

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 September 13, 2018

VENDOR/STAFF#
(as applicable)

NAME
(Claimant/Payee)

Judith LaRocque

DEPT Board of Governors

FIRST MIDDLE LAST

Permanent Mailing Address:

Itinerary and business rationale for expense: a meeting with

If non-employee, describe Banff Centre involvement

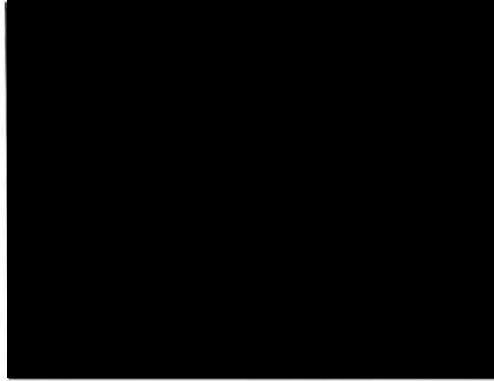
Rept no.	Date	GL Acct	Fund	Cost Centre	Activity Type	Activity Code	Sub-activity Code	Activity Locn	Type of Expense	Description and business rationale (include PURCHASE ORDER NUMBER if applicable)	NET Amount	GST Amount	Total Amount
1	18/08/31	3104	2100	890030	800				TGE	Mileage, roundtrip from Residence to Canada Heritage ((120 km x 2) @\$0.475/km	\$ 114.00	\$ -	\$ 114.00
2			2100									\$ -	\$ -
3			2100									\$ -	\$ -
4			2100										\$ -
5			2100										\$ -
6			2100										\$ -
7			2100										\$ -
8			2100										\$ -
9			2100										\$ -
10			2100										\$ -
Total Expenses : A											114.00	-	\$ 114.00

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
3104	2100	890030	800				114.00		\$ 114.00
	2100								
	2100								
	2100								
	2100								
	2100								
	2100								
	2100								
	2100								
Total							\$ 114.00	\$ -	\$ 114.00

Subtract Advance (if applicable)	B	
Balance Due to Claimant	A-B	\$ 114.00

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



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