EXPENSE CLAIM FORM - President, VP, Board

DATE May 22, 2023

VENDOR/STAFF# (as applicable)

NAME (Claimant/Payee) Bob Sartor (FIRST / MIDDLE / LAST)

Position Governor

Permanent Mailing Address [redacted]

Itinerary and Purpose of Travel/Expense To attend BOD meeting.

Rcpt no.	Date	Expense Type	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Description and Reason	NET Amount	GST Amount	Total Amount
1	05/18/2023	Travel-General (BOG)	[redacted]					Mileage from [redacted] to Banff Centre 264KM (Round trip) x 520/km =	$ 137.28		$ 137 28
2									$ -		$ -
3											$ -
4											$ -
5											$ -
6											$ -
7											$ -
8											$ -
9											$ -
10											$ -
11											$ -
12											$ -
13											$ -
14											$ -
15											$ -
								Total Expenses : A			137.28

GL Code Summary

GL	Expense Type	Cost Centre	Fund	Activity Type	Activity Code	NET Amount	GST	Total Amount
[redacted]								
					Total	137.28	-	137.28

Travel Advance	B		
Balance Due to Claimant	A-B	$	137.28

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)		Mail to Claimant	
Requestor Name (if RTR)			
Requestor Dept (if RTR)			
Prepared by (if not claimant)	Amber Ward		

[redacted]