Expense #	Claimant	Description/Rationale	Date Expense Incurred	Travel Expenses	Hospitality Expenses	Work Session Expenses	Tot	tal
01	Deiab, Amina	Multiple Stakeholders Meetings-Calgary	28-Nov-2021	431.18	162		593	3.18
Total				\$ 431	\$ 162	\$ -	\$ 5	593

From: To:

Amina Deiab Sheleen Hebden

Subject:

FW: Saltlik Calgary - Receipt

Date:

Monday, November 29, 2021 2:05:19 PM

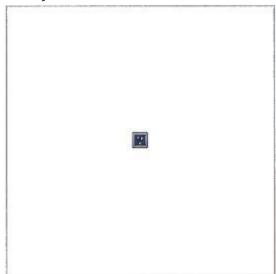
From: support@saltlikpay.com <support@saltlikpay.com>

Sent: Thursday, November 4, 2021 8:29 PM

To: Amina Deiab

Subject: Saltlik Calgary - Receipt

Receipt



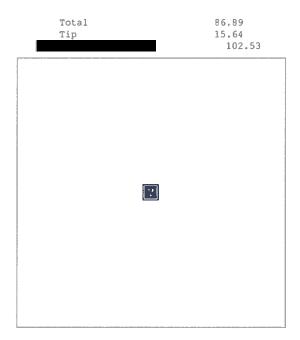
SALTLIK STEAKHOUSE 101-8 Avenue SW Calgary, AB T2G 5J2 403.537.1160

Meal-Travel
To Calgary for
Stakeholder
Meetings.

Tbl 50/1	Chk 1820	Gst 0
Nov4'21 7:1		NIGHT BA
1 HANGAR Sub Mus Brussel		35.75
2 GL SUBS	TANCE CAB	32.50
1 DECAF A	MERICANO	4.50
1 TOFFEE	CAKE	10.00
SUBTOTAL Tax GST		82.75 4.14
Total @ 8:26PM 86.8		
Follow, S @sa GST#86	our daily f hare, Like ltlikcalgar 142 2814 RT 6142 2814RT	and Post y 0 00 1
	671-263	

Transaction ID

4587901





FOR TRAVEL TO CALGARY FOR STAKEHOLDER MEETINGS

CALGARY MARRIOTT DOWNTOWN

GUEST FOLIO

1615 ROOM	DEIAB/AMINA/MS		05/21 1 EPART	11:31 TIME	21385 ACCT#	
GK	10405 JASPER AVENUE	11/	04/21 1	18:21		
TYPE 4	EDMONTON AB T5J3N4		RRIVE	TIME		
•		PASSPORT: MCXXXXXXXXXX	YY9776			
ROOM	ADDRESS	PAYMENT	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		MBV#:	XXXXX7203
DATE	REFERENCES	CHARG	BES	CREDITS	BALANCES	DUE
11/04 11/04 11/04 11/04 11/05	ROOM 1615, 1 ROOM TAX 1615, 1 3% DMFEE 1615, 1 T LEVY 1615, 1 CCARD-MC SETTLED TO: MASTERCARD AUTHORIZATION ************************************	RD Card Entry: CHIP	199.00 10.16 4.22 5.80	CJB A I 219.18		
		SUMMARY OF TAXES	S =====			00
	DESCRIPTION		-	TAXED AMOUNT	T	AX
ABC I JLN	3% DESTINATION MKT 5% GST ROOM 5% GST OTHER 4% TOURISM LEVY 5% GST PARKING 5% GST OTHER GST			.00 .00 .00 .00 .00 .00	7. 5. 2.	22 25 70 80 21 00
	NET CHARGES 199.00		TAX 20.18	CREDITS 219,18	FOL.	.IO .00

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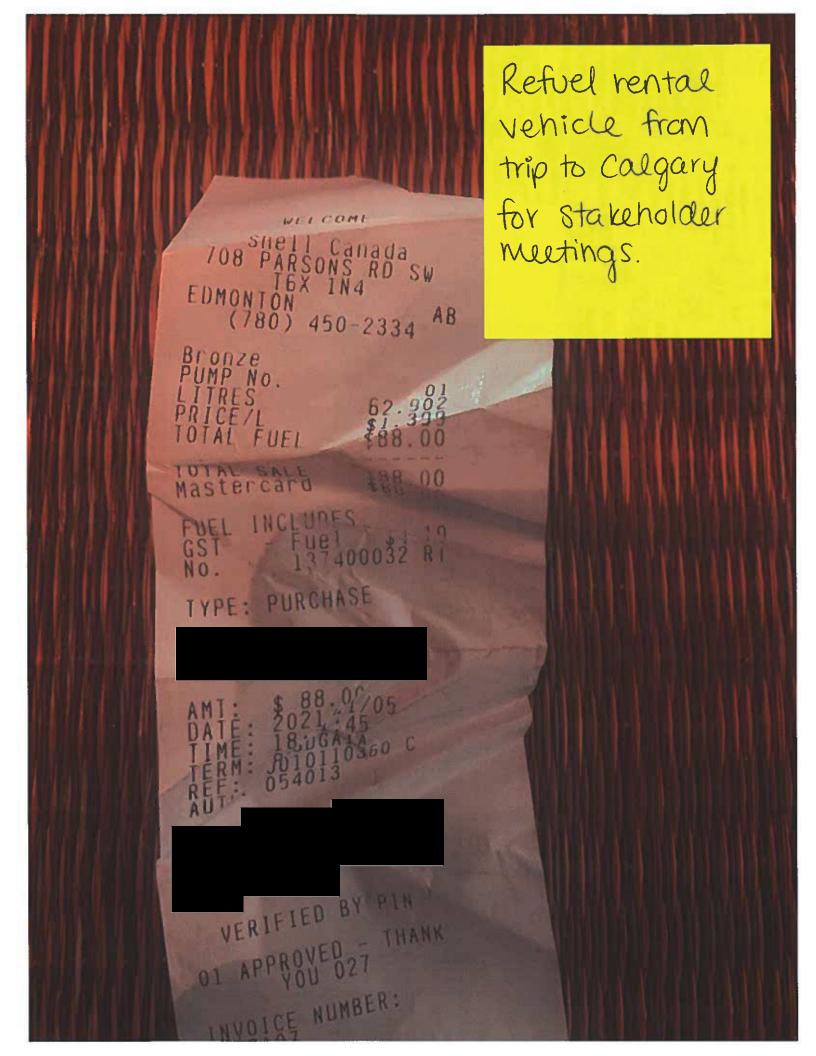
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CALGARY MARRIOTT DOWNTOWN 110 9TH AVENUE SE CALGARY AB T2G 5A6 403.266,7331 G.S.T.# 862717196RT0001

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.



Safety Codes Council

MISSING VISA RECEIPT FORM

Cardholder: Amina D	eiab
Date of Purchase / Service	November 5, 2021
Vendor Name	Marriott Dauntown Calgary-One 18 Empire
Description of Purchase	Breakfast Meeting - CEO P
16-6	Stakeholder,
	City of Calgo
Dollar Amount	* 26.02
Account Code	
Steps taken to obtain duplicat	
	cutive Assistant called the restaurant
but -	they could not produce a copy of the receipt.
Reason you were unable to ol	
<u>E</u> Se	e abare]
Date January 19	1, é
Cardholder Signature	

Safety Codes Council

MISSING VISA RECEIPT FORM

Cardholder: Amin	a Deiab
Date of Purchase / Servi	ice November 5, 2021
Vendor Name	Marriott Dawntown Calgary-One 18 Empire
Description of Purchase	Lunch meeting - OEO & Stakeholder, AEDARSA
Dollar Amount	* 33.45
Account Code	
Steps taken to obtain d	
<u> </u>	excutive Assistant called the restaurant
<u>k</u>	out they could not produce a copy of the receipt.
Reason you were unable	e to obtain receipt/invoice
	[see above]
_	
_	
Date <u>Janua</u>	ny
Cardholder Signature _	

Payroll Deduction Authorization

Employee Name Employee Number Pay Period	Amina Deiab			
Pay Date				
Reason	Accidental alcohol charges incurred on corporate VISA.			
Amount	\$32.50 + 5% tax = \$34.13			
I hereby authorize payroll to deduc				
Employee Signature Date				
Payroll Administrator S	Signature			