

<b>Employee ID / Name</b> [redacted] / Norma Schneider	<b>Comment</b>
<b>Sheet ID</b> 0000011203	
<b>Business Purpose</b> NorQuest Expense Claim	



Date	Expense Type	Description	Account	Fund	DeptID	Location	Analysis	Project	Amount
2016/03/10	KMS	Travel to Drayton Valley re: CETC	6000	10	20000	999			139.20
2016/03/16	KMS	Travel to Stony Plain campus	6000	10	20000	999			39.36
2016/03/16	KMS	Travel to Drayton Valley re: CETC	6000	10	20000	999			139.20
2016/05/16	OTHER	Bus ticket to Calgary re: SAO Meeting	6000	10	20000	999			74.00
2016/05/16	HOTEL	Accommodation in Calgary re: SAO Meeting	6000	10	20000	999			196.20
2016/04/11	KMS	Travel to Drayton Valley re: CETC workshop	6000	10	20000	999			139.20
2016/04/04	HOST	Welcome lunch for new Dean FHCS	6003	10	20000	999			134.93
2016/05/16	MEALS	Dinner in Calgary re: SAO Meeting	6000	10	20000	999			23.89
2016/05/03	HOST	Welcome lunch for new ED CETC	6003	10	20000	999			244.77
2016/05/06	HOST	Working lunch in Drayton Valley re: CETC	6003	10	20000	999			73.50
2016/05/17	MEALS	Dinner in Calgary with Dean ARD re: SAO Meeting	6000	10	20000	999			43.34
2016/05/16	MEALS	Lunch in Calgary with Dean ARD re: SAO Meeting	6000	10	20000	999			21.53
2016/05/16	OTHER	Taxi from bus station to MRU re: SAO Meeting	6000	10	20000	999			20.70
2016/05/18	OTHER	Taxi to bus station from MRU re: SAO Meeting	6000	10	20000	999			21.00

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 paid for by other sources, and are in accordance with college policy.

Employee Signature: [redacted] May 25/16  
Date

Approved by: Dr. Jodi Abbott  
Print Name

Total Expenses:	1310.820	CAD
Less Vendor Credits:	-0.000	
Less Cash Advance:	0.000	
Amount Due Employee:	1310.820	
Amount Due Vendor:	0.000	

norma schneider

From: Red Arrow Reservations [itinerary@redarrow.ca]  
Sent: Sunday, May 15, 2016 6:58 PM  
To: [Information removed FOIP]  
Subject: Invoice



# Invoice

Date: 2016-05-15

Bill To:

You can reach us at:

Website User

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
1533722	2016-05-15	139230	-	-	2016-05-16	2016-05-16	-	Website User

Travellers:

Schneider/Norma

Product	Details	Duration	Price Basis	Qty	Each	Billed
ECEXP 06:00 Assigned to: 12C	Departs Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2016-05-16 at 06:15 Arrives Calgary (CALTO / Calgary Ticket Office) 2016-05-16 at 09:20	3 hrs 5 mins	Adult	1	70.48	74.00

Payments Received:

Date	From	Reference	Amount
2016-05-15	Website User	MasterCard ****[Information removed]	74.00 CAD

Base Price: 70.48 CAD  
 Discounts: 0.00 CAD  
 Service Charges: 0.00 CAD  
 GST: 3.52 CAD  
 Invoice Total: 74.00 CAD  
 Received: 74.00 CAD  
 Balance: 0.00 CAD

TERMS: DUE UPON RECEIPT

GST# BN139981476

If you wish to time change, date change, or cancel for a full refund - 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change.

Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958.

\*\*Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit [www.redarrow.ca](http://www.redarrow.ca) or view the policy posted on our information boards at our Ticket Offices\*\*

\*\*Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time\*\*

CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES.

# Mount Royal University

# Statement

5/24/2016

Statement up to date: Tue, May 24, 2016 14:21

Room: B208-1

**Schneider, Norma (Norma)**

10215 8th Street  
Edmonton AB T5J 1L6  
Canada

Date	Type	Group	Description	Debit	Credit	Tax	Balance
<b>CASG-S</b>		<b>Casual Guest - Spring</b>					
5/16/2016 17:26	CHRG		CasG <29 Nights External: May 16- May 18,2016 @ \$98.10	196.20		16.20	196.20 Dr
5/16/2016 17:27	PAYM		Casual guest Payment (Rec#21673)		196.20		0.00 Dr
				<b>196.20</b>	<b>196.20</b>	<b>16.20</b>	

<b>Tax:</b>	<b>16.20 Dr</b>
<b>Total Including Tax:</b>	<b>0.00 Dr</b>

MRU - RESIDENCE  
4825 MOUNT ROYAL GATE SW  
CALGARY AB

CARD \*\*\*\*\*1653  
CARD TYPE VISA  
DATE 2016/05/16  
TIME 3341-17:26:45  
CLERK ID 268  
RECEIPT NUMBER  
C85040253-001-037-001-0

PURCHASE  
TOTAL  
**\$196.20**

VISA  
A0000000031010  
B3618C49E8CCA993  
0080008000-E800  
04CDC4791FD6E839  
0080008000-F800

**APPROVED**  
AUTH# 094017 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

THE  
**PARLOUR**

ITALIAN KITCHEN & BAR

10334 108 Street  
Edmonton, AB  
GST# 813175427 RT0001

3024 AMANDA-M

Tbl 55/1 Chk 7102 Gst 7  
Apr04'16 12:31PM

1 POP	3.50
1 ESPRESSO	0.00
americano	4.00
1 ESPRESSO	0.00
americano	4.00
1 ESPRESSO	0.00
americano	4.00
1 PROSCIUTTO	16.00
1 LUNCH COMBO	17.00

SONNY BOY  
COMBO

FEAT SOUP  
COMBO  
1 GF CHICK SALAD 16.00  
4 CHICKEN SALAD  
@ 16.00 64.00

Subtotal 128.50  
128.50 GST 6.43  
Amount Due **134.93**

Thanks for Dining With Us!

\*\*PLEASE PAY SERVER\*\*

\*\*\*\*\*

EAT WELL. LIVE WELL.

APERITIVO (HAPPY HOUR)  
MONDAY TO FRIDAY  
3:00pm to 6:00pm  
DON'T FORGET TO JOIN US  
FOR LUNCH. WE OPEN AT 11:30AM  
\*\*\*\*\*  
[www.centuryhospitality.com](http://www.centuryhospitality.com)



**SpotON Kitchen  
and Bar**

#2 Richard Way SW  
Calgary, Alberta  
Tel: (403) 240 - 3619  
Check #: 64814

Information  
removed FOIP  
Date: 05/16/2016  
Time: 19:40

Date: 05/16/2016  
Time: 19:40

Client: 20

1	Steak Sandwich	17.99
	\$Mushrooms	1.49
SUB-TOTAL:		19.48
	:	0.90
	18% Grat:	3.51
<b>TOTAL:</b>		<b>23.89</b>

Thank you!  
Phone: (403) 240 - 3619  
GST# 820366185RT0001



**SpotON Kitchen  
and Bar**

#2 Richard Way SW  
Calgary, Alberta  
Tel: (403) 240 - 3619  
Check #: 64989

Information  
removed FOIP  
Date: 05/17/2016  
Time: 21:56

Date: 05/17/2016  
Time: 21:56

Client: 3

2	Fish Taco	8.00
1	side sweets	3.99
1	Meatloaf	22.99
SUB-TOTAL:		34.98
	:	1.75
<b>TOTAL:</b>		<b>36.73</b>

Thank you!  
Phone: (403) 240 - 3619  
GST# 820366185RT0001

SPOT ON KITCHEN & BAR  
2 RICHARD WAY SW  
CALGARY AB

CARD Information removed  
FOIP  
CARD TYPE VISA  
DATE 2016/05/17  
TIME 1481 21:57:49  
RECEIPT NUMBER  
C85005204-001-033-030-0

PURCHASE  
AMOUNT \$36.73  
TIP \$6.61  
TOTAL

**\$43.34**

VISA  
A0000000 Information removed  
FOIP  
1D2816CC23338F32  
0080008000-E800  
914EF95D0C0CBC95  
0080008000-F800

**APPROVED**

AUTH# 025059 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
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# PARLOUR

ITALIAN KITCHEN & BAR

10334 108 Street  
Edmonton, AB  
GST# 813175427 RT0001



Tbl 70/1 Chk 735 Gst 14  
May03'16 11:44AM

1 SODA & JUICE	3.50
2 ICED TEA @ 3.50	7.00
1 Q WATER SPARK	0.00
1 GUEST	1.00
1 Q WATER SPARK	0.00
1 GUEST	1.00
1 POP	3.50
1 Q SPARK REFILL	0.00
2 POP REFILL	0.00
1 ICED TEA REFILL	0.00
1 LUNCH COMBO	17.00

QUEEN  
COMBO

GREEN  
COMBO

1 LUNCH COMBO 17.00

FUNGI  
COMBO

GREEN  
COMBO

1 LUNCH COMBO 17.00

SONNY BOY  
COMBO

DRESS ON SIDE  
GREEN

COMBO

2 CAPRESE @ 14.00	28.00
2 ADD CHICKEN @ 6.00	12.00
1 CHICKEN SALAD	16.00
1 MEATBALL SAND	16.00
1 FULL GREENS	11.00
1 ADD SHRIMP	6.00
1 GAMBERI	17.00
1 HALF GREENS	7.00
1 BYO ROSSO	11.00
Irving's Bacon	3.00
Chicken	3.00
Fresh Mozza	2.00

Subtotal 199.00

Gratuity 18% 35.82

199.00 GST 9.95

Amount Due 244.77

THE PARLOUR ITALIAN  
BAR & KITCHEN  
10334 NW 108 Street  
Edmonton, AB T5J 1L9  
780-990-0404

\*\* TRANSACTION RECORD \*\*

Tran. #: 25712  
RUC: Main  
Table #: 70  
Check #: 735  
Group #: 1  
Employee #: 3014  
Employee Name: WHITNEY

Type: Pre-Authorization  
Acct: Visa  
Card #: xxxxxxxxxxxxxxx1563

Amount CAD\$244.77

Reference #: 06242538 0015500020 0  
Auth. #: 083414  
TPIBKSI6/465242538 008  
2016/05/03 13:06:10

VISA Informant  
A000000000  
0080008000 F800

APPROVED - THANK YOU  
01-027

VERIFIED BY PIN

Customer COPY

IMPORTANT  
Retain this copy  
for your records

THANK YOU  
Come Again

# MR MIKES Steakhouse Casual

CHECK # 13975      DATE 5/06/16  
TABLE # 51      TIME 1:09PM

-- RESTAURANT [redacted] --

ITEMS ORDERED	AMOUNT
1 LNCH - BCN MAC N CHZ	13.49
1 SALAD LOB AVOC	16.99
1 SALAD KICKASS CH	15.99
1 Add Garlic Toast	2.99
2 POP-RESTRNT	6.58
1 POP	3.29

\*\*\*\*\*

SUBTOTAL	59.33
GST	2.96

TOTAL DUE 62.29

*Thank you  
Diana*

\*\*\*\*\*  
Tell us all about your experience today and get a chance to WIN A \$100 Mr Mikes Gift Card and chances to win Daily Cash plus other weekly prizes. Keep this receipt and visit [www.mymrmikesvisit.com](http://www.mymrmikesvisit.com) or call 1-866-525-0617

\*\*\*\*\* SURVEY ENTRY CODE \*\*\*\*\*  
853313975

For complete rules, eligibility, sweepstakes period and PREVIOUS WINNERS please visit [www.mymrmikesvisit.com](http://www.mymrmikesvisit.com)

VALIDATION CODE:

MR. MIKES DRAYTON VALLEY  
2248 50ST  
DRAYTON AB

CARD \*\*\*\*\* [redacted]  
CARD TYPE MASTERCARD  
DATE 2016/05/06  
TIME 2065 13:14:36  
SERVR ID 7364  
CHECK # 13975  
TABLE # 51 RESTAURANT  
RECEIPT NUMBER  
C82043408-001-005-006-0

PURCHASE  
AMOUNT \$62.29  
TIP \$11.21  
TOTAL

**\$73.50**

MASTERCARD  
[redacted]  
B8DF22ECD2337CDF  
0000008000-E800  
1B1C64C5FB0D3024

**APPROVED**

AUTH# 03110S      01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

**The Hub**  
 4825 Mount Royal Gate, SW Calgary AB  
 GST# 822464020  
 Phone# (403) 440-6403

check: 206320  
 table: 12  
 server: CARA T  
 8/05/16 05:04pm

---[Seat 1]---

1 CHICKEN FINGERS	\$11.00
SUB CAESAR	\$2.00
1 WONTON SOUP	\$7.50
<hr/>	
Subtotal:	\$20.50
Tax::	\$1.03
Sub w/Tax:	\$21.53
Total:	<b>\$21.53</b>

QUESTIONS, COMMENTS, OR CONCERNS?  
 EMAIL US AT [thehub@samru.ca](mailto:thehub@samru.ca)  
 Please don't Drink and Drive!

*bus to mt royal*

CALGARY UNITED CABS  
 5660 10TH ST NE  
 SUITE 8  
 CALGARY AB T2E 8W7  
 (403) 777-1111

**SALE**

WID: 6367788 GST: 794386326RT0001  
 TID: X6367788 REF#: 00000002  
 Batch #: 018 SEQ: 018001001002  
 05/16/16 09:38:29  
 APPR CODE: 04895S  
 MASTERCARD  
 \*\*\*\*\*8227C \*\*\*

AMOUNT	\$18.00
TIP	\$2.70
<b>TOTAL</b>	<b>\$20.70</b>

00 - APPROVED - 001

MASTERCARD  
 AID: A000000  
 TVR 00 00 00 80 00  
 TSE: E8 00

CUSTOMER COPY

*Mt Royal  
 to bus*

316 MOUNT ROYAL BLVD SE  
 CALGARY, AL T2A 1X2

RECEIPT ID:	314-65
TERMINAL ID:	
SALE ID:	
ACCOUNT NO:	88100000
ORDER NUMBER:	73000000
ORDER DATES:	
DATE: 2016	END: 17:07
TIME: 17:07	RAIL: 17:07
AMOUNT:	\$ 20.70
TAX AMOUNT:	\$ 1.03
TOTAL:	\$ 21.73
TIP AMOUNT:	\$ 2.70
NET TOTAL:	\$ 19.03

*21*

\*\*\*CASH RECEIPT\*\*\*

THANK YOU  
 (403) 299-9999  
 WWW.THECHECKERGROUP.COM





Employee ID / Name Norma Schneider	Comment:
Employee ID 0000011339	
Business Purpose NorQuest Expense Claim	



Date	Expense Type	Description	Account	Fund	DeptID	Location	Analysis	Project	Amount
2016/05/26	OTHER	Parking: Convocation	6000	10	20000	999			20.00
2016/05/27	OTHER	Baggage Fee: CiCan Conference	6000	10	20000	999			26.25
2016/05/29	OTHER	Taxi from airport: CiCan Conference	6000	10	20000	999			40.41
2016/06/01	OTHER	Baggage Fee: CiCan Conference	6000	10	20000	999			25.00
2016/06/01	OTHER	Taxi to airport: CiCan Conference	6000	10	20000	999			40.41
2016/06/02	OTHER	Taxi from Edmonton airport: CiCan Conference	6000	10	20000	999			64.90
2016/06/01	HOTEL	Accommodation in Quebec City: CiCan Conference	6000	10	20000	999			833.71
2016/05/30	DINNER	Dinner: CiCan Conference	6000	10	20000	999			20.75
2016/06/01	BREAKFS	Breakfast: CiCan Conference	6000	10	20000	999			9.20
2016/06/01	LUNCH	Lunch: CiCan Conference	6000	10	20000	999			11.60
2016/06/01	DINNER	Dinner: CiCan Conference	6000	10	20000	999			20.75

I certify that the information provided is an accurate record of expenses incurred by me.  
 I certify that all expenses incurred on college business, have not been paid for by another source.  
 Information removed FOIP

Employee Signature: \_\_\_\_\_ Date: JUN 08 2016

Approved by: \_\_\_\_\_ Date: June 8/16

Print Name: JEAN HERTZ

Total Expenses:	1112.980	CAD
Less Vendor Credits:	-0.000	
Less Cash Advance:	0.000	
Amount Due Employee:	1112.980	
Amount Due Vendor:	0.000	

TRAVIS COOP. QUEBEC  
456, 7E AVENUE  
QUEBEC, QC G1L 3B1  
TRM: H177

MC XXXXXXXXXX8227  
CREDIT  
APPROUVEE 080  
MONTANT  
FOURBULNE  
TOTAL

\$34.25  
\$6.16  
\$40.41

Signature des permis

PNR  
FBREQC  
Total  
(CAD)  
26.25  
26.25

\*\*\*COPIE MARCHAND\*\*\*

**WESTJET**

PAYMENT RECEIPT/RECU DE PAIEMENT

Name/Nom  
SCHNEIDER/NORMALIN

Date 27MAY16 Time/Heure 8:26AM

Description

Fee/Frais  
(CAD)

GST/TPS

PNR  
FBREQC  
Total  
(CAD)

Total (CAD)  
SCHNEIDER/NORMALIN  
\$25.00 \$1.25

FIRST BAG 8382609795161

\$25.00

1.25

26.25

\$25.00

1.25

26.25

RECEIPT/RECU 1/1  
MC XXXXXXXXXXXX8227 0320  
AUTH 00070S

GST/TPS No. 846112535  
RST/IVR No. 1202807956 T00001

KIOSK ID  
YEGSS013

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 11926270 R10001

Recpt# 15900  
05/26/16 15:41 L4 2 4# 36 Trm# 52001  
05/26/16 09:21 In 05/26/16 15:41 Out  
TRM 95211

Regular Rate \$ 19.05  
Total Tax \$ 0.95  
Total Fee \$ 20.00  
Cash PAID \$ 20.00-  
Cash Tender \$ 20.00  
Change Due \$ 0.00

THANK YOU  
COME AGAIN



**PAYMENT RECEIPT / RECU DE PAIEMENT**

Name/Nom  
SCHNEIDER/NORMA

PNR  
PNFWVU

Date  
01JUN16

Time/Heure  
11:02AM

Description	Fee/Frais (CAD)	Total (CAD)
FIRST BAG 8382609861752	\$25.00	25.00
	\$25.00	25.00

Total (CAD)  
SCHNEIDER/NORMA  
\$25.00

MC XXXXXXXXXXXXX8227 0320  
AUTH 02797S

GST/TPS No. 866112535  
QST/TVQ No. 1202807956 TQ0001

TANIS COOP QUEBEC  
496, 2E AVENUE  
QUEBEC QC G1L 3B1  
TAXI #63

Term Id: 36352275  
Invoice #: 0000692  
MCRD PURCHASE  
CREDIT  
App Label: ME  
AID: A000000000  
TUR: 0000000000

Information removed

APPROVED 000  
THANK YOU

AMOUNT	\$34.25
TIP	\$6.16
=====	
TOTAL	\$40.41

No signature required

Seq. #: 1000731 D  
Auth. #: 000000  
TC: 25B191ECA915B60F  
TS: 20160601152000  
Date: 2016/06/01 Time: 15:19:53

\*\*\*CUSTOMER COPY\*\*\*

AIRPORT TAXI SERVICE  
4608 101 ST.  
(7808907070)  
EDMONTON AB

CARD \*\*\*\*\*  
CARD TYPE MAST  
DATE 2016/06/01  
TIME 4161 00:52:00  
RECEIPT # 1  
RECEIPT NUMBER  
035018761-001-054-026

PURCHASE  
AMOUNT \$55.00  
TAX \$9.90  
TOTAL

\$64.90

MASTERCARD  
A000000000  
00F45D5867550B63  
0000008000-E800  
B0C95068F6CA0E99

APPROVED

AUTH# 07194S 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
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GST 86630 0064 RT0001



Hilton Québec  
 1100, boulevard René-Lévesque Est, C.P. 157  
 Québec ( Québec ) G1R 4P3  
 Téléphone : 418 647-2411  
 Télécopieur : 418 647-6488

**Norma Schneider**  
**10215 108 Street**  
**Edmonton AB T5J 1L6**  
**Canada**

Rate Code. : GACCC  
 Room No. : 1906  
 Arrival : 29.05.16  
 Departure : 01.06.16  
 No of Pax : 1 / 0  
 Page No. : 1 of 1  
 Folio No. : 273701  
 Conf. No. : 3243905774  
 User Name : CCHA,F

**INVOICE**

Membership No. :  
 A/R Number :  
 Company Name : Assoc. of Canadian Community C  
 Group Name : ACCC Annual Conf. (Community I  
 Reference No. :

01-JUN-16 11:32:35

Date	Description	Charges	Credits
29.05.16	room	229.00	
29.05.16	Occupancy tax	6.57	
29.05.16	GST	11.78	
29.05.16	PST	23.50	
30.05.16	Night Room Service room service	21.16	
30.05.16	room	229.00	
30.05.16	Occupancy tax	6.57	
30.05.16	GST	11.78	
30.05.16	PST	23.50	
31.05.16	room	229.00	
31.05.16	Occupancy tax	6.57	
31.05.16	GST	11.78	
31.05.16	PST	23.50	
01.06.16	Master Card		833.71
		XXXXXXXXXX	XX/XX

Tax Summary				Total	833.71	833.71
RM Tax:	GST	PST	OCC			
	0.00	70.50	19.71			
F&B Tax:	GST	PST				
	35.34	0.00				
Misc Tax:	GST	PST				
	0.00	0.00				

XXXXXXXXXX **Informario** XX/XX

**Total Balance** **0.00**

Total: 125.55  
 GST# 86054 9062 RT0097  
 PST# 120 210 9108 TQ 0043

Guest Signature

<b>Employee ID / Name</b> [REDACTED] / Norma Schneider	<b>Comment</b>
<b>Sheet ID</b> 0000011117	
<b>Business Purpose</b> NorQuest Expense Claim	



Date	Expense Type	Description	Account	Fund	DeptID	Location	Analysis	Project	Amount
2016/05/11	GRADSTU	Tuition & Fees	6900	10	13400	999			12,860.00

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, and comply with college policy.

[REDACTED] May 11 /16.  
Employee Signature Date

[REDACTED] May 11 /16  
Approved by Date

Dr. Jodi Abbott  
Print Name

Total Expenses:	12860.000	CAD
Less Vendor Credits:	-0.000	
Less Cash Advance:	0.000	
Amount Due Employee:	12860.000	
Amount Due Vendor:	0.000	



**Athabasca University**  
FACULTY OF BUSINESS

Date	CC Type	CC Number	Tuition Paid	Description	Status
2016-02-10 18:41	Amex	infom ion	\$2,180.00	Program Fees	Approved
2015-11-27 10:23	Visa	infomario	\$4,250.00	Tuition	Approved
2015-08-26 15:57	Amex	infom arion	\$4,250.00	Tuition	Approved
2015-07-20 10:25	Amex	infoma ion	\$2,180.00	Program Fees	Approved
<b>Total</b>			<b>\$12,860.00</b>		

**Athabasca University**  
1 University Drive  
Athabasca, AB T9S 3A3  
www.athabascau.ca

1-800-788-9041  
780-675-6100

**Return Service Agreement – Graduate Studies Program**  
RETURN SERVICE AGREEMENT

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BETWEEN: NorQuest College  
(hereinafter called "the College")

And Norma Schneider  
(hereinafter called "the Employee")

In consideration for the financial support granted by the College to the Employee to complete the *Doctor of Business Administration* program, based on the Professional Development Graduate Studies Reimbursement Procedure the Employee hereby agrees to Return Service to the College identified as follows:

<b>Fiscal Year Funding Provided</b>	<b>Amount of Funding</b>	<b>Period of Return Service</b>
2015-2016	\$26,720.00	April 25, 2016, – April 25, 2019

1. If the Employee voluntarily terminates employment with the College prior to the expiry of the return service period, the Employee agrees to repay to the College all or a portion of the financial assistance, calculated in accordance with the following formula, and interest, from the effective date of termination of employment to the date the financial assistance is repaid in full.

$$\text{Repayment} = \frac{\text{total amount of financial Assistance granted}}{\text{number of months remaining in the return service period}} \times \frac{\text{total number of months in the return service period}}{\text{total number of months in the return service period}}$$

2. Interest payable under section 2 of this Agreement shall be calculated at an annual rate of five percent (5%).
3. A repayment under section 2 of this Agreement must be made before the effective date of termination of the Employee's employment, unless the Employee has undertaken to make installment payments in accordance with a payment plan agreed to by the President of NorQuest College, or authorized designate, and signed by the Employee.
4. Unless arrangements have been made for installment payments, if any amount remains unpaid by the Employee on the effective date of termination of his/her employment, the College may subtract that amount from any amount that is owing to the Employee by the College.
5. The President of NorQuest College may adjust the length of the return service period if the period of the financial assistance changes from that set out above.



6. The President of NorQuest College may waive any obligation of the Employee under this Agreement if the President considers it appropriate to do so.
7. Either party may propose an amendment to this Agreement by giving notice in writing to the other party. If the other party agrees with the amendment, both parties must sign the amending Agreement.
8. Notice under section 8 must be given personally or by prepaid registered mail at the following addresses:

To the College at: NorQuest College  
 10215 - 108 Street  
 Edmonton, Alberta T5J 1L6

To the Employee at: Norma Schneider  
 (Name of Participant)

Information removed FOIP

Edmonton, AB  
 (City, Province) Information removed FOIP

This Agreement is signed on the 2nd day of May, 2016.

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 \_\_\_\_\_  
 by the President and CEO

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 \_\_\_\_\_  
 Witness EXEC DIR, WDHR

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 \_\_\_\_\_  
 (Name of Participant) witness

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 \_\_\_\_\_  
 Witness Participant - Norma Schneider