

Expense Claims Forms

Date: February 4, 2013

EMPLOYEE#

VP00003

NAME **Brenda Mackie**

Position **BOG**

DEPT **President's Office**

Mailing Address : 717 Royal Ave SW, Calgary, AB T2S 0G3

Itinerary and Purpose of Travel : Accommodation/parking re: Meetings in Edmonton (Jan 14)

Please leave the colored cells for Financial Services

Rept no.	Date	Expense Type	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Locn	Description	NET Amount	GST Amount	Total Amount
1	01/15/13	Travel-BOG	3102	2100	890030	800				Hotel in Edmonton re: Meetings	\$ 288.32	\$ 12.31	\$ 300.63
2	01/15/13	Travel-BOG	3102	2100	890030	800				airport parking	\$ 50.40		\$ 50.40
3				2100									\$ -
4				2100									\$ -
5				2100									\$ -
6				2100									\$ -
7				2100									\$ -
8				2100									\$ -
9				2100									\$ -
10				2100									\$ -
11				2100									\$ -
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29				2100									\$ -
30				2100									\$ -
31				2100									\$ -
32				2100									\$ -
33				2100									\$ -
34				2100									\$ -
35				2100									\$ -
Total Expenses : A											\$ 338.72	\$ 12.31	351.03

ENTERED FEB - 6 2013

GL	Fund	Expense Type	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Location	NET Amount	GST	Total Amount
3101	2100	Travel						-	-	-
3102	2100	Travel-BOG						338.72	12.31	351.03
3105	2100	Accommodation						-	-	-
3106	2100	Meals						-	-	-
3610	2100	Hosting						-	-	-
3611	2100	Hosting-Alcohol						-	-	-
3107	2100	Incidentals						-	-	-
6132	2100	Travel Advance						-	-	-
Total								338.72	12.31	351.03

Travel Advance (positive)	B 6132-2100	\$ -
	A-B	\$ 351.03

Return to Requestor	Lisa Christopher
Department	President's Office - BOG
Cost Centre Code	8900030
Prepared By	Lisa Christopher

Claimant's Signature	Date
Claimant's Supervisor	Date
Financial Services	Date

Expense Claims Forms

Date: February 4, 2013

EMPLOYEE#

NAME **Brenda Mackle**

Position **BOG**

DEPT **President's Office**

FIRST MIDDLE LAST

Mailing Address : 717 Royal Ave SW, Calgary, AB T2S 0G3

Itinerary and Purpose of Travel : Accommodation/parking re: Meetings in Edmonton (Jan 14)

Please leave the colored cells for Financial Services

Line Item	Date	Expense Type	Rate	Per Diem	Account	Code	Description	Amount	Per Diem	Total
1	01/15/13	Travel-BOG	2100	2100	890030	800				
2	01/15/13	Travel-BOG	2100	2100	890030	800	Hotel in Edmonton re: Meetings	\$ 288.32	\$ 12.31	\$ 300.63
3							airport parking	\$ 50.40		\$ 50.40
4										\$ -
5										\$ -
6										\$ -
7										\$ -
8										\$ -
9										\$ -
10										\$ -
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29										\$ -
30										\$ -
31										\$ -
32										\$ -
33										\$ -
34										\$ -
35										\$ -
Total Expenses:								\$ 338.72	\$ 12.31	\$ 351.03

Code	Rate	Expense Type	Per Diem	Per Diem	Per Diem	Per Diem	Per Diem	Per Diem	Per Diem
3101	2100	Travel							
3102	2100	Travel-BOG						338.72	12.31
3105	2100	Accommodation							
3106	2100	Meals							
3610	2100	Hosting							
3611	2100	Hosting-Alcohol							
3107	2100	Incidentals							
6132	2100	Travel Advance							
Total									

		\$ -
		\$ 351.03

Claimant's Supervisor _____ Date _____

Financial Services _____ Date _____

Return to Requestor	Lisa Christopher
Department	President's Office - BOG
Cost Centre Code	890030
Prepared By	Lisa Christopher

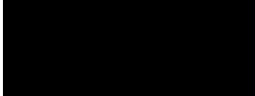
THE Fairmont
HOTEL MACDONALD

10065 - 100 Street
Edmonton, AB, Canada T5J 0N6
T (780) 424-5181 F (780) 429-6481

Room : 0415
Folio # : 287762
Cashier # : 1026
Page # : 1 of 1

CAUBO

Ms Brenda Mackie



Arrival : 01-14-13
Departure : 01-15-13

Date	Description	Additional Information	Charges	Credits
01-14-13	Room Charge		239.00	
01-14-13	Room - DMF		7.17	
01-14-13	Room - AB Tourism Levy		9.85	
01-14-13	Room - GST		12.31	
01-15-13	Harvest Room	Room# 0415 : CHECK# 1692	32.30	
01-15-13	Visa	XXXXXXXXXXXX [REDACTED] XX/XX		300.63
Total			300.63	300.63
Balance Due			0.00	

GST Summary

Room	12.31
F&B	1.30
Other	0.00
Total	13.61

Thank you for choosing Fairmont Hotels & Resorts.
To provide feedback about your stay, please contact Afif Salibi, Director of Operations, at Afif.Salibi@fairmont.com.
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

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Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1 800 441 1414

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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en retarderait le paiement.
Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année.)
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1,00\$ par jour (du Lundi au Vendredi) et de 2,00\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
Merci d'avoir choisi les Hôtels Fairmont

RECEIPT

GST NO. R122556194

*PARKING Re
CAMPUS MS strategy
mts in Edmonton*

EXIT No. A5
IN: 01/14/13 16:21
OUT: 01/15/13 19:22
DURATION: 1 03: 01
PAID: \$ 50.40
(GST INCLUDED)
VISA

XXXXXX
REF. 21

THANK YOU FOR
YOUR VISIT



Calgary International Airport Parkade