Transaction Search - Company

BMO, 07/01/2020 to 09/30/2020

Company Unit - T&E EXEC

Mapped Cards

Michael Code

Posting Date	Tran Date	Account	Expense Category	Amount
8/6/2020	8/5/2020	[redacted]	Other Subscriptions	649
8/11/2020	8/10/2020	[redacted]	Other Subscriptions	2,047.50
9/7/2020	9/4/2020	[redacted]	Special Event Costs	13.11
9/18/2020	9/16/2020	[redacted]	Special Event Costs	8.11
9/22/2020	9/21/2020	[redacted]	Travel-Banff Centre Employees	13.02
			Debit Total CAD	2,730.74
			Credit Total CAD	0
			Total CAD	2,730.74

[redacted]

EXPENSE CLAIM FORM - President, VP, Board

DATE September 18, 2020

VENDOR/STAFF# (as applicable) [redacted]

NAME (Claimant/Payee) Michael Code

FIRST MIDDLE LAST

Position VP, Operations

Permanent Mailing Address: [redacted]

Itinerary and Purpose of Travel/Expense:

Rcpt no.	Date	Expense Type	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Description and Reason	NET Amount	GST Amount	Total Amount
1		Travel-General (Pres,VP)	3101	2100							$ -
2		Travel-General (BOG)	3102	2100							$ -
3		Travel-Accomm.	3105	2100							$ -
4	July 27 2020	Other1	3070	2100	790910	2100	690	Replacement Glass for Phone - broken Iphone glass	$ 100.00	$ 5.00	$ 105.00
5				2100							$ -
6				2100							$ -
7				2100							$ -
8				2100							$ -
9				2100							$ -
10				2100							$ -
11				2100							$ -
12				2100							$ -
13				2100							$ -
14				2100							$ -
15				2100							$ -
								Total Expenses : A			105.00

GL Code Summary

GL	Expense Type	Cost Centre	Fund	Activity Type	Activity Code	NET Amount	GST	Total Amount
3101	Travel-General (Pres,VP)		2100			-	-	-
3102	Travel-General (BOG)		2100			-	-	-
3105	Travel-Accommodation		2100			-	-	-
3106	Travel-Meals		2100			-	-	-
3107	Travel-Incidentals		2100			-	-	-
3610	Hosting		2100			-	-	-
3611	Hosting (Alcohol)		2100			-	-	-
6132	Travel Advance		2100			-	-	-
	Other1		2100			100.00	5.00	105.00
	Other2		2100			-	-	-
	Other3		2100			-	-	-
					Total	100.00	5.00	105.00

Travel Advance	B	
Balance Due to Claimant	A-B	$ 105.00

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.

[redacted]

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

[redacted]

BOW VALLEY PHONE AND C
1302 BOW VALLEY TR T1W1N6
CANMORE AB
23746925
GR2374692501

PURCHASE

07-27-2020 16:09:19
[redacted] C
Exp Date **/** Card Type MC
Name: CODE/MICHAEL
A0000000041010 MasterCard

Trace # [redacted]
Auth # 0[redacted] RRN 001003155
PURCHASE $105.00

TOTAL $105.00

++++++++++++++++++++++++
00 APPROVED-THANK YOU
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Retain this copy for your
records
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