レシーで生って EXPENSE CLAIM FORM - President, VP, Board DATE March 9, 2015 VENDOR/STAFF# NAME 100996 Janice Price President Position (as applicable) (Claimant/Payee) MIDDLE FIRST LAST Permanent Mailing Address: Itinerary and Purpose of Travel/Expense: GST Total NET Date Ехропие Тург **GL Acct** activity Description Type Code Locn Amount 03/05/2015 1 2100 Other1 3120 890900 800 Cluture Days National Congress 175.00 8.75 183.75 #N/A 2100 2100 #N/A 4 #N/A 2100 5 #N/A 2100 \$ #N/A 2100 7 #N/A 2100 \$ 8 #N/A 2100 \$ 9 2100 #N/A \$ 10 #N/A 2100 \$ 11 #N/A 2100 \$ 12 2100 #N/A 13 #N/A 2100 \$ 14 #N/A 2100 \$ 15 #N/A 2100 \$ 18 #N/A 2100 \$ -17 #N/A 2100 \$ 18 2100 \$ 19 #N/A 2100 \$ -20 #N/A 2100 \$ Total Expenses: A 183.75 GL Code Summary Travel Advance . Total Amount Expense Type GŁ. **Cost Centre** Balance Due to 183.75 Claimant Travel-Genera 890900 2100 3101 (Pres,VP) 890900 2100 800 -If Travel Advance exceeds expenses and the Centre is to be 3102 (BOG) reimbursed, please attach top copy of cheque or 890900 2100 800 3105 ENTERED. Accommodatio Travel-Meals 890900 2100 800 3106 Travel-20 890900 2100 3107 800 Incidentals Hosting 890900 2100 800 3610 Hosting 890900 2100 800 3611 (Alcohol) Travel Advance 890900 2100 800 6132 . 890900 2100 800 175.00 8.75 183.75 Other2 890900 2100 800

183.75

Total

Mail to Claimant

Other3

Return to Requestor (RTR)

Requestor Name (if RTR)
Requestor Dept (if RTR)
Prepared by (If not claimant)

890900

2100

Lorette, Tammy

From:

Price, Janice

Sent:

Thursday, March 05, 2015 8:18 PM

To:

Lorette, Tammy

Subject:

Fwd: Receipt - 2015 Culture Days National Congress

Sent from my iPad

Begin forwarded message:

From: "Culture Days " < info@culturedays.ca>

Data: March 5 2015 at 4.22.15 DM EST

Subject: Receipt - 2015 Culture Days National Congress

INTERNET CREDIT CARD RECEIPT

Event Registration:

2015 Culture Days National Congress

Order Date:

3/5/2015

Order Number:

1166919-E1315428

Bank Auth Code:

064976

Order Total:

\$183.75

Name on Card:

Janice Price

Email Address:

MERCHANT INFORMATION

Your credit card statement will show this transaction as "Stratford Festival"

Merchant Name:

Stratford Festival

Address:

P.O. Box 520

Stratford, ON N5A 6V2

Phone:

519-271-0055

Email:

If you have any questions, please contact Culture Days at info@culturedays.ca