



EXPENSE CLAIM REIMBURSEMENT BOARD OF TRUSTEES

Cheque Payable To: Murray Hollman
(Trustee Name)

DATE: 19-May-15

Enter information in yellow cells

Inv#
05/19/15 - DELTA

Web

****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 24-26/15	Delta Edmonton South	Hotel for School Council AGM	\$ <u>361.50</u> - 391.50	\$ 16.58	\$ <u>374.92</u>
			\$ -	\$ -	\$ <u>344.92</u>
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
Total A:			\$ <u>361.50</u> -	\$ -	\$ -
			\$ <u>391.50</u>	\$ <u>16.58</u>	\$ <u>374.92</u>

B: MILEAGE						
Date	Own Auto KMS	Monthly Rate KMS	Total	GST	Unit Amount	Explanation / Function
	0	0.41				
	0	0.41	\$ -	\$ -	\$ -	
	0	0.41	\$ -	\$ -	\$ -	
	0	0.41	\$ -	\$ -	\$ -	
	0	0.41	\$ -	\$ -	\$ -	
Total B:			\$ -			

UNIT Total (A+B): 344.92
 GST/HST Total (A+B): \$ 16.58
 TOTAL CLAIM / CHQ: 361.50

Murray J
Trustee Signature

[Signature]
Admin Approval / Signature

Central Office Use:



DELTA

EDMONTON SOUTH
HOTEL AND CONFERENCE CENTRE

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

Alberta School Councils' Association
Mr Murray Hollman
5210 61st Street
Red Deer AB T4N 6N8
Canada

Room: 1128
Folio: 238817
Cashier: 145
Arrival: 04-24-15
Departure: 04-26-15

Group: Alberta School Councils' Assoc

Date	Description	Additional Information	Charges	Credits
04-24-15	In Room Dining - Dinner	Line# 01128 : CHECK# 0029170	80.83	
04-24-15	Room Charge		161.00	
04-24-15	Room Destination Marketing Fee		4.83	
04-24-15	Room GST		8.29	
04-24-15	AB Tourism Levy		6.63	
04-25-15	In Room Dining - Dinner	Line# 01128 : CHECK# 0029209	58.14	
04-25-15	Room Charge		161.00	
04-25-15	Room Destination Marketing Fee		4.83	
04-25-15	Room GST		8.29	
04-25-15	AB Tourism Levy		6.63	
04-26-15	Visa	XXXXXXXXXXXX8301 XX/XX		500.47

GST Summary	
Registration No:	865717755
Room	16.58
F&B	5.57
Other	0.00
Total	22.15

Total	500.47	500.47
Balance Due	0.00	CDN

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.