



Departure date Jul 15 2024 9:00AM Return date Jul 15 2024 2:00PM



Written Signatures

Request By

Finance:

Electronic Signatures

Active Directory

THE CLUB HOUSE RESTAUR 90 GEHRING ROAD SO T1B4W1 MEDICINE HAT AB 24129197 TM2412919701

SALE

Server #: 000001 DUMINIQUE RRN: 0015090080

Batch #: 509 07/15/24

13:05:04 REF#: 00000008

Invoice #: 8

Proximity

APPR CODE: 080636

/

AID: A0000000031010

AMOUNT TIP

\$75.00 \$11.25

TOTAL

\$86.25

001 APPROVED

Retain this copy for your tecolde

CUSTOMER COPY

Paradise Valley Golf Course

90 Gehring SE Medicine Bat, AB 118 4W1 403-526-3330

Sales: 372_07150022 (372407150022)

Table#:4

Receipt - 2024-6

)4 (2024-07-15 1:04:26PM)

Cashier:

(Dominique C)

Sold To:

A CASH ACCOUNT

Item

		•	
1		COFFEE	\$3.10
1	-	EGGS BENNY	\$19.00
1	~	BUODHA BOWL	\$22.00
1	-	SIGNATURE SALAD	\$18.00
1	-	ADD CHICKEN	\$6.00
1	**	FOUNTAIN DRINK	\$3.33
Sı	ıbt	total:	\$71.43

Tax:

\$3.57

Total:

\$75.00

Thank you for supporting local!

GST# 795980945RT0001

Nancy Brown (MHC)

Lunch after touring the practical nurse program facilities at Brooks campus. July 15, 2024



HOSTING EXPENSE 7 @ ≠A: CFA

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

	Claimant:				Number of Attend	ees:	
Name			-			Faculty/Staff	
Address			-			Students	
			-			Other	
	-		-				
Date of Function:	(month/day/year)				Names and Busin	ess Relationshin:	
Location:				•			
Loodiioii.							
Description of Me	al:				If Large Group, Na	ame	
Breakfast		Dinner					
Lunch		Other (specify)					
Business Purnose	e: (Check appropriate b	ox and provide details	s)				
	(55 црр. 5р 2	on and provide actuals	-1				
Staff Recogn	nition				Conference		
			_				
٠					December 5		
Seminar Spe (Name)	еакег			Ш	Prospective Employ (Name)	yee	
			_		<u> </u>		
(Topic)			_		(Position)		
Student Rec	ruitment Activitiy				Student Academic	Achievement	
(Purpose)	. a.a				(Purpose)		
(- 1)			-		_		
Other					Meeting		
			_				
			-				
						FOR OFFICE	USE ONLY
	VENDOR		Total		GL CODE	Amount	<u>GST</u>
					_		
-							
						INVOICE	TOTAL
TOTAL EXPEN							
Less - Advance			(If applicable)				
NET CLAIM DU	JE (Repayable)						
Date				VENDO	R NUMBER		
				, 2.1001			
REQUEST BY:			OL CODE		AMOUNT	CCT	TOTAL
DEDT CODE.			SL CODE		AMOUNT	GST	TOTAL
DEPT. CODE:							
DEPT. APPROV							
22. 1.70 TROV							



Dr. Nancy Brown Date August 26, 2024

<u>Position</u> Vice President Academic <u>Purpose</u> Senior Academic Leadership <u>Destination</u>: Medicine Hat, AB

& Provost Team Retreat

Date	Vendor	Expense Category	Description	Subtotal	GST	Total
26-Aug-24	The Clubhouse at Paradise Vallev	Hospitality	Room rental,lunch	236.38	10.28	246.66
		Hospitality	Golf after meeting	156.19	7.81	164.00
	, , , , , , , , , , , , , , , , , , , ,			Tota	l Receipts	410.66

COLLEGE

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:	_		Number of Attende		
Name Address				7	Faculty/Staff Students Other	
Date of Function:	- m o∎tiktaγ√year)	08/26/2024	200.51	Names and Busin See attached	ess Relationship:	g E
Location:		Paradise Valley C	lubhouse	VC		
Description of Meal Breakfast Lunch		Dinner Other (s	pecify)	If Large Group, Na Senior Academic		n (SALT)
Business Purpose: Staff Recogni		priate box and prov	ide details)	Conference		
Seminar Spea (Name) (Topic)	aker		[Prospective Emplor (Name) (Position)	yee	
Student Recru (Purpose)	uitment Activitiy		[Student Academic . (Purpose)	Achievement	
Other	-		<u> </u>	Meeting SA	LT Retreat	
<u> </u>					FOR OFFICE	USE ONLY
P	VENDOR aradise Valley Cli		Total \$ 246.66	GL CODE	FOR OFFICE Amount	USE ONLY <u>GST</u>
P	VENDOR aradise Valley Cl		Total \$ 246.66	GL CODE		
P				GL CODE		
P				GL CODE		
P				GL CODE		
P				GLCODE		
P				GL CODE		
P				GLCODE		
TOTAL EXPENS	aradise Valley Cl		\$ 246.86	\$ 246.66		<u>OST</u>
	aradise Valley Cli				Amount	<u>OST</u>
TOTAL EXPENS Less - Advance	aradise Valley Cli		\$ 246.86	\$ 246.66	Amount	<u>OST</u>
TOTAL EXPENS Less - Advance NET CLAIM DUE	aradise Valley Cli	ubhouse	\$ 246.86	\$ 246.66	Amount	<u> </u>
TOTAL EXPENS Less - Advance NET CLAIM DUE	eradise Valley Cli	ubhouse	\$ 246.66	\$ 246.66 \$ 246.66	Amount	<u> </u>
TOTAL EXPENS Less - Advance NET CLAIM DUE	eradise Valley Cli	ubhouse	\$ 246.86 (If applicable) FOR OFFICE USE ONLY	\$ 246.66 \$ 246.66 VENDOR NUMBER	Amount	<u>GST</u>
TOTAL EXPENS Less - Advance NET CLAIM DUE Date REQUEST BY:	eradise Valley Cli	ubhouse	\$ 246.86 (If applicable) FOR OFFICE USE ONLY	\$ 246.66 \$ 246.66 VENDOR NUMBER	Amount	<u>OST</u>
TOTAL EXPENS Less - Advance NET CLAIM DUE Date REQUEST BY: DEPT. CODE:	eradise Valley Cli	ubhouse	\$ 246.86 (If applicable) FOR OFFICE USE ONLY	\$ 246.66 \$ 246.66 VENDOR NUMBER	Amount	<u>OST</u>
TOTAL EXPENS Less - Advance NET CLAIM DUE Date REQUEST BY: DEPT. CODE:	E (Repayable) 08/27/2024	ubhouse	\$ 246.86 (If applicable) FOR OFFICE USE ONLY	\$ 246.66 \$ 246.66 VENDOR NUMBER	Amount	<u>OST</u>



SALT Retreat – August 26, 2024

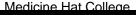
Nancy Brown





2306870 Alberta Ltd
O/A The Clubhouse Restaurant
90 Gehring Road SW
Medicine Hat, AB T1B 4W1
403-526-3330 x 2
clubhouse@paradisevalleypar3.com

27-Aug-24 Inv #: 144







RE: Meeting August 26

Quantitiy		Description	Price	GST	G	Gratuity	Total
1	Loft Rental		\$ 100.00	\$ 5.00			\$ 105.00
1	Deposit Received		\$ (100.00)	\$ (5.00)			\$ (105.00)
1	Projector Rental		\$ 25.00	\$ 1.25			\$ 26.25
	Lunch		\$ 159.00	\$ 7.95	\$	27.03	\$ 193.98
	Coffee Station		\$ 21.67	\$ 1.08	\$	3.68	\$ 26.43
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
	Total		\$ 205.67	\$ 10.28	\$	30.71	\$ 246.66

3% credit card processing charges apply on total amount when paying by credit card

Cheques are payable to: 2306870 Alberta Ltd For E-Transfer payments: souravsah@gmail.com

Invoice due upon receipt Thank you for your business! GST # 795980945RT0001

A service charge of 1.5% per month (19.56% per annum) will be added to any invoice not paid within 15 days of billing

THE CLUB HOUSE RESTAUR
90 GEHRING ROAD SO T1B4W1
MEDICINE HAT AB
24129197
TM2412919702

SALE MAIL ORDER

Supervisor: 123

Server #: 000012 SOURAV

Batch #: 387 RRN: 0013870100 15:36:32

07/23/24

REF#: 00000010

Invoice #: 10

APPR CODE: 044787

Manual CNP

AMOUNT \$105.00 001 APPROVED

Retain this copy for your records

CUSTOMER COPY

Loft rental deposit – SALT Retreat August 26, 2024 Paradise Valley Clubhouse



HOSTING EXPENSE CLAIM FORM

(To be submitted upon completion of hosting)

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

Name Address	Claimant:			Number of Attende	ees: Faculty/Staff Students Other	
Date of Function: Location:	(monthtlay/දිසක්)	08/26/2024 Paradise Valley	y Clubhouse	Names and Busine See attached		2
Description of Me Breakfast Lunch	al:		er r (specify) neal - just golfing.	If Large Group, Na Senior Academic	ame Leadership Tean	n (SALT)
Business Purpose Staff Recog		priate box and pro	ovide details)	Conference		
Seminar Sp (Name) (Topio)	eaker			Prospective Employ (Name) (Position)	yee	
Student Rec (Purpose)	cruitment Activitiy	SALT Retreat	[Student Academic (Purpose)	Achievement	
V)			No. of the second	FOROFFICE	CHECOMIV.
	VENDOR		Total	GL CODE	Amount	GST
	VENDOR Paradise Val		**Total	GL CODE		
				GL CODE		
TOTAL EXPEN	Paradise \∕al			\$164.00	Amount	
Less - Advance	Paradise \dal				Amount	<u>@ST</u>
Less - Advance NET CLAIM DU Date REQUEST BY	Paradise \/al		\$16400 (fraplicable)	\$ 164.00	Amount	<u>@ST</u>
Less - Advance NET CLAIM DU Date	Paradise \/al		\$16400 (if applicable) FOR OFFICE USE ONLY	\$ 164.00 \$ 164.00	Amount	<u>@ST</u>



Golf during the afternoon of the SALT retreat.