Form A11 (Effective July 1, 201

NSLC

BOARD OF DIRECTORS TRAVEL EXPENSE CLAIM

Date: Oct 6/10
Amount of Claim:
Less Advance:
Net Due:

Enter the total amount in each cell, including sales tax, if applicable

MM/DD/YY	Travel From	Travel To	Reason for Travel	Applicable Tax Rate	Km.	Rate	Total	Motel/Hotel	Meals	Misc.	Total Incl. Tax	G: H
Sept 28/10	Antigonish	Halifax	ICD Written Exam	NS	490	0.3813	186.84				186.84	
Sept 29/10	Antigonish	Halifax	POW Festival	NS	490	0.38	186.84				186.84	
Sept 28/10			ICD Written Exam Fee	NS			-			125.00	125.00	
				NS			-				-	
				NS			-				-	
				NS			-				-	
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				NS			-				-	
				NS			-				-	
	GST/HST override (see instructions)			NS			-				-	
Totals			GRATUITY (Actual Amount Paid)	No Tax/Out-of-Country								
					980		373.67	-	-	125.00	498.67	6:

YTD mileage (incl. this claim) 980.0

Account Description	Account #	SAP Drop-down text (if needed)	BU#/Store#	Amount
HST Input Tax Credit	202020			65.04
Travel	640200	1020		324.93
Meetings	640100			
Special Projects	640400			
Training	640000	1020		108.70
			Total	498.67

Signature
Name (type) Joe MacDonald
BU# / Store#

Approved By:

Ch

#1

rm A11 (Effective July 1, 2010)

NSLC

BOARD OF DIRECTORS TRAVEL EXPENSE CLAIM

Date:	Sept 16/10	Dept. #	
Amount of Claim:		$	186.84
Less Advance:		$	
Net Due:		$	186.84

ter the total amount in each cell, including sales tax, if applicable

M/DD/YY	Travel From	Travel To	Reason for Travel	Applicable Tax Rate	Km.	Rate	Total	Motel/Hotel	Meals	Misc.	Total Incl. Tax	GST/ HST	Total Less HST
pt 16/10	Antigonish	Halifax	Chamber of Commerce Meeting	NS	490	0.3813	186.84				186.84	24.37	162.47
				NS			-				-	-	
				ON			-				-	-	
				NS			-				-	-	
				NS			-				-	-	
				NS			-				-	-	
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	GST/HST override (see instructions)										-	-	
			GRATUITY (Actual Amount Paid)	No Tax/Out-of-Country							-		
otals											-	-	
					490		186.84	-	-	-	186.84	24.37	162.47

TD mileage (incl. this claim) 490.0

Account Description	Account #	SAP Drop-down text (if needed)	BU#/Store#	Amount
HST Input Tax Credit	202020			24.37
Travel	640200	1020		162.47
Meetings	640100			
Special Projects	640400			
Training	640000			
			Total	186.84

Signature

Name (type) Joe MacDonald

BU# / Store#

Approved By:

Checked by Finance:

#2

162.47

rm A11 (Effective July 1, 2010)

NSLC

BOARD OF DIRECTORS TRAVEL EXPENSE CLAIM

Date:	Sept 13/10	Dept. #	
Amount of Claim:		$	583.67
Less Advance:		$	
Net Due:		$	583.67

er the total amount in each cell, including sales tax, if applicable

/DD/YY	Travel From	Travel To	Reason for Travel	Applicable Tax Rate	Km.	Rate	Total	Motel/Hotel	Meals	Misc.	Total Incl. Tax	GST/ HST	Total Less HST
27/10	Antigonish	Halifax	Board Meeting	NS	490	0.3813	186.84				186.84	24.37	162.47
t 13/10	Antigonish	Halifax	Board Governance Review Mtg.	NS	490	0.38	186.84				186.84	24.37	162.47
t 9/10			Taxi re ICD Program	ON			-			130.00	130.00	14.96	115.04
t12/13			Taxi re Board Governance Review	NS			-			80.00	80.00	10.43	69.57
				NS			-				-	-	
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	GST/HST override (see instructions)												
als			GRATUITY (Actual Amount Paid)	No Tax/Out-of-Country									
D mileage (incl. this claim) 980.0					980		373.67	-	-	210.00	583.67	74.13	509.54

Account Description	Account #	SAP Drop-down text (if needed)	BU#/Store#	Amount
HST Input Tax Credit	202020			74.13
Travel	640200	1020		509.54
Meetings	640100			
Special Projects	640400			
Training	640000			
			Total	583.67

Signature

Name (type) Joe MacDonald

BU# / Store#

Approved By:

Checked by Finance:

#3
$509.54

orm A11 (Effective July 1, 2010)

NSLC

BOARD OF DIRECTORS TRAVEL EXPENSE CLAIM

Date:	Aug 17/10	Dept. #	
Amount of Claim:		$	245.94
Less Advance:		$	
Net Due:		$	245.94

nter the total amount in each cell, including sales tax, if applicable

M/DD/YY	Travel From	Travel To	Reason for Travel	Applicable Tax Rate	Km.	Rate	Total	Motel/Hotel	Meals	Misc.	Total Incl. Tax	GST/ HST	Total Less HST
ug15/10	Antigonish	Chester	Farewell re Peter Green	NS	645	0.3813	245.94				245.94	32.08	213.86
				NS			-				-	-	
				NS			-				-	-	
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	GST/HST override (see instructions)										-		
			GRATUITY (Actual Amount Paid)	No Tax/Out-of-Country							-	-	
Totals					645		245.94	-	-	-	245.94	32.08	213.86

YTD mileage (incl. this claim) 645.0

Account Description	Account #	SAP Drop-down text (if needed)	BU#/Store#	Amount
HST Input Tax Credit	202020			32.08
Travel	640200	1020		213.86
Meetings	640100			
Special Projects	640400			
Training	640000			
			Total	245.94

Signature

Name (type) Joe MacDonald

BU# / Store#

Approved By:

Checked by Finance:

#.4

Form A11 (Effective July 1, 2010)

NSLC

BOARD OF DIRECTORS TRAVEL EXPENSE CLAIM

Date:	October 6/10
Amount of Claim:	
Less Advance:	
Net Due:	

Enter the total amount in each cell, including sales tax, if applicable

MM/DD/YY	Travel From	Travel To	Reason for Travel	Applicable Tax Rate	Km.	Rate	Total	Motel/Hotel	Meals	Misc.	Total Incl. Tax	GST HS
Sept 29/10	Amherst	halifax	POW Festival	NS	480	0.3813	183.02				183.02	2
				NS			-				-	
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	GST/HST override (see instructions)										-	
			GRATUITY (Actual Amount Paid)	No Tax/Out-of-Country							-	
Totals					**480**		**183.02**	**-**	**-**	**-**	**183.02**	2

YTD mileage (incl. this claim) 480.0

Account Description	Account #	SAP Drop-down text (if needed)	BU#/Store#	Amount
HST Input Tax Credit	202020			23.87
Travel	640200	1020		159.15
Meetings	640100			
Special Projects	640400			
Training	640000			
			Total	183.02

Signature

Name (type) Frank Elliott

BU# / Store#

Approved By:

#5