

**EXPENSE CLAIM FORM - VP - DINERS**

**RECEIVED**

DATE August 3, 2017

VE-0534

JULY 28/17 AUG 21 2017

VENDOR/STAFF# (as applicable)

NAME (Claimant/Payee)

Bruce Byford

Position VP, ADM & CFO

FIRST MIDDLE LAST

FINANCIAL SERVICES

Permanent Mailing Address:

Itinerary and Purpose of Travel/Expense: Funding Allocation Model Review Stakeholder Dialogue Day (July 26)

Rept no.	Date	Expense Type	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Description and Reason	NET Amount	GST Amount	Total Amount
1	07/25/2017	Travel-Accomm.	3105	2100	890050	800		Overnight accommodation at Hotel Matrix - attend Funding Allocation Model Review Stakeholder Dialogue Day in Edmonton	\$ 172.09	\$ 8.27	\$ 180.36
2	07/25/2017	Travel-Meals	3106	2100	890050	800		Snack	\$ 3.15		\$ 3.15
3			#N/A	2100							\$ -
4			#N/A	2100							\$ -
5			#N/A	2100							\$ -
6			#N/A	2100							\$ -
7			#N/A	2100							\$ -
8			#N/A	2100							\$ -
9			#N/A	2100							\$ -
10			#N/A	2100							\$ -
11			#N/A	2100							\$ -
12			#N/A	2100							\$ -
13			#N/A	2100							\$ -
14			#N/A	2100							\$ -
15			#N/A	2100							\$ -
<b>Total Expenses : A</b>											<b>183.51</b>

GL Code Summary								
GL	Expense Type	Cost Centre	Fund	Activity Type	Activity Code	NET Amount	GST	Total Amount
3101	Travel-General (Pres VP)	890050	2100	800		-	-	-
3102	Travel-General (BOG)	890050	2100	800		-	-	-
3105	Travel-Accommodation	890050	2100	800		172.09	8.27	180.36
3106	Travel-Meals	890050	2100	800		3.15	-	3.15
3107	Travel-Incidentals	890050	2100	800		-	-	-
3610	Hosting	890050	2100	800		-	-	-
3611	Hosting (Alcohol)	890050	2100	800		-	-	-
6132	Travel Advance	890050	2100	800		-	-	-
	Other1	890050	2100	800		-	-	-
	Other2	890050	2100	800		-	-	-
	Other3	890050	2100	800		-	-	-
<b>Total</b>						<b>175.24</b>	<b>8.27</b>	<b>183.51</b>

Travel Advance	B	
Balance Due to Claimant	A-B	\$ 183.51

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