

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 November 22, 2019

VENDOR/STAFF# (as applicable)

NAME (Claimant/Payee)

Carolyn Campbell

DEPT

Board

Permanent Mailing Address:

Itinerary and business rationale for expense: Welcome Dinner for New Board Governor (Sept 5), and Board of Governors Meeting to approve Annual Report (Sept 6), Banff

If non-employee, describe Banff Centre involvement:

Rept no.	Date	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Location	Type of Expense	Description and business rationale (include PURCHASE ORDER NUMBER if applicable)	NET Amount	GST Amount	Total Amount
1	09/05/19	3102	2100	890030	800				TGE	Mileage reimbursement (residence - Banff Centre, round trip, 417km x 2 @ \$0.190)	\$ 408.86	19.46	\$ 408.66
2	09/05/19	3102	2100	890030	800				TGE	Park pass - daily	\$ 9.80	46	\$ 9.80
3													\$ -
4													\$ -
5													\$ -
Total Expenses : A											418.46	-	\$ 418.46

398.54 19.92 = 418.46

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

GL	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Location	NET Amount	GST	Total Amount
3102	2100	890030	800				418.46		\$ 418.46
	2100								
	2100								
	2100								
	2100								
	2100								
	2100								
	2100								
	2100								
	2100								
Total							\$ 418.46	\$	\$ 418.46

Subtract Advance (if applicable)	B	
Balance Due to Claimant	A-B	\$ 418.46

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.

By signing below, all parties confirm the expenses comply with the Policy - Travel, Meal and Hospitality Expenses and associated Procedures.

In addition, the Claimant confirms that each expense was reasonably incurred for Banff Centre business related reasons, was not personal in nature, reflects good judgment and due regard for the economy, would be defensible to an impartial observer, was not previously reimbursed, and is not planned to be reimbursed in future. The Authorized Approver confirms he/she has authority to charge the expense to the GL account indicated, and that each expense is eligible for reimbursement and properly documented with the required support. By signing, Finance agrees to process Eligible Expense and monitor/audit compliance.

Claimant: [Redacted]

Authorized Approver: [Redacted]

Authorized Approver: [Redacted]

Financial Services: [Redacted]

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

ENTERED NOV 30 2019

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