

# Cardholder Activity

Name: CICILIA BRASBY

Account Number:

Cycle End Date: 08/27/2014

Trans Date Posting Date	Merchant Name City, State/Prov.	Transaction Total		National	Regional	Source Currency	Currency Amount
		← Allocation Amounts	→ Accounting Code				
08/01/2014	CANADA SAFEWAY #266	\$1.99	\$0.09	\$0.09	\$0.00	CAD	1.99 ✓
08/04/2014	CALGARY, AB	\$1.99	\$0.09	\$0.09	\$0.00	5050001001	Cream for the President's Office - President
08/06/2014	THE ART OF PRODUCTION	\$733.95	\$84.44	\$84.44	\$0.00	CAD	733.95 ✓
08/08/2014	VAUGHAN, ON	\$733.95	\$84.44	\$84.44	\$0.00	4910001001	The Art of Leadership Conference - President
08/12/2014	CANADA SAFEWAY #2211	\$1.99	\$0.09	\$0.09	\$0.00	CAD	1.99 ✓
08/15/2014	CALGARY, AB	\$1.99	\$0.09	\$0.09	\$0.00	5050001001	Cream for the President's Office - President
08/21/2014	CGC- SAIT CATERING	\$79.63	\$9.16	\$9.16	\$0.00	CAD	79.63 ✓
08/21/2014	519-679-2661, ON	\$79.63	\$9.16	\$9.16	\$0.00	5050001001	President's Cabinet Working Lunch - President

Activity Totals  
\$817.56

Purchases  
\$817.56

Payments  
\$0.00

National Taxes  
\$93.78

Regional Taxes  
\$0.00

Cardholder Name:

Cicilia Brasby

Signature:

Cicilia Brasby

Supervisor Name:

Dr. Daniel Doz

Signature:

[Signature]



STORE MGR JOSEPH WILSON 403-270-3054  
GST/HST #817093735

REFRIG/FROZEN

LUCERNE HALF & HALF 1.89  
DEPOSIT 0.10  
\*\*\*\* TAX 00 BAL 1.99  
1.99

AUTHOR. #: 014321

CHANGE .00  
TOTAL NUMBER OF ITEMS SOLD = 2  
8/01/14 08:17 0266 53 0003 8853

-----  
YOUR CASHIER TODAY WAS SELF  
-----

LET US HEAR FROM YOU!  
1-800-723-3929 OR VISIT SAFEWAY.CA

-----  
CREDIT CARD TRANSACTION RECORD  
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CANADA SAFEWAY #266  
410-10 ST NW T2N1V9  
CALGARY AB  
22255554  
SF2225555453  
DATE TIME STR# TRM# TRN# OPER#  
08/01/14 08:17AM 266 53 0003 8853  
AMOUNT \$1.99

AUTHOR: 014321  
SEQ: 001283003  
MERCH #: 22255554 TID: SF2225555453  
(00) APPROVED - THANK YOU

IMPORTANT - retain this copy for  
your records.

Have a Nice Day  
Please Come Again

Customer copy

②

## Receipt for Ticket Purchase

Your e-tickets are available immediately for download and printing. Be sure to print the tickets and bring them with you to the event. If you ordered multiple tickets, your PDF download will contain multiple pages, each page is a separate ticket.

<http://www.theartof.com/leadership-calgary-2014/tickets/download?id=7491&code=d93be372-1cf6-eac2-05d7-280ad6bc5bf3>

<b>Event</b>	The Art of Leadership - September 8, 2014
<b>Name</b>	Mrs. Daniel Doz
<b>Company</b>	Alberta College of Art and Design
<b>Title</b>	President and CEO
<b>Phone</b>	403-284-7670
<b>Email</b>	
<b>Address</b>	1407 - 14th Avenue NW , Calgary, AB, T2N 4R3
<b>General Passes</b>	0
<b>VIP Passes</b>	1
<b>Platinum Passes</b>	0
<b>Total Cost</b>	
<b>Card Type</b>	
<b>Card Number</b>	
<b>Date</b>	2014-08-06 10:26:17
<b>Order Number</b>	2014080610261600895
<b>HST/GST#</b>	817421555-RT0001

### Refund / Cancellation Policy

Tickets are non-refundable. If you are unable to attend, tickets may be transferred to another person or to a future conference. The Art of Productions Inc. reserves the right to cancel a conference prior to the start date or delay the start date due to low enrolment, speaker availability or other uncontrollable circumstances. If for these reasons a conference must be cancelled, The Art of Productions Inc. will refund only the cost of the conference registration.

The Art of Productions Inc. 46 Sherbourne Street, 3rd Floor. Toronto, ON, M5A 2P7, CANADA. (p) 416.479.9701 (e) info@theartof.com

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STORE MGR ROB GORUK 403-210-0002  
GST/HST #817093735

REFRIG/FROZEN

LUCERNE HALF & HALF 1.89  
DEPOSIT 0.10  
.00 BAL 1.99  
1.99

AUTHOR. #: 092753

CHANGE .00  
TOTAL NUMBER OF ITEMS SOLD = 2  
8/12/14 13:16 2211 53 0074 8853

YOUR CASHIER TODAY WAS SELF

LET US HEAR FROM YOU!  
1-800-723-3929 OR VISIT SAFEWAY.CA

CREDIT CARD TRANSACTION RECORD

CANADA SAFEWAY #2211  
1846 1632-14 AVE T2N1M7  
CALGARY AB  
22265421  
SF2226542153  
DATE TIME STR# TRM# TRN# OPER#  
08/12/14 01:16PM 2211 53 0074 8853  
AMOUNT \$1.99

AUTHOR: 092753  
SEQ: 001243048  
MERCH #: 22265421 TID: SF2226542153  
(00) APPROVED - THANK YOU

IMPORTANT - retain this copy for  
your records.

Have a Nice Day  
Please Come Again

Customer Copy

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**Cicilia Brasby**

**From:** Paulette Robinson <paulette.robinson@sait.ca>  
**Sent:** Wednesday, August 13, 2014 10:10 AM  
**To:** Cicilia Brasby  
**Subject:** OOOPPPS SORRY ( THIS IS THE CORRECT INVOICE )



**Chartwells Catering**  
1301 16th Avenue NW, Calgary, AB T2M 0L4  
(403) 210-5656

**INVOICE #26040**  
Tuesday, 8/19/2014  
Ordered On: 8/8/2014



Customer Information

**First Name:** Cicilia  
**Last Name:** Brasby  
**Email:**  
**Phone:**  
**Department/ Organization:** ACAD President's Office  
**Internal/ External:** Internal  
**Customer?:**

Delivery / Pickup Information

**Method:** On Campus Delivery  
**Delivery Contact:** Cicilia Brasby  
**Delivery Phone:**  
**Event Name:** President's Cabinet  
**Purpose of Event:** Working Lunch  
**Building:** ACAD  
**Room #:** President's Office

Payment Information

**Payment Type:**  
**Policy Acceptance:** I Accept | cb

Event Information

**Internal Event?:** True  
**Guest Count:** 8  
**Pick-up/ Delivery Date:** Tuesday, 8/19/2014  
**Food Delivery Time:** 11:30 AM  
**Clean-up Time:** 4:00 PM

**FOOD**

	<b>Qty.</b>	<b>Price</b>	<b>Ext.</b>
<b>Dessert (Breaks and Snacks, Sweets)</b>			
• Supreme Indulgence Cookies: Assorted fresh baked Deluxe 2 oz Cookies - 2 pieces/person	8	\$2.99	\$23.92
<b>Signature Spinach and Mandarin Salad (Lunch, Salads)- individually portioned</b>	8	\$6.49	\$51.92
Served with Biodegradable, Crisp Spinach / Toasted Almonds / Crispy Noodles / Sweet Mandarin Oranges / Balsamic Vinaigrette			

- ADDING CHICKEN BREAST \$2.50 EA

<b>Order Totals</b>	
<b>Sub Total</b>	\$75.84
<b>Compass Group Canada LTD 88778 3355 RT 0001 (5%)</b>	\$3.79
<b>Order Total</b>	\$79.63
<b>Balance Due</b>	<b>\$79.63</b>

Special Instructions

**Please feel free to clean up the next day, I will leave any left over trays in the ACAD staff kitchen.**

Invoice #26040



# EMPLOYEE EXPENSE CLAIM

Employee Name: Cicilia Brasby

Address for cheque: President's Office or Direct Deposit

Department: President's Office Extension: 670

DATE	DESCRIPTION OF TRAVEL / DETAILS OF EXPENSES	GST	LODGING EXPENSE	MEAL EXPENSE	TRANSPORTATION EXPENSE	OTHER EXPENSE	TOTAL EXPENSES
August 15, 2014	Travel to and from Leadership Retreat 108 klm round trip						54.00 40.
<b>TOTAL</b> →							

ACAD RECEIVED  
 AUG 19 2014  
 ACCOUNTS PAYABLE

ACCOUNT	DEPARTMENT	AMOUNT
500	1001	54.00
		40.
<b>TOTAL</b> →		54.00

<b>TOTAL CLAIM</b>	54.00
<b>LESS TRAVEL ADVANCE</b>	
<b>AMOUNT DUE CLAIMANT</b>	
<b>AMOUNT PAYABLE BY CLAIMANT</b>	
APPROVED TRAVEL AUTHORIZATION MUST BE ATTACHED TO THIS CLAIM	

I CERTIFY THAT THE WHOLE OF THIS EXPENDITURE WAS INCURRED ON COLLEGE BUSINESS AND THAT THE AMOUNTS CLAIMED HAVE NOT PREVIOUSLY BEEN PAID TO ME OR ON MY BEHALF.

Cicilia Brasby  
 SIGNATURE OF CLAIMANT  
Aug 13, 2014  
 DATE

[Signature]  
 APPROVED  
Aug 18, 14  
 DATE

\_\_\_\_\_  
 SIGNATURE of HEAD, if applicable  
 \_\_\_\_\_  
 DATE



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PROFESSIONAL DEVELOPMENT/  
TRAVEL LEAVE AUTHORIZATION

Name: See list attached Dept: See List attached

Development Activity:

Course     Workshop     Seminar     Conference     Business     Travel     Other

Sponsoring Agency    ACAD

Start Date:    August 15 2014    End Date:    August 15 2014

Location (s):    Leighton Art Centre  
Range Road 23, Millarville, AB T0L 1K0

Describe Activity (or attach brochure):  
Leadership Retreat

Arrangements for Classes Missed (Describe Arrangements):  
N/A

**Estimated Expenses**

Tuition/ Registration Fee	\$
Transportation	<u>\$40 Max for car owner only</u>
Accommodation	\$
Meals	<u>\$Provided</u>
<i>Estimated Total</i>	\$
Deduct: portion paid by employee or sponsor:	\$
<b>Balance Requested:</b>	\$

**Charge Codes:**

Note: Payment requests (blue payment voucher) for registration, airfare, travel advances, etc. must be submitted to Accounts Payable **seven (7)** days prior to payment date.

**An expense claim form must be submitted with receipts upon completion of the Development/Travel Leave.**

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice-President/  
President's Signature: [Signature] Date: Aug 15, 2014