



**R**  
**RENAISSANCE\***  
 HOTELS

**RENAISSANCE EDMONTON AIRPORT**

**GUEST FOLIO**

ROOM SAO/ACOSAO MEETING .00 04/27/18 12:53  
 NAME RATE DEPART TIME ACCT#  
 TYPE NORQUEST COLLEGE 04/26/18  
 42 10215 108 STREET NW, ARRIVE TIME  
 T6J 1L6  
 ROOM VSXXXXXXXXXX RWD#:  
 CLERK ADDRESS PAYMENT

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
03/13	ADVDP-VS PAYMENT RECEIVED BY: VISA	XXXXXXXXXXXX	995.50	
03/28	ADVDP-VS PAYMENT RECEIVED BY: VISA	XXXXXXXXXXXX	2986.50 (1)	
04/26	ADVDP-VS PAYMENT RECEIVED BY: VISA	XXXXXXXXXXXX	885.00	
04/26	BANQUETS 104075	1606.99		
04/27	BANQUETS 025884	3230.09		
04/30	CCARD-VS PAYMENT RECEIVED BY: VISA	XXXXXXXXXXXX	29.92 (2)	
				.00

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RENAISSANCE EDMONTON AIRPORT  
 4236-36 STREET  
 ED INTRN. APT, AB T9E 0V4  
 780-488-7159 FAX: 780-488-6372

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The 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 check-out, you will owe us interest from the check-out 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 X

Employee ID / Name Removed Norma Schneider	Comment
Sheet ID 0000016148	
Business Purpose NorQuest Corporate Visa card	



Date	Expense Type	Description	Account	Fund	DeptID	Location	Analysis	Project	Amount
2018/03/27	HOST	Venue for SAO/ACOSAO Meeting	6003	10	20000	999			2,986.50

I certify that the information provided is an accurate record of expenses incurred by me.  
 I certify that these expenditures were incurred on college business, have not been previously paid. Removed in accordance with FOIP

Employee Signature: [Signature] Date: April 25/18

Approved by: Heather for Norma Schneider Date: \_\_\_\_\_

Print Name: Sodi Abbott

Total Expenses:	2986.500	CAD
Less Vendor Credits:	-0.000	
Less Cash Advance:	0.000	
Amount Due Employee:	0.000	
Amount Due Vendor:	2986.500	

Approved by: [Signature] Date: April 25/18

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GUEST FOLIO

ROOM	SAO/ACOSAO MEETING	.00	04/27/18			<b>Ret</b>
	NAME	RATE	DEPART	TIME		ACCT#
TYPE	NORQUEST COLLEGE		04/26/18			
42	10215 108 STREET NW,		ARRIVE	TIME		
	T5J 1L6					
ROOM CLERK	ADDRESS	PAYMENT				RWD#:

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
03/13	ADVDP-VS PAYMENT RECEIVED BY: VISA		995.50 ✓	
03/26	ADVDP-VS PAYMENT RECEIVED BY: VISA		2986.50	
				-3982.00

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Signature X