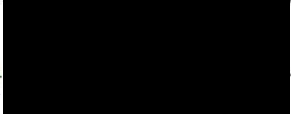


From (dd/mm/yy)	To (dd/mm/yy)
21/01/24	23/01/24

Name of Claimant: Surname, First Name
Bailey, Sara

I warrant that I have a valid driver's licence and vehicle insurance coverage.

Clia 

25/01/24
Date (DD/MM/YY)


Check if the above is not applicable

Approval

Date (DD/MM/YY)

Business Travel Detail						
Item No.	Date (dd/mm/yy)	Destination/Explanation	Daily Travel (km)	From (Location)	To (Location)	Includes return km (Yes/No)
1						
2						
3						
4						
5						
6						
7						

Total Kilometers -
Rate/km \$ 0.50
Total Mileage \$ -

Business Expense Detail (Attach all original and itemized invoices/receipts)				
Item No.	Date (dd/mm/yy)	Item Description	Total Expenses (including taxes)	General Ledger Account Code
1	23/01/24	ROMA Hotel Accomodation	620.46	
2	23/01/24	ROMA Train receipt	13.15.	
3				
4				
5				
6				
7				

Totals \$ -

Total \$ Amount Due \$

\$633.61



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GUEST FOLIO

1625	BAILEY/SARA	259.00	01/23/24	12:53	27056	14403
ROOM	NAME	RATE	DEPART	TIME	ACCT#	GROUP
GD	7404 WELLINGTON ROAD		01/21/24	14:41		
TYPE	PUSLINCH ON N0B2J0		ARRIVE	TIME		
29						
ROOM	ADDRESS	PAYMENT			MBV#:	
CLERK						

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
01/21	ROOM 1625, 1	259.00		
01/21	HST 1625, 1	33.67	A	
01/21	M.A.T 6% 1625, 1	15.54	C	
01/21	MAT HST 1625, 1	2.02	G	
01/22	ROOM 1625, 1	259.00		
01/22	HST 1625, 1	33.67	A	
01/22	M.A.T 6% 1625, 1	15.54	C	
01/22	MAT HST 1625, 1	2.02	G	
01/23	CCARD-MC			620.46

SETTLED TO: [REDACTED]

***** AUTHORIZATION *****
 [REDACTED]

TAXES & FEE SUMMARY			TAXED AMOUNT	TAX
HST (ROOM)	(AGN)			71.38
HST (INCIDENTALS)	(MO)			.00
NET CHARGES		549.08		.00
			TAX	
			71.38	
			CREDITS	
			620.46	
EXP. REPORT SUMMARY				
01/21	ROOM&TAX	310.23		
01/22	ROOM&TAX	310.23		

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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 such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, 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.



TRANSACTION RECORD/RELEVÉ DE TRANSACTION

Toronto Union Station
140 Bay Street
Toronto, ON, M5J 2Z1
www.presto.ca
www.go-transit.com

Customer Receipt/Reçu du client

Transaction ID: UN10000
Invoice ID: 6100006
Sales Period ID: 0
Invoice Type: 200
Date: 23-JAN-2024
Time: 11:02:42
Farecard ESN:
Farecard Type:

Ticket Purchase/Achat de billet

Ticket: Single Ride
Billet:
Quantity: 1
Quantity:
Total Amount: \$13.15
Montant Total:
Subtotal: \$13.15
Sous-total:
Tax (GST): \$0.00
Taxe (TVA):
Total Amount: \$13.15
Montant total:
Credit Card: \$13.15
Chèque/monnaie: \$0.00
Remainder/Restant:

Customer Copy

Copie du Client

Thanks for riding with GO Transit

TRANSACTION RECORD

UNION STATION - GO TVM

140 BAY STREET

TORONTO, ON, M5J2L5

TYPE: COMPLETION

AMOUNT: \$ 13.15

JAN 23 2024 13:03:12

IMPORTANT - Retain this copy for your records
CUSTOMER COPY



Dear Sara of Township of Puslinch

A transaction has been made on our website using your log-in credentials. The details of this transaction are below. **If you did not make this transaction, please contact ar@amo.on.ca as soon as possible to cancel.** If this is a valid transaction an official meeting confirmation will be sent to all individuals registered.

Order Number: 0001183

Order Date: 2024-02-06

Bill To: Sara Bailey

Payment Date: 2/6/2024

Credit Card: [REDACTED]

Name on Card: [REDACTED]

Order Summary

Item	Price	Quantity	Total
AMO 2024 Annual General Meeting and Conference Package B - Early Sara Bailey	\$795.00	1	\$795.00

Item Total: \$795.00

Tax Total: \$103.35

Grand Total: \$898.35

Payment: \$898.35

Balance: \$0.00

Total HST: \$103.35

HST Remittance Number: 106732944 RT0001

