ALBERTA **PERSONAL EXPENSE CLAIM** 06/25

CLAIMANT	Shaune Kovitch	EMPLOYEE NUMBER	
ADDRESS	[redacted]	DEPARTMENT & BRANCH	ALBERTA MUNICIPAL AFFAIRS
			SPECIAL AREAS BOARD
		OCCUPATION	Chair

DATE 2026	DEPART ARRIVE TIMES	DESCRIPTION OF TRIP AND OTHER EXPENSES	PRIVATE CAR KM	COL "A" MEALS						COL "B" OTHER EXPENSE	
				B	L	D	AMOUNT	RECPT'D	TIP	W/ GST	W/O GST
12-Aug	8:00 AM	Depart for Camp 3 Safety Inspection onto			1		18.00				
12-Aug	4:30 PM	Oyen for Acadia Foundation Mtg. Returned									
13-Aug	8:30 AM	Depart for Lethbridge: ATEC Event (supper provided)			1		18.00				
14-Aug	1:00 PM	Returned in T2301		1	1		31.00				
13-Aug		Lodging 1 Night @ $144.89 (Corp Card $160.82)									
13-Aug		Daily Per Diem, 1 day @ $7.35								7.35	
17-Aug	6:30 PM	Depart for Edmonton: EDC + ADM 1:1				1	28.00				
18-Aug	8:30 PM	Attended EDC + ADM 1:1; Returned in T2301		1	1	1	59.00				
17-Aug		Lodging 1 Night @ $144; Parking @ $25									
		Corp Card: $192.49									
17-Aug		Daily Per Diem, 1 day @ $7.35								7.35	
26-Aug	8:00 AM	Depart for Oyen: Admin Meetings			1		18.00				
26-Aug	4:30 PM	Returned in T2301									
							GROSS 172.00			14.70	
							LESS G.S.T. 8.19			0.70	
							TOTAL NET CLAIM 163.81			14.00	

GST CALCULATIONS:

***Use GST amount shown if separate on invoice, otherwise do calculation.**

COL	ACTUAL	CALCULATED	
A		172.00 X 5/105 =	8.19
A		X 5/105 =	
B		14.70 X 5/105 =	0.70
C		X 5/105 =	
TOTAL G.S.T.=			***$8.89***

COL "C" - KILOMETRE CLAIM

CLASS	RATE	KILOMETRES	AMOUNT
A	0.570		
LESS: G.S.T.			
TOTAL NET CLAIM			

Expenses not paid by Claimant

G/L ACCOUNT NUMBER	AMOUNT
2-32-40-05-214 (Conference Fees)	
2-12-10-00-211 (Travel & Subs.)	177.81
2-12-10-00-212 (Mileage)	
2-12-10-00-213 (Hospitality)	
2-32-10-05-521 (Fuel/Oil)	
6-00-00-00-103 (GST)	8.89
TOTAL	$186.70

TOTAL CLAIM (A+B+C)	$186.70
LESS: ADVANCES (IF ANY)	
AMOUNT PAYABLE BY CLAIMANT	
AMOUNT DUE TO CLAIMANT	***$186.70***

PERIOD COVERED BY THIS CLAIM

FROM: **August 1, 2026**

TO: **August 31, 2026**

S. Jones, September 2, 2026

PREPARED BY, DATE

2nd September-2026

SIGNATURE OF CLAIMANT, DATE

Ethan.Bayne Digitally signed by Ethan.Bayne Date: 2026.09.21 14:57:20 -06'00'

E.O. APPROVAL, DATE

Quality INN BY CHOICE HOTELS

Quality Inn & Suites (CN828)

4070 2nd Avenue South
Lethbridge, AB T1J 3Z2
(403) 331-6440
CN828@stayatchoice.com

Account:	1061211943
Date:	8/14/26
Room:	314 SMFLXM
Arrival Date:	8/13/26
Departure Date:	8/14/26
Check In Time:	8/13/26 9:14 PM
Check Out Time:	
Rewards Program ID:	CN-81819482153
You were checked in by:	SBERGE
You were checked out by:	
Total Balance Due:	**0.00**

Kovitch, Shaune
UNKNOWN
UNKNOWN, AB T0J 1P0

Post Date	Description	Comment	Amount
8/13/26	Room Charge	#314 Kovitch, Shaune	144.89
8/13/26	Goods & Services Tax		7.24
8/13/26	Occupancy Tax		8.69
8/14/26	Master Card		(160.82)

[redacted]

Folio Summary 8/13/26 - 8/14/26

Room Charge	144.89
Goods & Services Tax	7.24
Occupancy Tax	8.69
Master Card	(160.82)
Balance Due:	**0.00**

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to Choice Privileges points.

GST # - 854783081 RT0001

x______________________________

CHOICE privileges. REWARDS

Congratulations, you are earning Choice Privileges Points for this stay! Log on to www.choicehotels.com/choice-privileges to redeem for free nights and other great rewards.

Thank you for your business! Book your next reservation on www.choicehotels.ca for the best internet rates guaranteed.

CHATEAU LACOMBE HOTEL

EDC / ADM Meetings.

Shaune Kovitch
PO Box 283
Oyen AB T0J 2J0
Canada

INVOICE

Room No.	:	1613
Arrival	:	08-17-26
Departure	:	08-18-26
Page No.	:	1 of 2
Folio No.	:	114051
Conf. No.	:	590565585
Cashier No.	:	67
Custom Ref.	:	

Company Name :
Group Name :
Guest Name :

Date	Description	Charges	Credits
08-17-26	Accommodation	144.00	
08-17-26	ERDMF 4%	5.76	
08-17-26	Tourism LEVY 6%	8.99	
08-17-26	Room / GST 5%	7.49	
08-17-26	Guest Self Parking	25.00	
08-17-26	Parking GST	1.25	
08-18-26	MasterCard		192.49
	[redacted]		

Total Charges	192.49	
Total Credits		192.49
Balance		0.00

Merchant ID		Credit Card #	[redacted]
Transaction ID	36044796	Credit Card Expiry	
Approval Code	018988	Capture Method	Manual
Approval Amount	192.49	Transaction Amount	192.49

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer. (Hotel GST#816322242RT0001)