

EXPENSE CLAIM FORM - President, VP, Board

DATE June 16, 2016

VENDOR/STAFF# (as applicable) **VE-0481** NAME Lisa Cooke Position VP M&C
(Claimant/Payee)
 FIRST MIDDLE LAST

Permanent Mailing Address:

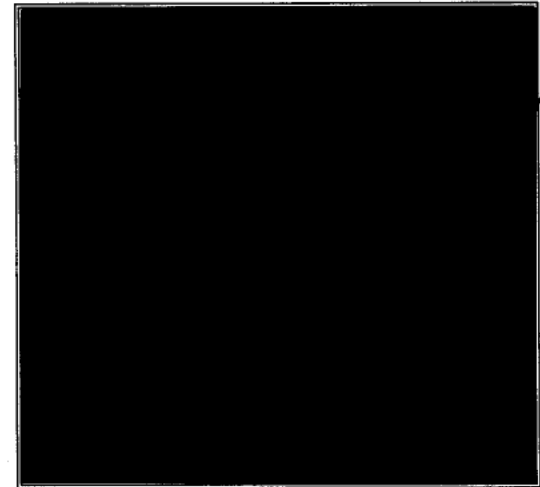
Itinerary and Purpose of Travel/Expense: **monthly kms / Toronto mtg w President**

Rcpt no.	Date	Expense Type	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Description	NET Amount	GST Amount	Total Amount
1		Travel-General (Pres,VP)	3101	2100							\$ -
2		Travel-General (BOG)	3102	2100							\$ -
3	May 16 - June 13		3101	2100	830130	345		Mileage 264 x .30 x 12 days			\$ 950.00
4	May 31 16		3101	2100	830130	345		Parking greenp.com			\$ 8.75
5			3101	2100	830130	345		Valet check			\$ 23.60
6	May 31 16		3101	2100	830130	345		WestJet checked bag			\$ 26.25
7	May 17 16		3610	2100	830130	345		Avec Bistro			\$ 63.19
8	May 30 16		3101	2100	830130	345		Enterpriserent a car			\$ 218.33
9			#N/A	2100							\$ -
10			#N/A	2100							\$ -
11			#N/A	2100							\$ -
12			#N/A	2100							\$ -
Total Expenses : A											1,290.12

GL Code Summary								
GL	Expense Type	Cost Centre	Fund	Activity Type	Activity Code	NET Amount	GST	Total Amount
3101	Travel-General (Pres,VP)	830130	2100	345		-	-	1,226.83
3102	Travel-General (BOG)		2100			-	-	-
3105	Travel-Accommodation		2100			-	-	-
3106	Travel-Meals		2100			-	-	-
3107	Travel-Incidentals		2100			-	-	-
3610	Hosting	83013	2100	345		-	-	63.19
3611	Hosting (Alcohol)		2100			-	-	-
6132	Travel Advance		2100			-	-	-
	Other1		2100			-	-	-
	Other2		2100			-	-	-
	Other3		2100			-	-	-
ENTERED JUN 20 2016								
Total								

Travel Advance	B	
Balance Due to Claimant	A-B	\$ 1,290.12

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)	<input checked="" type="checkbox"/>	Mail to Claimant	<input type="checkbox"/>
Requestor Name (if RTR)	[Redacted]		
Requestor Dept (if RTR)	[Redacted]		
Prepared by (if not claimant)	[Redacted]		

MAY 13 2016

EXPENSE CLAIM FORM

DATE May 12, 2016

VENDOR/STAFF# (as applicable)

NAME Lisa Cooke
(Claimant/Payee)
 FIRST MIDDLE LAST

DEPT M&C

Permanent Mailing Address:

Itinerary and Purpose of Travel/Expense:

(if non-employee, describe TBC involvement)

Rcpt no.	Date	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Locn	Description (include PURCHASE ORDER NUMBER if applicable)	NET Amount	GST Amount	Total Amount
1	April 16 - May 11	3101	2100	830900		690			Milage .30 x 252 x 12 days	\$ 907.20	43.20	\$ 907.20
2	April 5 16	3006	2100	830130		345			Staples copy for Shaw	\$ 25.74	\$ 1.29	\$ 27.03
3	April 5 16	3101	2100	830130		345			Parking for meeting	\$ 44.10	2.10	\$ 44.10
4			2100									\$ -
5			2100									\$ -
6			2100									\$ -
7			2100									\$ -
8			2100									\$ -
9			2100									\$ -
10			2100									\$ -
11			2100									\$ -
12			2100									\$ -
13			2100									\$ -
14			2100									\$ -
15			2100									\$ -
16			2100									\$ -
17			2100									\$ -
18			2100									\$ -
19			2100									\$ -
20			2100									\$ -
ENTERED MAY 17 2016												
Total Expenses: A										931.74	46.59	978.33

GL Codes Summary (please summarize by unique GL string)

Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Location	NET Amount	GST	Total Amount
3101	830900	690				864.00	43.20	907.20
3101	830130	345				42.00	2.10	44.10
	830130	345				25.74	1.29	27.03
								-
								-
								-
								-
								-
								-
								-
								-
Total								

Subtract Advance (if applicable)	B	
Balance Due to Claimant	A-B	\$ 978.33

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)	<input checked="" type="checkbox"/>	Mail to Claimant	<input type="checkbox"/>
Requestor Name (if RTR)			
Requestor Dept (if RTR)	Pres		
Prepared by (if not claimant)			