



CITY OF FORT SASKATCHEWAN

VISA EXPENSE CLAIM FORM

Complete Yellow Shaded Areas

Arjun Randhawa

Cardholder Name:

COPY

All original receipts must be attached and submitted to Accounts Payable. On all meal receipts, list people in attendance and purpose of the meal (Policy FIN-012-C). If receipt is misplaced, attach a completed Employee Request for Reimbursement (located on the Intranet).

Claim Education / Academic reimbursement on Page 2 & submit as part of this claim

Table with columns: Transaction Date, Vendor Name, Expense Description, GL Code, Total without GST & HST, GST Paid @ 5%, HST Paid, Visa Stmt Amt. Includes one entry for Tim Hortons on August 9, 2017.

Totals \$ 34.25 \$ 1.71 \$ - \$ 35.96

Total Purchase Price (green box) MUST = Visa Statement amount due (plus or minus \$0.01 due to GST rounding)

Signature and date: ARJ/28/17

Date: Aug 28/17

Councillor Arjun Randhawa

Approved as per attached email

Print Name of Cardholder

Cardholder's Signature

Date

Brenda Molter, Director, Legislative Services

Print Name of Immediate Supervisor

Immediate Supervisor's Signature

Date

Tim Hortons.

Always Fresh.
30 Westpark Blvd
Fort Saskatchewan, AB
780 998-1787

Take Out
339

| | | |
|--------------|--------|-------------|
| 4 Asrt Dozen | | \$35.96 |
| Subtotal: | | \$35.96 |
| GST: | \$0.00 | PST: \$0.00 |
| Grand Total: | | \$35.96 |
| Visa: | | \$35.96 |
| Change Due: | | \$0.00 |

Take Out # 339 100 Cashier
Wed Aug 9, 2017 13:18:06
Receipt #: 2837043

| | |
|---------------------|-----------------|
| VISA | *****2710 |
| Card Entry:SWIPED | Sequence:000095 |
| Trans Type:Purchase | \$35.96 |
| Term #: | 203 |
| Ref #: | 00000095 |
| Auth #:011806 | APPROVED |

x: _____
Cardholder will pay to the issuer of
the charge card presented herewithin
the amount stated hereon in accordance
with the issuer's agreement with the cardholder.

Merchant Copy