

Expense Disclosure Summary

<u>Name</u> Dr. Nancy B	rown <u>Position</u>	Vice President Academic & Provos
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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
	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



Name Dr. Nancy Brown Date March 1, 2024

<u>Position</u> Vice President Academic & <u>Purpose</u> Meeting: Faculty Member Advanced <u>Destination</u> MHC/Common

Provost Credential Grounds

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

MEDICINE HAT 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.

Name Address	Claimant Nancy Brown			Number of Attended 2	lees Faculty/Staff Students Other	
Date of Fun	ction (month/day/year)		_	Names and Busin	ness Relationship	
Description Break Lunch	rfast	Dinner Other (specify) Coffee meeting		If Large Group, N	ame	
_	urpose (Check appropriate b	oox and provide details)		Conference		
Semii (Nam (Topid				Prospective Emplo (Name) (Position)	oyee	
Stude (Purp	ent Recruitment Activitiy			Student Academic (Purpose)	Achievement	
Other			\checkmark			
					EOD OFFICE	THEE ONLY
	VENDOR	Total		GL CODE	FOR OFFICE Amount	GST
	VENDOR MHC Coffee Shop	Total \$ 7.61		GL CODE 3210000-9250		
Ē						
TOTAL E	MHC Coffee Shop		able)			GST
Less - Ad	MHC Coffee Shop	\$ 7.61	able)	3210000-9250	Amount	GST
Less - Ad	MHC Coffee Shop	\$ 7.61	able)	\$ 7.61	Amount	GST
Less - Ad	MHC Coffee Shop	\$ 7.61	VENDO	\$ 7.61	Amount	GST
Less - Ad	MHC Coffee Shop EXPENSE dvance AIM DUE (Repayable)	\$ 7.61	VENDO	\$ 7.61 \$ 7.61	Amount	GST
Less - Ad	MHC Coffee Shop EXPENSE dvance AIM DUE (Repayable)	\$ 7.61 (If applica	VENDO	\$ 7.61 \$ 7.61	INVOICE	<u>GST</u>
Less - Ad	MHC Coffee Shop EXPENSE dvance AIM DUE (Repayable)	\$ 7.61 (If applica	VENDO	\$ 7.61 \$ 7.61	INVOICE	<u>GST</u>
Less - Ad	MHC Coffee Shop EXPENSE dvance AIM DUE (Repayable)	\$ 7.61 (If applica	VENDO	\$ 7.61 \$ 7.61	INVOICE	<u>GST</u>
Less - Ad	MHC Coffee Shop EXPENSE dvance AIM DUE (Repayable) 03/28/2024 (Signature)	\$ 7.61 (If applica	VENDO	\$ 7.61 \$ 7.61	INVOICE	<u>GST</u>
Less - Ad	MHC Coffee Shop EXPENSE dvance NIM DUE (Repayable) 03/28/2024	\$ 7.61 (If applica	VENDO	\$ 7.61 \$ 7.61	INVOICE	<u>GST</u>



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

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	hany Brown
Department	Date
Executive (Vice President Academic & Provost)	March 28, 2024

Approving Authority

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



Name Dr. Nancy Brown Date April 9, 2024

<u>Position</u> Vice President Academic <u>Purpose</u> External meeting (South <u>Destination</u>: MHC/Common

& Provost Country Co-op) Grounds

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
				Tota	l 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.

Name Address	Claimant: Nancy Brov	vn		Number of Additional A	ttendees: Faculty/Staff Students Other	
Date of Function: Location:	(month/day/year)	04/09/2024 Common Grounds	-		Business Relationship wn, VPA & Provost	
Description of Meal Breakfast Lunch	·· ✓	Dinner Other (sp	pecify)	If Large Grou	ıp, Name	
Business Purpose:		priate box and provi	de details)	Conference		
Seminar Spea (Name) (Topic)	aker 		[Prospective E (Name) (Position)	imployee	
Student Recru (Purpose)	uitment Activitiy		[Student Acad (Purpose)	emic Achievemeni	
Other	-		<u> </u>	Meeting (Meet	ting re: Co-op Space)	
	VENDOR		Tetal	CLEONE		E USE ONLY
	VENDOR Common Grou		Total \$ 10.50	GL CODE	FOR OFFIC	E USE ONLY GST
				GL CODE		
				GL CODE		
				GL CODE		
				GL CODE		
				GL CODE		
				GL CODE		
				GL CODE		
TOTAL EXPENS Less - Advance	Common Grou			\$ 10.50	Amount	
	Common Grou		\$10.50		Amount	GST
Less - Advance	Common Grou		\$10.50	\$ 10.50	Amount	GST
Less - Advance	Common Grou	inds	\$10.50	\$ 10.50	Amount	GST
Less - Advance NET CLAIM DUE	Common Grou	inds	\$10.50	\$ 10.50 \$ 10.50	Amount	GST
Less - Advance NET CLAIM DUE Date	Common Grou	inds	\$10.50	\$ 10.50 \$ 10.50	Amount	GST
Less - Advance NET CLAIM DUE Date REQUEST BY	Common Grou	inds	\$10.50 (If applicable)	\$ 10.50 \$ 10.50 VENDOR NUMBER	INVOICE	<u>GST</u>
Less - Advance NET CLAIM DUE Date REQUEST BY DEPT. CODE:	Common Grou	inds	\$10.50 (If applicable)	\$ 10.50 \$ 10.50 VENDOR NUMBER	INVOICE	<u>GST</u>



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The claimant must certify that the original recunavailable and a copy could not be obtained	ceipt was lost, misplaced, accidentally destroyed or d.
그렇게 없었다는 어린 아이들 이 경기에 가는 이 사람들이 되었다. 그 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이	ost receipt. The Form must be signed, approved and or Purchasing Card Statement in replacement of the missing
This Form is not intended to substitute th	e regular process for obtaining receipts.
I, Nancy Brown lost, misplaced, accidentally destroyed or is a	do hereby declare that the following receipt has been unobtainable.
Vendor's Name Common Grounds	
Date of Purchase	Amount of Purchase
April 9, 2024	\$10.50
Detailed description of goods/services pure	chased, including any applicable taxes:
Two coffees purchased (meeting re: Co-op	space).
source, or to support any claim for income ta	this receipt (if found) to claim reimbursement from any other x deductions in the future. I understand that failure to of signing authority and purchasing privileges and may result nissal.
Claimant's Name (please print)	Claimant's Signature
Nancy Brown	hany Brown
Department	Date
Vice President Academic & Provost	April 24, 2024
Approving Authority	



Name Dr. Nancy Brown Date April 16, 2024

<u>Position</u> Vice President Academic <u>Purpose</u> Meeting: Program <u>Destination</u>: MHC/Cafeteria

& Provost Coordinator Retreat

Planning

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
	-	•		Tota	l Receipts	43.31



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: Nancy Brown			Number of Attendee	Faculty/Staff Students Other	
Date of Function Location:	1: (month/day/year) 04/16/202	4		Names and Busines Nancy Brown,	s Relationship:	
Description of M Breakfast Lunch	leal:	Dinner Other (specify)		If Large Group, Nam	ne	
Business Purpo	se: (Check appropriate box a	nd provide details)				
Staff Reco	gnition			Conference		
Seminar S (Name) (Topic)	peaker			Prospective Employe (Name) (Position)	e	
Student Re (Purpose)	ecruitment Activitiy			Student Academic Ac (Purpose)	chievement	
Other			\checkmark	Meeting (Program Co	ordinator Retreat	Agenda Development
	VENDOR	Tota	(GL CODE	Amount	GST
	MHC Cafeteria	\$ 43.3	1			
TOTAL EXPE			(If applicable)	\$ 43.31	INVOICE	E TOTAL
Less - Advanc			(If applicable)	\$ 43.31 \$ 43.31	INVOICE	■ TOTAL
Less - Advanc	e		(if applicable)		INVOICE	E TOTAL
Less - Advanc	e		VENDO		INVOICE	E TOTAL
Less - Advanc	e DUE (Repayable)		JSE ONLY VENDO	\$ 43.31		
Less - Advance NET CLAIM D	e DUE (Repayable)		VENDO	\$43.31	INVOICE	TOTAL
Less - Advance NET CLAIM D Date REQUEST BY	DUE (Repayable) 05/01/2024		JSE ONLY VENDO	\$ 43.31		
Less - Advance NET CLAIM D Date REQUEST BY DEPT. CODE:	05/01/2024		JSE ONLY VENDO	\$ 43.31		
Less - Advance NET CLAIM D Date REQUEST BY DEPT. CODE:	DUE (Repayable) 05/01/2024		JSE ONLY VENDO	\$ 43.31		



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original itemized receipt.	
The claimant must certify that the original recei unavailable and a copy could not be obtained.	pt was lost, misplaced, accidentally destroyed or
HE CONTROL OF THE CO	t receipt. The Form must be signed, approved and Purchasing Card Statement in replacement of the missing
This Form is not intended to substitute the	regular process for obtaining receipts.
I, Nancy Brown lost, misplaced, accidentally destroyed or is un	do hereby declare that the following receipt has been obtainable.
Vendor's Name	
MHC Cafeteria	
Date of Purchase	Amount of Purchase
April 16, 2024	\$43.31
Detailed description of goods/services purcha	ased, including any applicable taxes:
Lunch x 4 (N. Brown, I	
comply with these policies may result in loss of in disciplinary action up to and including dismis	
Claimant's Name (please print)	Claimant's Signature
Nancy Brown	hancy Brown
Department	Date
Vice President Academic & Provost	April 25, 2024
Approving Authority	



Name Dr. Nancy Brown Date April 19, 2024

<u>Position</u> Vice President Academic <u>Purpose</u> External meeting (Red Deer <u>Destination</u>: Whiskey District

& Provost Polytechnic)

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

Name Address	Claimant: Nancy Brown		 		Number of Attended	faculty/Staff Students Other	
Date of Function: Location:	(month/dayl/year)			I		ness Relationship: VPA & Provost	
Description of Mea Breakfast Lunch		Dinner Other (specify)			If Large Group, N	ame	
Business Purpose Staff Recogn	: (Check appropriate bo	ox and provide detail	s)		Conference		
Seminar Spe (Name) (Topic)	aker		[Prospective Empli (Name) (Position)	oyee	
Student Recr (Purpose)	ruitment Activitiy		_ [Student Academic (Purpose)	Achievement	
			<u>.</u> [✓	meeting		
			-			FOR OFFICE	USEONLY
	VENDOR Whiskey District		Total		CL CODE	FOR OFFICE Amount	GST
	VENDOR Whiskey District		Total \$ 57.96		CL CODE	100000000000000000000000000000000000000	
					CL CODE	100000000000000000000000000000000000000	
					CLCODE	100000000000000000000000000000000000000	
					CL CODE	100000000000000000000000000000000000000	
					CLCOOL	100000000000000000000000000000000000000	
					CLCOOL	100000000000000000000000000000000000000	
					CLCODE	100000000000000000000000000000000000000	
					CLCOOL	100000000000000000000000000000000000000	
TOTAL EXPENS Less - Advance	Whiskey District				\$ 57.96	100000000000000000000000000000000000000	GST
	Whiskey District		\$ 57.96			Amount	GST
Less - Advance	Whiskey District		\$ 57.96		\$ 57.96	Amount	GST
Less - Advance	Whiskey District		\$ 57.98	VENDOR	\$ 57.96	Amount	GST
Less - Advance NET CLAIM DUI	Whiskey District SE E (Repayable)		(If applicable)	VENDOR	\$ 57.96 \$ 57.96	Amount	<u>GST</u>
Less - Advance NET CLAIM DUI Date	Whiskey District SE E (Repayable)		\$ 57.96	VENDOR	\$ 57.96 \$ 57.96	Amount	GST
Less - Advance NET CLAIM DUI Date REQUEST BY: DEPT. CODE:	Whiskey District SE E (Repayable)		(If applicable)	VENDOR	\$ 57.96 \$ 57.96	Amount	<u>GST</u>
Less - Advance NET CLAIM DUI Date REQUEST BY:	Whiskey District SE E (Repayable)		(If applicable)	VENDOR	\$ 57.96 \$ 57.96	Amount	<u>GST</u>
Less - Advance NET CLAIM DUI Date REQUEST BY: DEPT. CODE:	Whiskey District SE E (Repayable)		(If applicable)	VENDOR	\$ 57.96 \$ 57.96	Amount	<u>GST</u>

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
Sub Total Food and Drink Tax	\$48.00 \$2.40
Total	\$50.40
*Card Total Tips	\$57.96 \$7.56

Thank-you! Follow and "like" us on Instagram and Facebook @whiskeydistrictyxh

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