

Expense Disclosure Reporting Form

Name: Bob Normand, Chair, Board of Directors

For the Period: Jul-13

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 Sep 15-17, 2013	Saint John, NB	To attend AWCBC Governance Symposium					\$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

[Notes](#)

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: [REDACTED]

Registrant	Registration Number	Fee	P.O.
Bob Normand	[REDACTED]	\$ 785.35	
	Subtotal	\$ 695.00	
	HST	\$ 90.35	
	Total	\$ 785.35	

Thank you for your payment.