# Overview

## Non-Travel Expenses

<table>
<thead>
<tr>
<th>Item #</th>
<th>Date</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>January 31 - March 19, 2019</td>
<td>Parking while attending meetings on behalf of the University.</td>
<td>$66.90</td>
</tr>
</tbody>
</table>
## Proactive Disclosure of Expenses

Bart Becker, Vice-President (Facilities)

For the period February 1, 2019 to March 31, 2019

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### Detail for Non-Travel Expenses

<table>
<thead>
<tr>
<th>Non-Travel Expenses-Item 1 Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>For</td>
</tr>
<tr>
<td>Description/Purpose</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Destination</td>
</tr>
<tr>
<td>Type of Expense</td>
</tr>
<tr>
<td>Amount</td>
</tr>
<tr>
<td>Page Reference</td>
</tr>
<tr>
<td>Notes</td>
</tr>
</tbody>
</table>
LOST RECEIPT DECLARATION FORM

This form is to be completed if you are unable to produce original receipts attached to your Expense Claims, or Perd.

I, ___________________________, 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: Calgary Parking Authority, # 28570536
Vendor Address and Phone: 620 9 Ave S.W. Calgary, Alberta

Date of Purchase: Jan 31, 2019
Amount of Purchase: $200

Description of goods/services purchased:

Parking while attending a meeting downtown, lost # 2.00 receipt.

Bart Becker
Printed Name of CLAIMANT

Ed McCauley
Printed Name of one up APPROVER

Signed Name of CLAIMANT
Signed Name of one up APPROVER
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.: 5299482629169784

Due: CAD 16.88
Reduction: CAD 6.88
Paid with: CAD 16.88
Amount change: CAD 8.88
Change owed: CAD 8.88

VISA PURCHASE
AMOUNT $16.88
Card #: ************
Date: 2019/02/22 Time: 11:39:50
Ref. #: 002765480165127900
Auth. #: 0591690

SCOTIABANK VISA
A000000000120
TVR: 0080066800 TSI: F800
027 Approved - Thank You 01

*IMPORTANT* Retain this copy for your records

*** CUSTOMER COPY ***
LOST RECEIPT DECLARATION FORM

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I, ________________________________, 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: Calgary Parking Authority
Vendor Address and Phone: 670 - 19 Ave SW 403-587-7001
Date of Purchase: March 19, 2019  Amount of Purchase: $14.50

Signature:

Parking Receipt, Machine printed wrong

Printed Name of CLAIMANT: Bart Becker
Signed Name of CLAIMANT: Bart Becker

Printed Name of one up APPROVER: Bart Becker
Signed Name of one up APPROVER: Bart Becker