Trustee Expense Form

NAME: Stacey Buga

MONTH: November 2023

*ALL CLAIMS MUST BE SUPPORTED BY ORIGINAL RECEIPTS

DATE	TRANSP. EXPENSES	ACCOMOD. EXPENSES	MEAL EXPENSES	OTHER EXPENSES	G\$T	TOTAL	DE SCRIPTION	ACCOUNT CODING
Nov. 19/2023	15.00	139.00	Charles of Mary St. All Mary 1	9.90	7.91	171.81	Hotel: ASBA Fall General Meeting	423-400-559-000-21 - Travel
Nov. 20/2023	15.00	139.00		9.90	7.91	171.81	Hotel: ASBA Fall General Meeting	423-400-559-000-21 - Travel
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					-	-		
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					-	-		
					-	-		
					-	-		
	20.00	270.00		40.00	45.00	4040.00	-	
TOTAL	30.00	278.00	-	19.80	15.82	\$343.62		

November 30, 2023

Date

Dec 6/23 Date



Mrs Stacey Buga Morinville AB T8R 1L8 Canada INVOICE

Room No.

: 1017 : 11-19-23

Arrival Departure Page No.

: 11-21-23 : 1 of 2

Page No. Folio No.

: 41928

Conf. No. : 257 Cashier No. : 29

: 257954029

Cashier No. : Custom Ref.

Company Name

: AB School Boards Association

Group Name

: Alberta School Boards Association IND

Guest Name

Credits	Charges		Description	Date	
	139.00		A	44.40.00	
	4.17		Accommodation	11-19-23	
	5.73		ERDMF 3%	11-19-23	
	7.16		Tourism LEVY 4%	11-19-23	
			Room / GST 5%	11-19-23	
	15.00		Guest Self Parking	11-19-23	
	0.75		Parking GST	11-19-23	
	139.00		Accommodation	11-20-23	
	4.17		ERDMF 3%	11-20-23	
	5.73		Tourism LEVY 4%	11-20-23	
	7.16		Room / GST 5%	11-20-23	
	15.00		Guest Self Parking	11-20-23	
	0.75		Parking GST	11-20-23	
343.62			Faiking 651	11-20-23	
	343.62	Total Charges			
343.62		Total Credits			
		-			
0.00		Balance			

Merchant ID		Credit Card #	
Transaction ID	27236730	Credit Card Expiry	XX/XX
Approval Code	03266Z	Capture Method	Manual

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer. (Hotel GST#816322242RT0001)



Mrs Stacey Buga Morinville AB T8R 1L8 Canada INVOICE

Room No. : 1017 Arrival : 11-19-23 Departure : 11-21-23 Page No. : 2 of 2 Folio No. : 41928 Conf. No. : 257954029

Cashier No. : 29 Custom Ref. :

Company Name : AB School Boards Association

Group Name : Alberta School Boards Association IND

Guest Name

Approval Amount 343.62 Transaction Amount 343.62

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer. (Hotel GST#816322242RT0001)