



Red Deer Catholic Regional Schools

EXPENSE CLAIM REIMBURSEMENT BOARD OF TRUSTEES

Inw #
04/27/18 - DELTA

Cheque Payable To: Murray Hollman
(Trustee Name)

Enter information in yellow cells

DATE: 27-Apr-18

****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
April 20-22/18	Delta	Hotel ASCA	\$ 375.90	\$ 17.90	\$ 358.00
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
Total A:			\$ 375.90	\$ 17.90	\$ 358.00

B: MILEAGE						
Date	Own Auto KMS	Monthly Rate KMS	Total	GST	Unit Amount	Explanation / Function
	0	0.50	\$ -	\$ -	\$ -	
	0	0.50	\$ -	\$ -	\$ -	
	0	0.50	\$ -	\$ -	\$ -	
	0	0.50	\$ -	\$ -	\$ -	
	0	0.50	\$ -	\$ -	\$ -	
Total B:			\$ -	\$ -	\$ -	

6510-41 — 65412-86

UNIT Total (A+B):	\$	358.00
GST/HST Total (A+B):	\$	17.90
TOTAL CLAIM / CHQ:	\$	375.90

Trustee Signature

Admin Approval / Signature

Central Office Use:

D
DELTA
 HOTELS
 MARRIOTT

EDMONTON SOUTH
 CONFERENCE CENTRE

4404 Gateway Boulevard NW, Edmonton, Alberta, T6H 5C2
 Tel: 780-434-6415 Fax: 780-436-9247

Mr Murray Hollman
 Xxx
 Xxx NE 11111
 United States

AB School Council ASS

Room: 0420
 Folio: 91263
 Cashier: 41
 Arrival: 04-20-18
 Departure: 04-22-18

Date	Description	Additional Information	Charges	Credits
04-20-18	Room Charge		229.00	
04-20-18	Room Destination Marketing Fee		6.87	
04-20-18	Room GST		11.79	
04-20-18	AB Tourism Levy		9.43	
04-21-18	In Room Dining	Room# 0420 : CHECK# 2403	56.25	
04-21-18	In Room Dining	Room# 0420 : CHECK# 2409	40.50	
04-21-18	Room Charge		229.00	
04-21-18	Room Destination Marketing Fee		6.87	
04-21-18	Room GST		11.79	
04-21-18	AB Tourism Levy		9.43	
04-22-18	Visa	XXXXXXXXXXXX8301 XX/XX		610.93

GST Summary	
Registration No: 865717755	
Room	23.58
F&B	3.25
Other	32.60
Total	59.43

Total	610.93	610.93
Balance Due	0.00	CDN

229.00 +
 50.00 -
 179.00 *
 179.00 +
 179.00 +
 358.00 *
 358.00 x
 1.05 =
 375.90 *
 0.00 *
 0.00 *

Had a bigger room that was \$50.00 more per night. I deducted this from the expense

179.00 x 2 = 358.00 x 5% = 17.90 -

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.