Form A11 (Rev. July 1 2006)

NOVA SCOTIA LIQUOR CORPORATION
TRAVEL EXPENSE CLAIM

Date:	January 8/10
Dept. #	
Amount of Claim:	$
Less Advance:	$
Net Due:	$

MISC. CODE	REASON
1	Items with HST (ie: Parking Lots, Sundry Purchases, Phone Calls)-NS, NB, NF (14%)
2	Items without tax (ie: Parking Meters, Bridge Tokens, Gratuities, out of country)
3	Items with GST (ie: Parking Lots, Sundry Purchases, Phone Calls)-All other provinces

TAX CODE	
A	NS, NB, NF (14%)
B	All other provinces (6%)
C	Travel outside Canada

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

MM/DD/YY	Travel From	Travel To	Reason for Travel	Tax Code	Km.	Rate	Total	Motel/Hotel	Meals	Misc.	Misc Code	Total Incl. HST	GST/ HST	Total Less HST
[redacted]			[redacted]	A			-		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			[redacted]	A			-		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Oct 3/09			Luncheon re F.Valentino	A			-		49.72		1	49.72	3.05	46.67
Dec 22/09			Luncheon re NSLC mtg.	A			-		24.75		1	24.75	1.52	23.23
Dec 8/09			Luncheon re DFAIT Wine Director	A			-		50.68		1	50.68	3.11	47.57
[redacted]			[redacted]	[redacted]			-		[redacted]		[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			[redacted]	[redacted]			-	[redacted]	[redacted]		1	[redacted]	[redacted]	[redacted]
[redacted]			[redacted]	[redacted]			-			[redacted]	1	[redacted]	[redacted]	[redacted]
				A			-				1		-	
				A			-				1		-	
				A			-				1		-	
				A			-				1		-	
				A			-				1		-	
				A			-				1		-	
				A			-				1		-	
				A			-				1		-	
				A			-				1		-	
				A			-				1		-	
				A			-				1		-	
				A			-				1		-	
				A			-				1		-	
				A			-				1		-	
				A			-				1		-	
				A			-				1		-	
				A			-				1		-	
				A			-						-	
				A			-						-	
	GST/HST override (see instructions)			C			-			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
			GRATUITY (Actual Amount Paid)	C						[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Totals					0		-	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

YTD mileage (incl. this claim) 0.0

Account Description	Account Number Main	Dept/Store #	Bud. Resp.	Amount
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			[redacted]	
[redacted]			[redacted]	
[redacted]			[redacted]	
			Total	

Signature: Originally Signed

Name (type): Peter McCreath

Store #:

Approved By: _____
Signature

Checked by Finance: _____

Black outs are for different quarter.

1. $117.47