



CHEQUE REQUEST (TO BE USED ONLY WHEN THERE IS NO INVOICE)

PAYABLE TO:	David Hardy					
ADDRESS:						
CONT. CT/ BUONE.						
CONTACT/ PHONE:						
PURPOSE/REASON:	Mileage to attend the Annual Board Retro	eat at The Crossing at	Ghost River, Au	gust 23 - 25, 2015		
	VALUE OF THE PARTY					
SPECIAL						
INSTRUCTIONS:						
		Accou	nting Codes			
	* Account * Fund * Dept. ID.		Analysis	Project	AMOUNT	T CHIOVEG III
	Removed in accordance	with FOIP			\$	342,72 accordance
				all series		
	GST Number: # GST \$					
				TOTAL	342.72	
1						
AUTHORIZATION: REQUESTED BY PRINT NAME	Nicole Remove Board Coordinator			ordance with	DATE: Oct	.29/15
REQUESTED BY PRINT NAME AUTHORIZATION: APPROVED BY	: Nicole Remove Board Coordinator d in	Rem SIGNATURE: FOIF		ordance with	DATE: NOW	.09/15 5/15

* Mandatory Accounting Codes

Form version July 18, 2013



Board Member Expense Form

Name: Van	id Hara	ly		•			
Signature: Re	moved in accordance v			E	oate:	16.	2015
			The second second	e Details	Subtotal:	GST:	Total:
Date:	Type of Expense:	Account:	Description:		Subtotai.	031.	
Aug 23-25/5	Travel-mileage	6000	Travel From	Stony Plain to Chost King Cros	sing		342.72
7.004.	· · · · · · · · · · · · · · · · · · ·		.357 km x	.484-\$171.36	/		
			Return	Typ \$171.36x2 = 34	2,72		
					Total Co	st:	342.72
		77-	1		-		
FOR OFFICE USE ONLY							

	Budget D	etails		
PO#	Fund	Dept ID	Location	
	10	10000	999	
Signing Authority Name & Title: ALAN SKOREYKO BOARD CHAIR	Signature Rem	oved in accordance with FOIP	Date:	