



**EXPENSE REPORT**

DATE: December 1-31, 2014

Name: Robert Giffin

Title: HRA Board Member

**1) Travel**

Travel Type	Expense Description	Date	Amount	Notes
Industry Session/Board Mtg	mileage	October 26-28, 2014	289.00	
	accommodation	October 26-28, 2014	263.76	
			<u>552.76</u>	

**2) Conferences**

Conference Name	Expense Description	Date	Amount	Notes
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**3) Professional membership dues**

Membership Type	Expense Description	Date	Amount	Notes
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**BEST WESTERN AIRDRIE**

121EDMONTON TRAIL  
AIRDRIE, AB T4B1S2

(403) 948-3838  
guest.services@bestwesternairdrie.com  
bestwesternairdrie.com

10/28/2014 10:22 AM

Room # 216-A  
Transfer To Horse Racing Alberta  
Conf # 6923  
Arrival 10/26/14  
Departure 10/28/14  
Group Horse Racing Alberta  
Room Type INB2-Interior Balco  
Guests 2 / 0  
Payment Cash

**Registered To:**

Giffin, Bob  
Horse Racing Alberta  
room 700 9707 110st  
Edmonton, AB t5k2l9

(415) 542-2

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
10/27/14	FSD	RC	ROOM CHRG REVENUE			\$120.99
10/27/14	FSD	9	GST			\$6.05
10/27/14	FSD	91	TOURISM LEVY			\$4.84
10/28/14	TS	VS	PAYMENT VISA/MC			\$131.88-
10/28/14	TS	RC	ROOM CHRG REVENUE			\$120.99
10/28/14	TS	9	GST			\$6.05
10/28/14	TS	91	TOURISM LEVY			\$4.84
10/28/14	TS	VS	PAYMENT VISA/MC			\$131.88-
<b>Balance Due</b>						<b>\$0.00</b>

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

EACH BESTWESTERN BRANDED HOTEL IS INDEPENDENTLY OWNED AND OPERATED

\_\_\_\_\_  
Signature