

Expense Report for November 2013

Agriculture Financial Services Corporation

Position Chief Operating Officer

Name Merle Jacobson

Expense Category	Expense Type	Date Expense Incurred	Amount	Description/Rationale	Receipt/ Per Diem
Travel	Transportation	11/12/2013	\$ 60.00	Reinsurance meetings in Toronto	Receipt ✓
Travel	Accommodation	11/12/2013	\$ 174.00	Reinsurance meetings in Toronto	Receipt ✓
Travel	Miscellaneous	11/12/2013	\$ 8.00	Reinsurance meetings in Toronto	Per Diem
Travel	Meals	11/13/2013	\$ 33.51	Top 100 Employer Event and Reinsurance Meetings in Toronto	Receipt ✓
Travel	Accommodation	11/13/2013	\$ 174.00	Top 100 Employer Event and Reinsurance Meetings in Toronto	Receipt ✓
Travel	Miscellaneous	11/13/2013	\$ 8.00	Top 100 Employer Event and Reinsurance Meetings in Toronto	Per Diem
Travel	Transportation	11/14/2013	\$ 39.00	Top 100 Employer Event and Reinsurance Meetings in Toronto	Receipt ✓
Travel	Transportation	11/14/2013	\$ 95.95	Top 100 Employer Event and Reinsurance Meetings in Toronto	Per Diem

630x06

BERT H. JACOBSON

taxi

The issuer of the card identified on this form is authorized to pay the amount shown as TOTAL amount of the transaction. It is your responsibility to pay such amount to the issuer of the card. The issuer of the card is not responsible for the amount shown as TOTAL amount of the transaction. It is your responsibility to pay such amount to the issuer of the card. The issuer of the card is not responsible for the amount shown as TOTAL amount of the transaction. It is your responsibility to pay such amount to the issuer of the card.

[Signature]
 CUSTOMER SIGNATURE / REGIONAIRE DU CLIENT

5213642

CLERK / COMMIS AUTH. NO. / N° DAUT.

Valid and Expiry Date Checked
 Vérifier la date d'expiration

D A T E
 M-M / M-M D-D / D-D Y-A / Y-A
 11 / 21 13

CUSTOMER COPY / COPIE DU CLIENT

DESCRIPTION	AMOUNT / MONTANT
G.S.T./T.P.S.	\$ 5.00
H.S.T./T.V.H.	0.00
P.S.T./T.P.	0.00
Q.S.T./T.V.O.	0.00
TIP POURBOIRE	0.00
TOTAL SCAN CODE	0.00



SHERATON
123 Queen Street, West
Toronto, Ontario, M5H-2M9
416.361.1000
HST#: 84404 81C8 RT0001

VANESSA L 51332970
Wed 13/11/2013 9:40 AM Table 41
Guest Num: 1 Guests 2 BNB

2 BUFFET BRKFAST 54.00

Subtotal 54.00
HST 7.02

Please pay this amount
Total 61.02

Tip.....

Total..

FOR ROOM CHANGE ONLY

* ROOM#: _____ *
* * * * *
* NAME: _____ *
* * * * *
* PLEASE PRINT *
* * * * *
* SIGNATURE: _____ *
* * * * *
***** PLEASE PAY SERVER *****
***** THANK YOU *****

HOW WAS EVERYTHING?
LET US KNOW HOW YOUR
DINING EXPERIENCE WAS BY
COMPLETING A BRIEF SURVEY:
<http://globaltivity.com/271bnb>

Mertel

SHERATON
123 Queen Street, West
Toronto, Ontario, M5H-2M9
416.361.1000
HST#: 84404 81C8 RT0001

EMP: VANESSA L VISA
Date 13/11/2013 Time 09:43
Table 41 BNB
51332970

Card Holder JACOBSON, VERLE
Card Number #####
Auth-Code.. 099748 Ctrl: 139044

Amount.. 61.02

Tip..... 6.00

Total.. 67.02

X Cardmember agrees to pay total in
accordance with agreement governing
use of such card.

*** Customer Copy ***

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

Exit Lane 14/11/13 20:30
Receipt 093959

Short-term parking tkt

VP - No: 089473
12/11/13 06:51 -
15/11/13 06:50 -
Period 3d0h0'
(Tax)

\$39.00

\$39.00

Total

Payment Received \$39.00

VISA
XXXXXXXXXXXX
Merch: 82005340013
Auth: 032690
Type: Swiped

Sub Total \$37.14
Tax 5% 1.86

0027644

Request for Authorization to Travel Out of Province / North America on AFSC Business

ALL APPROVALS MUST BE OBTAINED PRIOR TO COMMENCEMENT OF THE TRIP

Individual(s) Travelling:

Name:	Title:	Division:	Location:
1 Merle Jacobson	Chief Operating Officer	Operations	Lacombe
2			
3			
4			

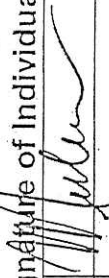
Trip Information:

Dates:	November 12 – 14, 2013
Destination:	Toronto
Purpose of trip:	Top 100 Employer Event, Meet with Aon Hewitt, Aon Benfield and various reinsurers.

Trip Expenses:	
Travel:	\$1850.00
Fees:	\$1169.00
Accommodation:	\$350.00
Other:	\$160.00
Total Estimated Expenses:	\$3529.00

Is Travel Outside of North America?
 Yes: No:
 If Yes, the President & Managing Director is required to approve the travel.
 Authorized by: _____ President & Managing Director

Signature of Individual(s):

1	
2	
3	
4	

Date: Oct 25, 2013

Recommended by: _____ Date: _____
 (Supervisor)

Cost Centre Manager Comments: _____

Recommended by: _____ Date: _____
 (Cost Centre Manager)

Vice-President Comments: _____

Recommended by: _____ Date: _____
 (Vice-President)

Authorized by:  Date: Oct 30/13
 (President & Managing Director / Board Chair / Minister)