

JAN 10 2019

**EXPENSE CLAIM FORM**

**BOARD CHAIR/BOARD OF GOVERNORS/MEMBERS OF THE BOARD OF DIRECTORS OF THE BANFF CENTRE FOUNDATION**

*(Regular Board and Committee meeting related expenses only)*

DATE December 28, 2018

VENDOR/STAFF# (as applicable)



NAME (Claimant/Payee)

Patricia Mae Ruby

DEPT Board

Permanent Mailing Address:



Itinerary and business rationale for expense: Banff Centre Board meetings expenses - November BOG meeting

If non-employee, describe Banff Centre involvement:

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	18/11/07	3102	2100	890030	800				TGE	Mileage (Residence to Banff Centre, 129km x @\$0.485)	\$ 62.57		\$ 62.57
2	18/11/10	3102	2100	890030	800				TGE	Mileage (Banff Centre to Residence, 129km x @\$0.485)	\$ 62.57		\$ 62.57
3													\$ -
4													
5													
6													
7													
8													
9													
10													
Total Expenses : A											119.18	5.96	\$ 125.14

GL Codes Summary (please summarize by unique GL string) - DO NOT

GL	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Location	NET Amount	GST	Total Amount
3102	2100	890030	800			119.18	125.14	5.96	\$ 125.14
	2100								
	2100								
	2100								
	2100								
	2100								
	2100								
	2100								
Total							\$ 125.14	\$ -	\$ 125.14

Subtract Advance (if applicable)	B	
Balance Due to Claimant	A-B	\$ 125.14

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



Return to Requestor (RTR)	V	Mail to Claimant
Requestor Name (if RTR)	[Redacted]	
Requestor Dept (if RTR)	[Redacted]	
Prepared by (if not Claimant)	[Redacted]	