

OCT 18 2018

EXPENSE CLAIM FORM
VICE PRESIDENT
 (All expenses)

DATE October 18, 2018

VENDOR/STAFF#
 (as applicable)



NAME
 Claimant/Payee

Michael Code

DEPT VP, Operations

FIRST MIDDLE LAST

Permanent Mailing Address:

Itinerary and business rationale for expense: lunch meeting with [redacted] (Sept 25, Calgary)

Rcpt no.	Date	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Locn	Type of Expense	Description and business rationale (Include PURCHASE ORDER NUMBER if applicable)	NET Amount	GST Amount	Total Amount
1	18/09/25	3101	2100	790910	790					Mileage from residence to Calgary, round trip (104km x 2 @ \$0.475)	\$ 98.80	4.70	\$ 98.80
2	18/09/25	3101	2100	790910	790					Parking	\$ 43.00	\$ 2.15	\$ 45.15
3			2100										\$ -
4			2100										\$ -
5			2100										\$ -
7			2100										\$ -
8			2100										\$ -
9			2100										\$ -
10			2100										\$ -
Total Expenses : A											141.80	2.15	\$ 143.95

GL Codes Summary (please summarize by unique GL string) -
 DO NOT LEAVE THIS SECTION BLANK

GL	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Location	NET Amount	GST	Total Amount	
3101	2100	790910	790				141.80	2.15	\$ 143.95	
	2100						137.10	6.85		
	2100									
	2100									
	2100									
	2100									
	2100									
	2100									
ENTERED OCT 24 2018							Total	\$ 141.80	\$ 2.15	\$ 143.95

Subtract Advance
 (if applicable)

B

Balance Due to
 Claimant

A-B

\$ 143.95

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.

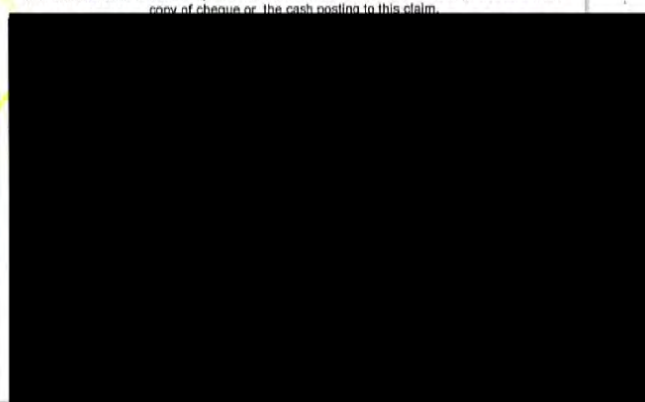
Return to Requestor (RTR)

Requestor Name (if RTR)

Requestor Dept (if RTR)

Prepared by (if not Claimant)

Mail to Claimant



EXPENSE CLAIM FORM
VICE PRESIDENT
 (All expenses)

DATE November 19, 2018

VENDOR/STAFF# (as applicable) [REDACTED]

NAME Michael Code
 (Claimant/Payee)

DEPT VP, Operations

Permanent Mailing Address:

Itinerary and business rationale for expense: Donor meeting in Calgary (Nov 15 [REDACTED])

Rept no.	Date	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Locn	Type of Expense	Description and business rationale (Include PURCHASE ORDER NUMBER if applicable)	NET Amount	GST Amount	Total Amount
1	11/15/18	3101	2100	790910	790				TGE	Parking	\$ 7.86	\$ 0.39	\$ 8.25
2	11/15/18	3101	2100	790910	790				TGE	Parking	\$ 24.00	\$ 1.20	\$ 25.20
3			2100										\$ -
4			2100										\$ -
5			2100										\$ -
7			2100										\$ -
8			2100										\$ -
9			2100										\$ -
10			2100										\$ -
11			2100										\$ -
12			2100										\$ -
13			2100										\$ -
14			2100										\$ -
15			2100										\$ -
Total Expenses : A											31.86	1.59	\$ 33.45

GL Codes Summary (please summarize by unique GL string) - **DO NOT LEAVE THIS SECTION BLANK**

GL	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Location	NET Amount	GST	Total Amount
3101	2100	790910	790				31.86	1.59	\$ 33.45
	2100								
	2100								
	2100								
	2100								
	2100								
	2100								
	2100								
Total							\$ 31.86	\$ 1.59	\$ 33.45

Subtract Advance (if applicable)	B	
Balance Due to Claimant	A-B	\$ 33.45

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

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