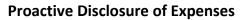


Proactive Disclosure of Expenses

Bart Becker, Vice-President (Facilities) For the period February 1, 2019 to March 31, 2019

Overview

Non-Travel Expenses					
Item #	Date	Description	Amount		
1.	January 31- March 19,	Parking while attending meetings on behalf of the University.	\$66.90		
	2019				





Bart Becker, Vice-President (Facilities)
For the period February 1, 2019 to March 31, 2019

Detail for Non-Travel Expenses

Non-Travel Expenses-Ite							
For	Bart Becker, Vice-President (Facilities)						
Description/Purpose	Parking while attendin	Parking while attending meetings on behalf of the University.					
Date	January 31-March 19,	January 31-March 19, 2019					
Destination	Calgary, Alberta						
Type of Expense	Meals	Parking	Other	Total			
Amount	\$0.00	\$66.90	\$0.00	\$66.90			
Page Reference		pages 3-5					
Notes		•					



Accounts Payable
Physical Plant
2500 University Drive NW
Calgary, AB T2N 1N4
Telephone – 403-220-5611
Fax – 403-282-2974
Email – scmhelp@ucalgary.ca

LOST RECEIPT DECLARATION FORM

Claims, or Pcard. s.17(1) , UCID# hereby declare that I have lost, never received or am unable to produce an original receipt. I further declare that I have not and will not use this receipt (if found) to claim reimbursement from any other source, or to support any claim for income tax deductions in the future. A detailed list of the goods and/or services purchased is as follows: Vendor Name Vendor Address and Phone Date of Purchase Amount of Purchase Description of goods/services purchased: CLAIMANT Signed Name of CLAIMANT Printed Name of one up APPROVER Signed Name of one up APPROVER

This form is to be completed if you are unable to produce original receipts attached to your Expense

PALLISER SQUARE

Payment Receipt

Station name: POF 3 West

Entry: 2/22/19 9:53 AM Payment date: 2/22/19 11:39

Card no.: 52994820291697049

Due: CAD 16.80

Reduction: CAD 0.00 Paid with: CAD 16.80 Amount change: CAD 0.00 Change owed: CAD 0.88

VISA PURCHASE AMOUNT \$16.80

s.17(1) Date: 2019/02/22 Time: 11:39:50 Ref. #: 662765480016310170 C

Auth. #: 051698

SCOTIABANK VISA A0000000031010

TVR: 0080008000 TSI: F800

027 Approved - Thank You 01

- IMPORTANT - Retain this copy for your records

*** CUSTOMER COPY ***

RECEIPT

License Plate Number s.17(1)

#*Expiration Date/Time*#

FEB 27, 2019

Purchase Date/Time: 07:57am Feb 27, 2019

Total Parking: \$32.00 Total Federal: \$1.60

Total Due: \$33.60

Rate: \$32 - 6 pm Pmt Type: CC (Swipe)

Ticket #: 99053041 S/N #: 500013240932 Setting: Lot 175 Mach Name: Lot 175-1

#** s.17(1) sa

Auth #: 010663

GST REG #887315638



Accounts Payable Physical Plant 2500 University Drive NW Calgary, AB T2N 1N4 Telephone - 403-220-5611 Fax - 403-282-2974 Email - scmhelp@ucalgary.ca

LOST RECEIPT DECLARATION FORM

Printed Name of one up APPROVER

This form is to be completed if you are unable to produce original receipts attached to your Expense Claims, or Pcard. s.17(1) Becker , UCID# hereby have not and will not use this receipt (if found) to claim reimbursement from any other source, or to support any claim for income tax deductions in the future. A detailed list of the goods and/or services purchased is as follows: Vendor Name Vendor Address and Phone Amount of Purchase Date of Purchase Description of goods/services purchased: Signed Name of Printed Name of CLAIMANT Signed Name of one up APPROVER