

NOV 17 2015

EXPENSE CLAIM FORM - President, VP, Board

DATE November 17, 2015

VENDOR/STAFF# (as applicable) VP-0007

NAME Elmer Hildebrand
(Claimant/Payee)
FIRST MIDDLE LAST

Position _____

Permanent Mailing Address _____

Itinerary and Purpose of Travel/Expense: Attending Board of Governors meeting (October 28 - 30, 2015)

Receipt no.	Date	Expense Type	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Description	NET Amount	GST Amount	Total Amount
1	10/28/2015	Travel-General (BOG)	3102	2100	890030	800		Altona to Winnipeg travel (return, no receipt)	\$ 75.00	\$ 3.75	\$ 78.75
2	10/28/2015	Travel-Incidentals	3107	2100	890030	800		Winnipeg Aiport Parking	\$ 96.43	\$ 4.82	\$ 101.25
3	10/28/2015	Travel-General (BOG)	3102	2100	890030	800		Airfare - Winnipeg to Calgary, return	\$ 836.24	\$ 41.82	\$ 878.06
4	10/28/2015	Travel-General (BOG)	3102	2100	890030	800		Car Rental - Avis	\$ 320.63	\$ 15.96	\$ 336.59
5	10/28/2015	Travel-Meals	3106	2100	890030	800		Meal - Charcut Lounge	\$ 11.40		\$ 11.40
6	10/28/2015	Travel-Accomm.	3105	2100	890030	800		overnight Accommodation - Hotel Le Germain Calagary	\$ 470.26	\$ 22.61	\$ 492.87
7	10/28/2015	Travel-Incidentals	3107	2100	890030	800		Hotel parking	\$ 40.00	\$ 2.00	\$ 42.00
8			#N/A	2100							\$ -
9			#N/A	2100							\$ -
10			#N/A	2100							\$ -
11			#N/A	2100							\$ -
Total Expenses : A										<u>90.96</u>	<u>1,940.92</u>

GL Code Summary								
GL	Expense Type	Cost Centre	Fund	Activity Type	Activity Code	NET Amount	GST	Total Amount
3101	Travel-General (Pres,VP)	890030	2100	800		-	-	-
3102	Travel-General (BOG)	890030	2100	800		1,231.87	61.53	1,293.40
3105	Travel-Accommodation	890030	2100	800		470.26	22.61	492.87
3106	Travel-Meals	890030	2100	800		11.40	-	11.40
3107	Travel-Incidentals	890030	2100	800		136.43	6.82	143.25
3610	Hosting	890030	2100	800		-	-	-
3611	Hosting (Alcohol)	890030	2100	800		-	-	-
6132	Travel Advance	890030	2100	800		-	-	-
	Other1	890030	2100	800		-	-	-
	Other2	890030	2100	800		-	-	-
	Other3	890030	2100	800		-	-	-
Total								<u>1,940.92</u>

Travel Advance	B		<u>1</u>
Balance Due to Claimant	A-B	\$	<u>1,940.92</u>

If Travel Advance exceeds expenses and the Centre is to be reimbursed, please attach top copy of cheque or the cash posting to this claim.

Date _____

Date _____

Date _____

Date _____

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Date _____

Return to Requestor (RTR)	V	Mail to Claimant
Requestor Name (if RTR)		
Requestor Dept (if RTR)		
Prepared by (if not claimant)		