

Expense Disclosure Reporting Form

Name: James Kindrake, Chair, Board of Directors

For the Period:

Jul-18

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 Jun 26-27, 2018	Calgary	To attend funding policy stakeholder consultation session		\$63.25	\$139.22	\$81.00		\$283.47
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								\$283.47

[Notes](#)

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

Dates	Purpose	Total
1		\$0.00
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
Non-Travel Related		\$0.00

[Notes](#)

Total claimed for reporting period: \$283.47

Mileage & Per Diem Allowances

Employee Name	Expense Type	Submitted Date	Trip Info	Trip Start Date	Trip End Date	Expense Trans Date	Detail Description	Total Amount (Includes GST/HST)	Summary Item Reference
James Kindrake	Travel Meal Allowance	7/5/2018	01. 06/26/2018 at 06:00 PM to 06/27/2018 at 06:15 PM - Calgary ~ to attend funding policy consultation meeting.	6/26/2018	6/27/2018	6/26/2018	Meals - Dinner (Jun 26), breakfast/lunch/dinner (Jun 27)	\$81.00	1

Kindrake

Trip #1
Jun 26/27

EXECUTIVE ROYAL HOTEL NORTH CALGARY

2828 23RD STREET NE
CALGARY, AB T2E 8T4



EXECUTIVE ROYAL HOTEL®
NORTH CALGARY, ALBERTA

(403) 291-2003

info.erc@royalhotelgroup.ca

GST#104464557

06/27/2018 10:55 AM

Registered To:
Kindrake, James

Room #	414-A
Conf #	128636
Arrival	06/26/18
Departure	06/27/18
Room Type	DQ-Single Queen
Guests	2 / 0
Payment Acct	

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
06/26/18	JSH	RC	ROOM CHRG REVENUE			\$124.00
06/26/18	JSH	9	GST ON ROOMS & DMF			\$6.39
06/26/18	JSH	91	AB TOURISM LEVY			\$5.11
06/26/18	JSH	92	DMF			\$3.72
06/27/18	CWS	VS				\$139.22

Balance Due	\$0.00
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THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

X _____
GUEST SIGNATURE

Signature

Kindrake Trip #1

Taxi fare
June 27.

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD
CARD TYPE
DATE 2018/06/27
TIME 5264 19:11:46
INVOICE # 228241
RECEIPT NUMBER
C85003342-001-001-413-0

PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL

\$63.25

APPROVED

AUTH#
THANK YOU

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IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100403070