



Expense Disclosure Summary

Name Dr. Nancy Brown **Position** Vice President Academic & Provost
Period Covered January - February 2025

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 |
|------------------------------------|----------------------|---------------------------|---------|-----------------------|---------------|-------|-------------|-------------|-----------|
| January 3, 2025 | Brooks, AB | State of the City Address | | \$ 111.18 | | | | | \$ 111.18 |
| February 11, 2025 | Brooks, AB | CLPNA Site Visit | | \$ 108.12 | | | | | \$ 108.12 |
| | | | \$ - | \$ 219.30 | \$ - | \$ - | \$ - | \$ - | \$ 219.30 |

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** January 3, 2025
January - February 2025
Position Vice President Academic & **Purpose** State of the City Address **Destination** Brooks, AB
Provost

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

| Date | Vendor | Expense Category | Description | Subtotal | GST | Total |
|-----------------|------------------|----------------------|-------------------|----------|-----------------------|---------------|
| January 3, 2025 | MHC Travel Claim | Other Transportation | 218km x \$0.51/km | 111.18 | | 111.18 |
| | | | | | Total Receipts | 111.18 |

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Nancy Brown
Address:

MEETING/CONFERENCE

Name: State of the City Address
Location: Brooks, AB



DAYS INVOLVED [0.14]

Departure date Jan 3 2025 6:45AM
Return date Jan 3 2025 10:00AM

EXPENSES

Meals

| | Days | Rate | Total |
|------------------------|------|---------|----------|
| 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 |

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 |
| | CND | \$111.18 |
| | USD | \$0.00 *\$1.00/CND |
| | TOTAL EXPENSE | \$111.18 |
| | Less - Advance (if applicable) | -\$0.00 |
| | NET CLAIM DUE (Repayable) | 111.18 |

INVOICE TOTAL

| FOR OFFICE USE ONLY | | VENDOR NUMBER | | CONTROL |
|---------------------|--------|---------------|-------|------------|
| GL CODE | AMOUNT | GST | TOTAL | 03 - 22246 |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Written Signatures

Request By

Nancy Brown

Department Code



Department Signatures
(If Necessary Signature)



ce:

Electronic Signatures

Active Directory



Expense Disclosure Sheet

Name Dr. Nancy Brown **Date** January - February 2025
Position Vice President Academic & Provost **Purpose** College of Licensed Practical Nurses of Alberta (CLPNA) Site Visit **Destination:** Brooks, AB

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

| Date | Vendor | Expense Category | Description | Subtotal | | Total |
|-------------------|------------------|----------------------|-------------------|-----------------------|--|---------------|
| February 11, 2025 | MHC Travel Claim | Other Transportation | 212km x \$0.51/km | 108.12 | | 108.12 |
| | | | | Total Receipts | | 108.12 |

MEDICINE HAT COLLEGE TRAVEL CLAIM

CLAIMANT

Name: Nancy Brown
Address:

MEETING/CONFERENCE

Name: CLPNA Site Visit (The College of Licensed Practical Nurses of Alberta)
Location: Brooks, AB



DAYS INVOLVED [0.15]

Departure date Feb 11 2025 7:30AM
Return date Feb 11 2025 11:00AM

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 | 212 KM @ 0.51/KM | \$108.12 | | | |
| 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 | \$108.12 | | INVOICE TOTAL | |
| | USD | \$0.00 | *\$1.00/CND | | |
| | TOTAL EXPENSE | \$108.12 | | | |
| | Less - Advance (if applicable) | -\$0.00 | | | |
| | NET CLAIM DUE (Repayable) | 108.12 | | | |

| FOR OFFICE USE ONLY | | VENDOR NUMBER | | CONTROL |
|---------------------|--------|---------------|-------|------------|
| GL CODE | AMOUNT | GST | TOTAL | 03 - 22323 |
| | | | | |
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| | | | | |
| | | | | |

Written Signatures

Request By

[Redacted Signature]

Department Code

[Redacted Department Code]

Department Signatur
(If Necessary Signature)

Nancy Brown

Finance:

Electronic Signatures

Active Directory

[Redacted Electronic Signature]