

EXPENSE CLAIM FORM
BOARD OF GOVERNORS/MEMBERS OF THE BOARD OF DIRECTORS OF
THE BANFF CENTRE FOUNDATION
 (All expenses EXCLUDING regular Board and Committee meetings)

DATE October 12, 2018

VENDOR/STAFF#
 (as applicable)

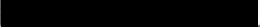


NAME
 (Claimant/Payee)

Patricia Mae Ruby

DEPT Board

Permanent Mailing Address:



Itinerary and business rationale for expense: Indigenous Arts Program Launch (Sept 10-11)

If non-employee, describe Banff Centre involvement

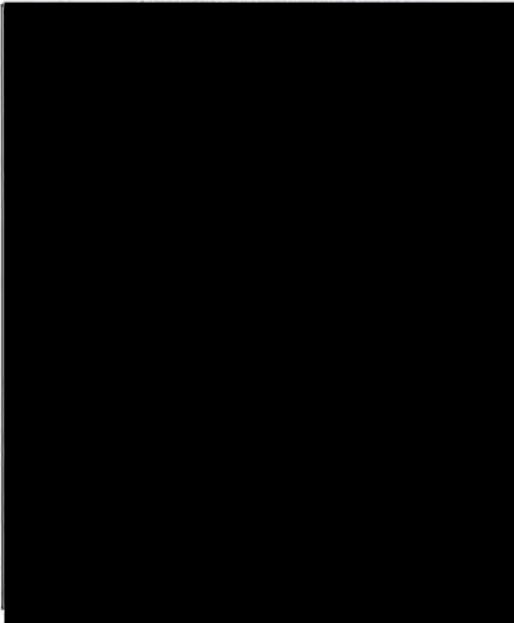
Rcpt no.	Date	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Locn	Type of Expense	Description and business rationale (Include PURCHASE ORDER NUMBER if applicable)	NET Amount	GST Amount	Total Amount
1	09/10/18	3102	2100	890030	800				TGE	Mileage, attended Indigenous Arts Program Launch, Sept 10-11, round trip from/to residence, 129km x 2 x @0.475	\$ 122.55	5.84	\$ 122.55
2			2100										\$ -
3			2100										\$ -
4			2100										\$ -
5			2100										\$ -
6			2100										\$ -
7			2100										\$ -
8			2100										\$ -
9			2100										\$ -
10			2100										\$ -
Total Expenses : A											122.55	-	\$ 122.55

GL Codes Summary (please summarize by unique GL string) -
 DO NOT LEAVE THIS SECTION BLANK

GL	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Location	NET Amount	GST	Total Amount
3102	2100	890030	800				122.55	5.84	\$ 122.55
	2100						116.71		
	2100								
	2100								
	2100								
	2100								
	2100						116.71	5.84	
Total							\$ 122.55	\$ -	\$ 122.55

Subtract Advance (if applicable)	B	
Balance Due to Claimant	A-B	\$ 122.55

If Travel Advance exceeds expenses and the Centre is to be reimbursed, please attach top copy of cheque or the cash pasting to this claim.



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