

## Travel Expense Chart

<b>Employee Name</b>	Brian Beamish	
<b>Employee Title</b>	Commissioner	
<b>Date of Travel</b>	May 10-11, 2018	
<b>Destination (s)</b>	St. Joseph's Healthcare, Hamilton, Ontario	
<b>Purpose</b>	Reaching Out to Ontario (ROTO)	
<b>Related Costs:</b>		
<b>Airfare</b>	\$	-
<b>Accommodation</b>	\$	149.64
<b>Meals</b>	\$	37.43
<b>Other transportation (parking)</b>	\$	30.13
<b>Other expenses (mileage )</b>	\$	79.86
	\$	-
<b>Total:</b>	\$	<b>297.06</b>

1

HUDSONS BAY CENTRE  
PARKING GARAGE  
THANK YOU FOR YOUR  
PATRONAGE  
RECEIPT C2

ENTRY DATE/TIME:  
10.05.18 08:37  
PAY DATE/TIME:  
10.05.18 14:35  
PARK-DUR.: HRS:MIN  
0:05:58  
PAID: \$ 16.00  
-----

TRANSACTION RECORD  
-----

Card #:  
\*\*\*\*\*  
Card Entry:CHIP  
Account:

Trans:PURCHASE  
Amount:\$16.00  
Auth #:03101S  
Sequence #:000026  
Term ID: 010  
Date:18/05/10  
Time:14:34:26

APPROVED

BY ENTERING A  
VERIFIED PIN,  
CARDHOLDER  
AGREES TO PAY  
ISSUER SUCH TOTAL  
IN  
ACCORDANCE WITH  
ISSUERS AGREEMENT  
WITH  
CARDHOLDER

Application Label:

TVR: 8000008000  
AID: A000000004101  
0 TSI:  
E800  
TC: C60488DB79006  
AB9

\*\*\*  
CUSTOMER COPY \*\*\*

2

**NIQUE RESTAURANT**

123 James Street North  
Hamilton, Ontario  
Tel: (905) 529-8000

Server: Athena                      Check: 52892  
Table : 43                              Date : 5/10/2018  
Guests: 5                                Time : 8:58:53 PM  
Seat : 1,5

-----		
1 Baked Ziti		16.00
1 Add Meat Balls		3.00
0.2 Green Beans		1.40
0.4 Sushi Nachos		7.20
-----		
	SUBTOTAL:	27.60
	HST:	3.59
-----		
	<b>TOTAL :</b>	<b>31.19</b>
=====		

Thank you for dining with us!  
HST# 772581690RT0001

**NIQUE**  
123 JAMES ST N UNIT 101  
HAMILTON ON

CARD \*\*\*\*\*  
CARD TYPE  
DATE 2018/05/10  
TIME 0658 21:07:37  
SERVR ID Athena  
CHECK # 52892  
TABLE # 43  
RECEIPT NUMBER  
C82006166-001-001-056-0

-----  
PURCHASE  
AMOUNT \$31.19  
TIP \$6.24  
TOTAL

**\$37.43**  
-----

A0000000041010  
EA4159283DB83489  
0000008000-E800  
3C1E092BE74EDB7B

**APPROVED**

AUTH# 02079S 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS



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05-11-18

<b>Brian Beamish</b>	Folio No. :	Room No. :
	A/R Number :	Arrival : <b>05-10-18</b>
<b>Canada</b>	Group Code :	Departure : <b>05-11-18</b>
	Company : <b>Government Canada</b>	Conf. No. :
	Membership No. :	Rate Code :
	Invoice No. :	Page No. : <b>1 of 1</b>

Date	Description	Charges	Credits
05-10-18	*Accommodation	129.00	
05-10-18	HST 13%	16.77	
05-10-18	D.M.P. SERVICE CHARGE	3.43	
05-10-18	D.M.P. HST	0.44	
05-10-18	Parking	12.50	
05-10-18	HST 13%	1.63	
05-11-18			163.77
	<b>Total</b>	<b>163.77</b>	<b>163.77</b>
	<b>Balance</b>	<b>0.00</b>	

Guest Signature: \_\_\_\_\_

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.