

EXPENSE REPORT

DATE: August 1-31, 2013

Name: Norm Kennedy

Title: HRA Board Member

1) Travel

Travel Type	Expense Description	Date	Amount	Notes
HRA Board Meeting - Lethbridge	accommodation	June 22-23, 2013	129.71	

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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 RESERVATIONS
 www.hilton.com or 1 800 HILTONS

NAME & ADDRESS

HORSE RACING ALBERTA
 DROGERS@THEHORSES.COM
 GOVERNEMENT OF ALBERTA

ROOM HRA
 ARRIVAL DATE 6/22/2013
 DEPARTURE DATE 6/24/2013
 ADULT/CHILD
 ROOM RATE
 RATE PLAN C-HRA
 Hhonor #
 AL:

VISA

Rick - 3
 Chin - 2
 Bob - 2
 Jeff - 1
 Norm - 1
 Sherr - 1
 Dale - 1

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DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDITS	BALANCE
6/22/2013	GUEST ROOM [RTD FR RM 405 LELACHEUR, RICK:RCPT B]	RA1	173830	\$119.00	✓	
6/22/2013	RM - GST [RTD FR RM 405 LELACHEUR, RICK:RCPT B]	RA1	173830	\$5.95		
6/22/2013	RM - ALBERTA TOURISM LEVY [RTD FR RM 405 LELACHEUR, RICK:RCPT B]	RA1	173830	\$4.76		
6/22/2013	GUEST ROOM [RTD FR RM 406 ROBERTS, CHRIS:RCPT B]	RA1	173831	\$119.00	✓	
6/22/2013	RM - GST [RTD FR RM 406 ROBERTS, CHRIS:RCPT B]	RA1	173831	\$5.95		
6/22/2013	RM - ALBERTA TOURISM LEVY [RTD FR RM 406 ROBERTS, CHRIS:RCPT B]	RA1	173831	\$4.76		
6/22/2013	GUEST ROOM [RTD FR RM 424 GIFFIN, BOB:RCPT B]	RA1	173848	\$119.00	✓	
6/22/2013	RM - GST [RTD FR RM 424 GIFFIN, BOB:RCPT B]	RA1	173848	\$5.95		
6/22/2013	RM - ALBERTA TOURISM LEVY [RTD FR RM 424 GIFFIN, BOB:RCPT B]	RA1	173848	\$4.76		
6/23/2013	GUEST ROOM [RTD FR RM 308 ROBILLARD, JEFF:RCPT A]	RA1	174002	\$119.00	✓	
6/23/2013	RM - GST [RTD FR RM 308 ROBILLARD, JEFF:RCPT A]	RA1	174002	\$5.95		
6/23/2013	RM - ALBERTA TOURISM LEVY [RTD FR RM 308 ROBILLARD, JEFF:RCPT A]	RA1	174002	\$4.76		
6/23/2013	GUEST ROOM [RTD FR RM 325 KENNEDY, NORM:RCPT A]	RA1	174015	\$119.00	✓	
6/23/2013	RM - GST [RTD FR RM 325 KENNEDY, NORM:RCPT A]	RA1	174015	\$5.95		
6/23/2013	RM - ALBERTA TOURISM LEVY [RTD FR RM 325 KENNEDY, NORM:RCPT A]	RA1	174015	\$4.76		

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ACCOUNT NO	DATE OF CHARGE	FOLIO
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO & LOCATION	PURCHASES & SERVICES	
ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR	TAXES	
I AGREE THAT ANY DAMAGES OR EXTRA CHARGES THAT IS FOUND TO BE CAUSED BY MY OCCUPANTS THAT THESE	TIPS & MISC	
	TOTAL AMOUNT	

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RETURNED FOR A CASH REFUND
 PAYMENT DUE UPON RECEIPT