



EXPENSE REPORT

DATE: November 1-30, 2014

Name: Gordon Graydon

Title: Appeal Tribunal Member

1) Travel

Travel Type	Expense Description	Date	Amount	Notes
Appeal Tribunal Hearing	travel	Nov 17-20, 2014	464.60	Grande Prairie
	meals	Nov 17-20, 2014	94.70	
	hotel	Nov 17-20, 2014	411.32	
			<u>970.62</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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RECEIVED
 NOV 24 2014
PERSONAL TRAVEL EXPENSE CLAIM
 as per AGLC Expense Claim Policy

**Appeal Tribunal for
 Horse Racing Alberta**

Claimant: GORDON GRAYDON **Department:** Appeal Council for HRA
Subsistence Portion (including parking, taxi, etc.):

Date	Description	KM	Meals			Lodging Expense	Incidental	Other Expense
			B	L	D			
NOV 17	HAZEL OCT 17+18					411.32	✓	
NOV 17	DRIVE TO EDM.	400						
	LEAVE GM @ 1000		✓					
	ARRIVE EDM 1500			✓				
NOV 18	HEARING		✓	✓				
NOV 19	PERSONAL TIME							
NOV 20	DRIVE TO B.P.	440						
	LEFT EDM 1100							
	ARRIVE B.P 1000		✓	✓		20.80		
		Sub-Totals				559.30		
		Total of Subsistence Portion:				579.85	411.32	

Kilometers this Fiscal Year Charge to:

Previous KM	Cost Centre	Object Name	Object Code	Subsidiary	Amount
KM this Claim	1150	Meals	8205		
Total KM this Fiscal Year	1150	Lodging	8205		
	1150	Incidental	8205		
		Other			
		Total KM			
Total Claim					970.62
Less Advances: Temporary Standing					
Amount Due					970.62

NO 651

US
K920

I hereby certify that the whole of the expenditure was incurred on government business and that amounts claimed have not previously been paid on my behalf.

[Signature] **Claimant** NOV 21 2014 **Date**
[Signature] **Authorization**
Gill Hermanns, CFO
21/11/14 **Date**

86
10



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6017 GRAYDON/GORDON/MR 179.00 11/20/14 11:00 5308
Room Name Rate Depart Time ACCT#
GD 11/17/14 15:20
Type Arrive Time
196

RWD#:

Room Clerk	DATE	REFERENCE	Address	CHARGES	CREDITS	BALANCE DUE
	11/17	CENTRE	85196017	13.50		
	11/17	TAP ROOM	13876017	31.25		
	11/17	TR ROOM	6017, 1	179.00	210.36	
	11/17	GST	6017, 1	9.22		
	11/17	TRSMLEVY	6017, 1	7.37		
	11/17	DMF FEE	6017, 1	5.37		
	11/17	TELECOMM	6017, 1	8.95		
	11/18	BASEHSIA	BASEHSIA	8.45		
	11/18	WFB TAX	BASEHSIA	4.45		
	11/18	TR ROOM	6017, 1	179.00	200.96	
	11/18	GST	6017, 1	9.22		
	11/18	TRSMLEVY	6017, 1	7.37		
	11/18	DMF FEE	6017, 1	5.37		
	11/19	KITCHEN	6017, 1	29.00		
	11/19	TR ROOM	41496017	179.00		
	11/19	GST	6017, 1	9.22		
	11/19	TRSMLEVY	6017, 1	7.37		
	11/19	DMF FEE	6017, 1	5.37		
	11/20	VS CARD	6017, 1			
						\$686.03

Handwritten notes and corrections on the charges table:
 - A box around the 11/17 TR ROOM, TRSMLEVY, DMF FEE, and TELECOMM charges with a note "210.36".
 - A box around the 11/18 WFB TAX, TR ROOM, and GST charges with a note "200.96".
 - A note "411.32" with an arrow pointing to the 11/19 KITCHEN charge.
 - A note "paid" with an arrow pointing to the 11/19 TR ROOM charge.
 - A note "411.32" with an arrow pointing to the 11/19 TRSMLEVY charge.

TO BE SETTLED TO: VISA CURRENT BALANCE .00
 THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

----- SUMMARY OF TAXES -----

DESCRIPTION	TAXED AMOUNT	TAX
A ROOM GST	.00	27.66
B TOURISM LEVY	.00	22.11
C 3% DMF FEE	.00	16.11
D 5% DMF TAX	.00	.00
E 5% GST TAX	.00	.00
F 5% GST TAX-30	.00	.00
G 5% GST TAX-70	.00	.00
H 5% GST TAX-10	.00	.00
I 5% GST INCLUSIVE TAX	.00	.00
J WFB TAX	.00	.45
K TOURISM LEVY	.00	.00

NET CHARGES 619.70 TAX 66.33 CREDITS .00 FOLIO 686.03

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
 GRAYDONG@TELUS.NET
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

This statement is your only receipt. You have agreed to pay in cash or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (This credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature _____