

VISA SUMMARY FORM

 Card Holder Name: Fran Ross

 Visa Statement Date(MMM/DD/YYYY) Jan/01/2016

* If no detailed receipt is attached, an attestation must be completed and accompany the VISA summary form.

** If an expense was incurred that is to be paid by another agency or was a personal expense, repayment must accompany the VISA summary form or details provided on the agency that is to be billed. Please provide information in the table below

Agency Name	Address	Attention to	Amount to be billed

Accronym legend - example	
AHS	Alberta Health Services

AUTHORIZATION:

I hereby acknowledge that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy" of Covenant Health and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid purposes for Covenant Health. I confirm that the expenses submitted in this claim have not been previously claimed by me or on my behalf from Covenant Health or any other

[Signature]

Cardholder Signature

Feb 3/16

Date (mmm/dd/yy)

Reviewed By (Print Name)
Karen Galenzoski

Approved By (Print Name)

[Signature]

Signature

Date (mmm/dd/yy)

Feb 13/16

Date (mmm/dd/yy)

RECEIPT
Transportation Services

GST R 107448219
Ph # 780 497 5875



06:00 AM
JAN 15, 2016

Purchase Date/Time: 05:28pm Jan 14, 2016
Total Due: \$6.00 Rate: \$6 Evening Rate
Payment Type: Card

Ticket #: [REDACTED]
S/N #: 500013240863
Setting: Alberta College 2
Mach Name: Alberta College 2

[REDACTED] Visa

Auth #: [REDACTED]

RECEIPT
PARKING RECEIPT
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