

<b>Report</b> 0000023141	
Employee Evans.Laurel	Employee ID
Reference	Business Purpose
- North Control	NorQuest Corporate Visa card

**Expense Lines** 

Date	Expense Type	Non- Reimbursable	No Receipt	Receipt Required	Payment Type	Transaction Amount	Exchange Rate	Amount
Description	**		Additional Inform	ation	Merchant		Location	<del>.</del>
12/04/2020	Other Supplies Non PD			$\overline{\mathbf{V}}$	US Bank VISA	10.49 CAD	1.00	10.49 CAD
phone case					HOMESENSE 030			
12/06/2020	Other Supplies Non PD			<u> </u>	US Bank VISA	26.25 CAD	1.00	26.25 CAD
charger cable	•		,,,		APPLE.COM/CA	•		

Employee Expenses	36.74 CAD
Cash Advances Applied	0.00 CAD
Non-Reimbursable Expenses	0.00 CAD
Prepaid Expenses	0.00 CAD
Amount Due to Supplier	36.74 CAD
Amount Due to Employee	0.00 CAD

Employee Phone	Department	Entered By user	Receipt	Creation Date	Print Date	Page Number
	13100	DPreston		01/06/2021	8/9/2021	Page 1 of 1

	HOMESEN SHERHOOD TOWNE 50	HUDS		
William To	345 - 393 BASELINE SHERMOOD PARK, AB T			
		915, 1271.		
	780-417-4124 GST NO.86832 6255 RT000	HGA #07043		ŝ
	78 - STATIONERY 237999	\$9.99 G		
	Subtotal	\$9.99	200	6
	AB GST 5.000%	\$0.50	100	É
	Total	\$10.49	- 16	Z.
100	VISA	\$10.49		
	Trans# 104073	(I)	200	1
1000	Card #1			
	Card Entry:OAIP Trans:PORDMASE	Account:VISA Amount:\$10.49	THE PERSON NAMED IN	
	Auth #rD41800 Secu	encs #:000038	1000	
	Term ID:	005 Time: 15:38:15	No. of Concession, Name of Street, or other Persons, Name of Street, Name of S	
	Accroved		A STATE OF	
	DO ENTEDTAD A VEDTETER PLA	CARDHOLDER	The same of	
	AGREES TO PAY ISSUER SUCH T ACCORDANCE WITH ISSUERS AGR	OTAL IN	1000	
	innlication Label: Visa Cre	dit	State Laws	
1000	TVR: 0080008000 ATD: 40000000031010	TSI: FB00	<b>EXPERIMENT</b>	
	TC: 006993298F646C73	1921 1900		
	Change	\$0.00		
	Receipt ID:900300540731860			
-	TUX STYLE+ Member *******	xxxxxx1391	-	
		*************		
	NE VALUE YOUR FE RESPOND BY 11/12/20	FURACK		
	CHANCES to MIN \$1000 I	DATEV PENIO		



## **No Receipt Declaration**

	Declaration					
I, Laurel Evans  hereby declare that I have lost, or never received the original receipt and have made every effort to obtain a duplicate receipt. I further declare that the expense was incurred for College business and that I have not and will not use this receipt (if found) to claim reimbursement from any other source in the future.						
Signature: Date			e: January 6, 2021			
	Receipt Details					
Reason for no receipt:	Misplaced					
Vendor Name:	Apple Inc.					
Date of Purchase:	December 6, 2020					
	Itemized Expense Details					
Item Description		Amount	Amount			
Charging cable for new	iphone	\$ 26.25	\$ 26.25			
			<del>-</del>			
Total Amount of Purchase (including GST): \$ 26.25						
Approval						
Signing Authority Name: Carolyn Campbell	Signature:		Date:			

Note: An original form is to accompany your expense claim, procurement card expense report or invoice.