

Expense Disclosure Reporting Form

Name: Ron Helmhold, Chief Financial Officer

For the Period: July 2013

Travel, Seminars/Conference and Associated Expenditures

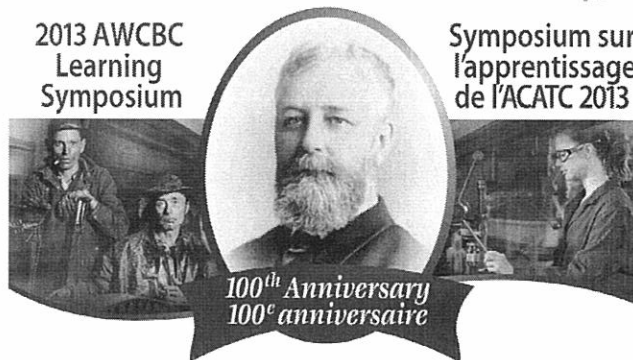
Date of expense	Destination	Purpose	Airfare	Other Transportation	Accommodation	Meals (includes per diem allowances)	Seminar / Conference / Registration fees	Total
1	8-Jul-13	St John, N.B.					\$785.35	\$785.35
2								\$0.00
3								\$0.00
4								\$0.00
5								\$0.00
6								\$0.00
7								\$0.00
8								\$0.00
9								\$0.00
10								\$0.00
							Travel Related	\$785.35

Non-travel related Expenditures (Business meals, etc...)

Dates	Purpose	Expense Category	Total
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
			Non-Travel Related
			\$0.00

Notes

Total claimed for reporting period: \$785.35



WorkSafeNB
 1 Portland Street
 P.O. Box 160
 Saint John, N.B.
 E2L 3X9
 Phone: 1 800 222-9775 / 506 632-2223
 Fax: 506 632-2830

Workers' Compensation Board of Alberta
 9925 107 Street
 Edmonton AB T5J 2S5

Date: 2013/08/08
 Receipt Number: 13015

Registrant	Registration Number	Fee	P.O.
Ron Helmhold	fbnS-080713-130600	\$ 785.35	
Subtotal		\$ 695.00	
HST		\$ 90.35	
Total		\$ 785.35	

Thank you for your payment.