

# **Proactive Disclosure of Expenses**

Dr. John Reynolds, Acting Vice-President (Research) For the period of August 1, 2016 to September 30, 2016

### Overview

Travel Expenses				
Item #	Date	Description	Amount	
1.	August 29, 30, 2016	Travel to Banff to attend Executive Leadership Team (ELT)	\$113.16	
		retreat.		

Non-Travel Expenses				
Item #	Date	Description	Amount	
2.	August 9-25, 2016	Parking while attending meetings and events on behalf of the	\$41.75	
		University.		

•



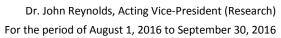
Dr. John Reynolds, Acting Vice-President (Research) For the period of August 1, 2016 to September 30, 2016



# **Detail for Travel Expenses**

Travel Expenses-Item 1 Detail							
For	Dr. John Reynolds, Acting Vice-President (Research)						
Description/Purpose	Travel to Banff to attend Executive Leadership Team (ELT) retreat.						
Date	August 29, 30, 2016						
Destination	Banff, Alberta						
Type of Expense	Airfare	Other Transport*	Hotel	Meals	Other	Total	
Amount	\$0.00	\$113.16	\$0.00	\$0.00	\$0.00	\$113.16	
Notes	Other Transport*: 246 kilometers @ \$0.46 per kilometer.						

## **Proactive Disclosure of Expenses**





# **Detail for Non-Travel Expenses**

Non-Travel Expenses-Item 2 Detail					
For	Dr. John Reynolds,	Dr. John Reynolds, Acting Vice-President (Research)			
Description/Purpose	Parking while atter	Parking while attending meetings and events on behalf of the University.			
Date	August 9-25, 2016	August 9-25, 2016			
Destination	Calgary, Alberta	Calgary, Alberta			
Type of Expense	Meals	Parking	Other*	Total	
Amount	\$0.00	\$41.75	\$0.00	\$41.75	
Notes					



2500 University Drive NW Calgary, Alberta T2N 1N4 Telephone (403)210-7279

### LOST RECEIPT DECLARATION FORM

This form is to be completed if you are unable to produce original receipts.

I, John Reynolds ,	UCID#	s.17(1)	
hereby declare that I have either 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 suppor	rt any claim for	income tax
deductions in the future.			

A detailed list of the goods and/or services purchased is as follows:

Vendor Name:	Impark	
Vendor Address:	112 - 10th Avenue S.E.	
Vendor Phone:	403-299-7275	
Date of Purchase:	August 8, 2016	
Amount of Purchase:	\$33.60	
Description of goods/services purchased:		
receipt lost in transit		
L		

John Reynolds

Printed Name of CLAIMANT

Signed Name of CLAIMANT

PRINT



2500 University Drive NW Calgary, Alberta T2N 1N4 Telephone (403)210-7279

### LOST RECEIPT DECLARATION FORM

This form is to be completed if you are unable to produce original receipts.

I, John Reynolds,	UCID#	s.17(1)
hereby declare that I have either 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, o	or to suppor	t any claim for income tax
deductions in the future.		

A detailed list of the goods and/or services purchased is as follows:

Vendor Name:	Indigo Kensington Gate		
Vendor Address:	101 - 10A Street N.W.		
Vendor Phone:	403-296-1820		
Date of Purchase:	August 24, 2016		
Amount of Purchase:	\$3.15		
Description of goods/services purchased:			
receipt lost in transit			
	· · · · · · · · · · · · · · · · · · ·		

Printed Name of CLAIMANT

Signed Name of **CLAIMANT** 

PRINT

#### WWW.SPARKSCIENCE.CA

#### WWW.SPARKSCIENCE.CA

Terminal: 719 Plate: s.17(1)

Zone: Plate : 8310 C s.17(1)

Valid through: FRIDAY 26 AUG 16 8:47 AM

AMOUNT PAID: \$5.00 (GST incl.) Start Time: 8/25/2016 8:47 AM

Auth No: 074492 Receipt No: 31782