



EXPENSE CLAIM REIMBURSEMENT BOARD OF TRUSTEES

Cheque Payable To: ANNE MARIE WATSON
(Trustee Name)

Enter information in yellow cells

DATE: FEB 24/14

****ITEMIZED RECEIPT OF PURCHASES MUST BE PROVIDED TO OBTAIN RE-IMBURSEMENT****

A: RECEIPTS					
Date	Vendor	Description (Meals / Registration / Other)	RECEIPT TOTAL (includes GST & HST)	GST & HST	Unit Amount
FEB 19/14	HOTEL ARTS	LODGING, PARKING	\$ 287.09	\$ 13.22	\$ 273.87
FEB 19/14	STAMPEDE LTD.	PARKING	\$ 15.00	\$ 0.71	\$ 14.29
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
Total A:			\$ 302.09	\$ 13.93	\$ 288.16

B: MILEAGE						
Date	Own Auto KMS	Monthly Rate KMS	Total	GST	Unit Amount	Explanation / Function
FEB 18/14	300	0.44	\$ 132.00	\$ 6.29	\$ 125.71	CALGARY - INSPIRING EDUCATION SYMPOSIUM
	0	0.44	\$ -	\$ -	\$ -	FEB 18-19/14
	0	0.44	\$ -	\$ -	\$ -	
	0	0.44	\$ -	\$ -	\$ -	
	0	0.44	\$ -	\$ -	\$ -	
Total B:			\$ 132.00	\$ 6.29	\$ 125.71	

UNIT	Total (A+B):	\$	413.87
GST/HST	Total (A+B):	\$	20.22
TOTAL CLAIM / CHQ:		\$	434.09

SIGNATURE ON ORIGINALS

Trustee Signature

SIGNATURES ON ORIGINALS

Admin Approval / Signature

Central Office Use:

Central Office Use Only:
68% of GST/HST = \$ **13.75**

HOTEL *Arts*

Ms Anne Marie Watson

/
Red Deer, AB
Canada

Room Number : 0809
 Arrival Date : 18-02-14
 Departure Date : 19-02-14
 Page : 1 of 1
 Folio Number : 220028
 Confirmation : 2163327
 Cashier : 1170

INVOICE

Company Name : Alberta Education Information
 Group : 1402ALBERT
 A/R Number :

GST No. : 861182947 19-02-14

Date	Description	Charges	Credits
18-02-14	Raw Bar Dinner <i>Room# 0809 : CHECK# 4801</i>	23.10	
18-02-14	Room	229.00	
18-02-14	Destination Marketing Fee 3%	6.87	
18-02-14	Tourism Levy 4%	9.43	
18-02-14	GST 5% - Room	11.79	
18-02-14	Valet Parking	28.57	
18-02-14	GST 5% - Other	1.43	
19-02-14	Mastercard - Rooms <i>XXXXXXXXXXXX4517</i>		310.19
Total		310.19	310.19
Balance		0.00	CAD

657 13.22
~~23.10~~
 = 287.09

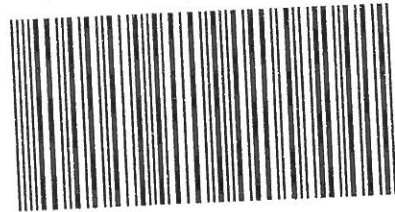
I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Hotel Arts and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents. In the event of damage to the Hotel due to the Guest's action or negligence, the Guest shall be liable to the Hotel for compensation of damages.

Guest Signature: _____

STAMPEDE LTD.

Station : Booth 10
Cashier : stephen
Trans# : 10628
Ticket : 574687034
Time in : 19/02/2014 07:48:00
Paid to : 19/02/2014 23:59:59
Duration : 16:11:58
Plate :

BMOC : \$ 14.29
Subtotal : \$ 14.29
*GST : \$ 0.71
Total : \$ 15.00
CASH : \$ 15.00



ONE ENTRY ONLY