# Official Administrator and Executive Expense Report

**Name**      Dr. Paul Grundy
**Title**      SMD & Chief Program Officer, Cancer Control Alberta
**Location**  Edmonton
Expenses submitted during the month of September 2015

| Month-Year | Source Document | Purpose | Travel (1) | | | | | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
| | | | Airfare | Meals | Accommodation | Other Travel | Total Travel | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Sep-15 | Expense Claim | Meetings | | 101 | 400 | 601 | 1,102 | | | |
| **Total** | | | $ - | $ 101 | $ 400 | $ 601 | $ 1,102 | $ - | $ - | $ - |

**Total for the Month**  $ 1,102

| | | |
|---|---|---|
| Maximum daily single meal expense claimed in the month | $ | 21 |
| Maximum daily base hotel rate claimed in the month | $ | 199 |
| Non economy air travel in the month | $ | - |

**1) Travel expenses**
Includes local and out of province/country travel expenses. Other travel includes items such as
taxis, parking mileage, car rental and other expenses related to travel.

**2) Professional Development**
Includes conference, seminar and course registration fees and material

**3) Hosting and Hospitality expenses**
Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees
meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

**4) Other**
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

# TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

## SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

| | |
|---|---|
| Expense Date From: JULY 1/15 To SEPT 3/15 | |
| Travel Period from: _____ To _____ (if applicable) | |
| Out-of-Province Travel | |

Name: PAUL GRUNDY    Position (Title): CPO + SMD CANCER.

Location: ████    Dept: CANCER.    DOFA Level: ████ (if applicable)    Union: _____    Business Phone #: /    Ext: /

Employee # (E-People): _____

## SECTION E: FINANCE CODING & TOTAL CLAIM

**CAPITAL PROJECT CODING ONLY →**

Project Number _____    Project Task Number _____

Expenditure Organization ___ . ___ . ___    Expenditure Type _____

### Total - Section B: Travel - Pg 2

| Pg | Bal Unit | Location | Functional Centre (FC) | Total Expense |
|---|---|---|---|---|
| 2A | 101 | 0002 | 71110100000 | 725.80  727.75 |
| 2B | 101 | 0002 | 71110100000 | 222.29  224.24 |
| 2C | 101 | 0002 | 71110100000 | 149.95 |
| 2D | | | ml 1101.74 | |
| | | | ℓ 1097.09 | |

NOTE: This section **auto fills** from page 2A, 2B, 2C & 2D

### Total - Section C&D: Other & Foreign Expenses - Pg 3

| Bal Unit | Location | Functional Centre (FC) | Secondary/ Expense | Total Expense |
|---|---|---|---|---|
| | | | | |
| | | | | |

**User to enter Coding & $ Amounts

NOTE: These fields **do not automatically fill** for Section C & D

### TOTAL REIMBURSEMENT

| | |
|---|---|
| Total Section B | 997.09 |
| Total Section C&D | |
| Less Cash Advance | — |
| TOTAL CLAIM | 997.09 |

1097.09 ℓ
1101.74 ml

## SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements

**Employee Signature:** _[signature]_    Date Sept 8/15.

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

**Approved By (PRINT ONLY):** _____    DOFA Level ____    Position # _____    Phone # _____    Ext

I, by signing this form, attest that I am compliant to all the above statements

**Signature:** _____    Title _____    Date

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or a...

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

_[signature]_ Francois Belanger, MD, FRCPC    Date Oct 23, 2015

**Approved By (PRINT ONLY):** _____    DOFA Level ____    Position ████

I, by signing this form, attest that I am compliant to all the above statements

**Signature:** _____    Title _____

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

09704 pos(Rev2014-06)

| Enter Finance Coding | 101 0002 71110100000 | Emp # (E-People) | | Page **2A** |
|---|---|---|---|---|

If expenses incurred are for **multiple FC's** please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page **OR** if **more lines** are required for the same FC use these additional pages. Enter total $ amount on slip, **DO NOT** separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

**SECTION B: TRAVEL EXPENSES**  NOTE: If expenses **do not** fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter'l)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "Cost Effective Method Used" Column is REQUIRED.
If you select "No" in this column,
Further Explanation is REQUIRED in the "Rationale is Required" section on this page

| Date dd-mmm-yy | Business Reason for Travel - Detailed Description Required (include destination, who attended-(If meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification | Prov, US, or Out of N.Amer where expenses incurred? | What is travel related to? | Cost Effective Method Used? Yes/No | Meal Allowance - Meal Type with value | Meal Allowance - Allowance | Meal with Receipt - Meal Type | Meal with Receipt - with receipt | Airfare | Hotel | Taxi | Rental Car/ Bus/LRT/ Parking / Fuel | Per Diem Allowance | Mileage (km) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 06-08-15 | U of C/AHS Search & Selection Committee for Dept Head Oncology. Travel Edmonton → Calgary. | AB | Business | Yes | | | | | | | | | | 550. ✓ |
| 25-8-15 | Meeting with prospective | AB | " | | | | | | | ① $400 ✓ | | | | |
| 25-27 25-8-15 | Dept Head Oncology + Dr Belanger | AB | " | Yes | D - $20.75 ✓ | | | | | | | | | |
| 26-8-15 | at South pod. | AB | " | Yes | B - 9.20 ✓ | | | | ② | | | | | |
| 26-8-15 | Lunch - Dr Verma + myself. | AB | " | Yes | L  20⁰⁰ ✓ | | | | | | | | | |
| **SUBTOTALS** | | | | | 29.95 25 | | 20⁰⁵ | | 400⁰⁰ | | | | | **Total Kms** 550 |

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable $0.505 per km for under 5,000km/yr or $0.47 per km for over 5,000km/yr or per Union Agreement

| Enter $0.505 km, $0.47 km OR rate per Union Agreement (see Mileage details to the left) | 277⁷⁵ .505 |
|---|---|
| Mileage $ | 277 75 |
| Travel $ Subtotal | 449 00 450.0 |

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Auto fills on page 1 - TOTAL TRAVEL $  725 00

**Rationale is Required for expenses that are not Cost Effective**
**(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)**

727.75

| Enter Finance Coding | 101 0002 7111010000 | Emp # (E-People) _____ | Page 2C |
|---|---|---|---|

*If expenses incurred are for **multiple FC's** please use pages 2B,2C,2D (after pg3) as there should be one FC per page **OR** if **more lines** are required for the same FC use these additional pages. Enter total $ amount on slip, **DO NOT** separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.*

**SECTION B: TRAVEL EXPENSES**  NOTE: If expenses **do not** fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column **Prov**) where expenses were incurred (Out of N.America = Inter'l)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "Cost Effective Method Used" Column is REQUIRED.
If you select "No" in this column,
**Further Explanation** is REQUIRED in the "Rationale is Required" section on this page

| Date dd-mmm-yy | Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification | Prov, US, or Out of N.Amer where expenses incurred? | What is travel related to? | Cost Effective Method Used? Yes/No | Meal (Allowance OR Receipt) | | | | If amount being claimed is above the policy limit stated in Appendix "A" rational is required | | | Rental Car/ Bus/LRT/ Parking / Fuel | Per Diem Allowance | Mileage (km) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Meal Allowance | | Meal with Receipt | | | | | | | |
| | | | | | Meal Type with value | Allowance | Meal Type | with receipt | Airfare | Hotel | Taxi | | | |
| 31-8-15 | Executive Meeting / Clinic  Business Rules Meeting  TBCC. | AB | Busing | Yes | D-20 00 | 20 75 | | | | | | | | |
| 31-8-15 | Airport → TBCC | AB | '' | Yes | | | | | | ⑧ 54 10 | | | | ✓ |
| 31-8-15 | TBCC → Airport | AB | '' | Yes | | | | | | ⑨ 49 90 | | | | ✓ |
| 31-8-15 | Airport Parking | AB | '' | Yes | | | | | | | ⑩ 25 00 | | | ✓ |
| **SUBTOTALS** | | | | | 20 00 | 20 75 | | | | 104 00 | 25 00 | | | Total Kms |

**MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle**
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable **$0.505** per km for <u>under 5,000km/yr</u> or **$0.47** per km for <u>over 5,000km/yr</u> or <u>per Union Agreement</u>

| Enter $0.505 km, $0.47 km <u>OR</u> rate per Union Agreement *(see Mileage details to the left)* | — |
|---|---|
| Mileage $ | — |

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

| Travel $ Subtotal | 149 75 |
|---|---|
| Auto fills on page 1 - TOTAL TRAVEL $ | 149 75 |

**Rationale is Required for expenses that are not Cost Effective**
**(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)**

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| Enter Finance Coding | 01 CO02 7111010000 | Emp # (E-People) | | | | Page **2B** |

If expenses incurred are for **multiple FC's** please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page **OR** if **more lines** are required for the same FC use these additional pages. Enter total $ amount on slip, **DO NOT** separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

**SECTION B: TRAVEL EXPENSES** NOTE: If expenses **do not** fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

| Date dd-mmm-yy | Business Reason for Travel - Detailed Description Required | Prov, US, or Out of N.Amer | What is travel related to? | Cost Effective Method Used? Yes/No | Meal Type with value | Allowance | Meal Type | with receipt | Airfare | Hotel | Taxi | Rental Car/ Bus/LRT/ Parking / Fuel | Per Diem Allowance | Mileage (km) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25-8-15 | Taxi Airport → Hotel | AB | Business | Yes | | | | | | | ③ 48.10 | | | ✓ |
| 26-8-15 | Hotel → Southport | AB | " | Yes | | | | | | | ④ 25.70 | | | ✓ |
| 26-8-15 | Southport → Hotel | AB | " | Yes | | | | | | | ⑤ 28.29 | | | ✓ |
| 26-8-15 | | | | Yes | D-20.00 | 20.75 | | | | | | | | |
| 27-8-15 | | | | Yes | B-8.00 | 9.70 | | | | | | | | |
| 27-8-15 | Hotel → Airport | AB | " | Yes | | | | | | | ⑥ 42.20 | | | ✓ |
| 27-8-15 | Airport Parking | AB | " | Yes | | | | | | | ⑦ | 50.00 | | ✓ |
| **SUBTOTALS** | | | | | 28.00 | 29.95 | | | | | $144.39 | 50.00 | | Total Kms |

**MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle**
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable $0.505 per km for under 5,000km/yr or $0.47 per km for over 5,000km/yr or per Union Agreement

Enter $0.505 km, $0.47 km OR rate per Union Agreement (see Mileage details to the left)

| Mileage $ | |
| Travel $ Subtotal | 224. |
| Auto fills on page 1 - TOTAL TRAVEL $ | 224.24 |

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

224.24

**Rationale is Required for expenses that are not Cost Effective**
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

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# THE Fairmont
## PALLISER

133 9th Avenue SW,
Calgary, AB, Canada T2P 2M3
T (403) 262-1234 F (403) 260-1260
G.S.T. Registration # 846543619

| Room | : | ██████ |
|---|---|---|
| Folio # | : | |
| Cashier # | : | |
| Page # | : | 1 of 1 |

**Dr Paul Grundy**

██████████████████

| Arrival | : | 08-25-15 |
|---|---|---|
| Departure | : | 08-27-15 |

**Fairmont President's Club**

██████████████

| Date | Description | Additional Information | Charges | Credits |
|---|---|---|---|---|
| 08-25-15 | Room Charge | | 199.00 | |
| 08-25-15 | Calgary Destination Marketing F | | 5.97 | |
| 08-25-15 | Alberta Tourism Levy (4%) | | 8.20 | |
| 08-25-15 | Room GST | | 10.25 | |
| 08-26-15 | Room Charge | | 199.00 | |
| 08-26-15 | Calgary Destination Marketing F | | 5.97 | |
| 08-26-15 | Alberta Tourism Levy (4%) | | 8.20 | |
| 08-26-15 | Room GST | | 10.25 | |
| 08-26-15 | American Express | | | 446.84 |

| | Total | 446.84 | 446.84 |
|---|---|---|---|
| | **Balance Due** | **0.00** | |

**GST Summary**

| Room | 20.50 |
|---|---|
| F&B | 0.00 |
| Other | 0.00 |
| Total | 20.50 |

*Claim $400*

Thank you for choosing Fairmont Hotels & Resorts.
To provide feedback about your stay, please contact Dan McGowan, General Manager, at Dan.McGowan@fairmont.com.
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

Merci d'avoir choisi Hôtels Fairmont.
Vous pouvez nous faire part de vos commentaires au sujet de votre séjour en écrivant au Directeur général, Dan McGowan  à
Dan.McGowan@fairmont.com.
Nous vous invitons également à partager vos observations ou photos sur notre forum communautaire www.everyonesnoriginal.com (anglais seulement).

## Thank you for choosing to stay with Fairmont Hotels & Resorts
## Merci d'avoir choisi les Hôtels Fairmont

② Lunch
P. GRUNDY
+ SUNIL VERMA

**OLLY FRESCO'S INC**
10301 SOUTHPORT LANE
PHONE: 403 259 - 3002
FAX: 403 259 - 4002
DATE 08/26/2015 WED   TIME 11:39

| | |
|---|---|
| $6.43 DELI T1 | $6.43 |
| $1.89 DRINK T1 | $1.89 |
| MISC TAXABLE T1 | $7.14 |
| $3.63 DRINKS T1 | $3.63 |
| SUBTOTAL | $19.09 |
| GST | $0.95 |
| TOTAL | $20.05 |
| Deb/Crd CARD | $20.05 |

**THANKYOU!**
No. ▮▮▮▮▮

③ Airport → Hotel

**ASSOCIATED CAB ALTA LTD**
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

| | |
|---|---|
| DATE: | 2015/08/25 |
| PICK-UP TIME: | 20:37 |
| DROP-OFF TIME: | 20:56 |
| TRIP ID: | 0 |
| LOCATION: | 073000-45024103707 |
| CAR NUMBER: | 0668 |
| DRIVER: | 192336 |
| CARD TYPE: | AMEX |
| CARD: | ▮▮▮▮ |
| EXPIRY: | |
| AUTH: | |
| FARE ($): | 42.10 |
| EXTRA ($): | 0.00 |
| SUBTTL ($): | 42.10 |

TIP ($): 6⁰⁰

TOTAL ($): 48¹⁰

SIGNATURE

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER S COPY

④ Hotel → Southport

**ASSOCIATED CAB ALTA LTD**
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

| | |
|---|---|
| DATE: | 2015/08/26 |
| PICK-UP TIME: | 06:58 |
| DROP-OFF TIME: | 07:15 |
| TRIP ID: | 0 |
| LOCATION: | 073000-45024103707 |
| CAR NUMBER: | 0063 |
| DRIVER: | 711514-45024103707 |
| CARD TYPE: | AMEX |
| CARD: | ▮▮▮▮ |
| EXPIRY: | |
| AUTH: | |
| FARE ($): | 22.40 |
| EXTRA ($): | 0.00 |
| SUBTTL ($): | 22.40 |

TIP ($): 3³⁰

TOTAL ($): 25⁷⁰

SIGNATURE

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OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER S COPY

⑤ Southport → Hotel

**ASSOCIATED CAB**
404-35 AVENUE N E  T2E2K7
CALGARY        AB
932650000710

††††    **PURCHASE**    ††††

08-26-2015              17:14:04
Acct # ▮▮▮▮▮▮          C
Exp ▮▮▮▮    Card Type AM
Name: DR PAUL GRUNDY
A000000025010801
AMERICAN EXPRESS

Trace # ▮▮▮▮

Inv. # ▮▮▮
Auth #          RRN 001001112

| | |
|---|---|
| Purchase | $24.60 |
| Tip | $3.69 |
| **Total** | **$28.29** |

( 00 ) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

⑥

*Hotel → Airport*

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

```
DATE:                    2015/08/27
PICK-UP TIME:                07:21
DROP-OFF TIME:               07:38
TRIP ID:                         0
LOCATION:        073000-45024103707
CAR NUMBER:                   0063
DRIVER:          711514-45024103707
CARD TYPE:                    AMEX
CARD:            ██████████████
EXPIRY:
AUTH:            ██████████████

FARE ($):                    36.80
EXTRA ($):                    0.00
SUBTTL ($):                  36.80
```

TIP ($): $5⁴⁰

TOTAL ($): 42²⁰

SIGNATURE *Paul ...*

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OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

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⑦

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 2nd Fl 27/08/15 09:34
Receipt 071825

Short-term parking tkt
HL - ████████████
25/08/15 19:06
27/08/15 19:05
Period 2d0h0'
```
(Tax)                       $50.00
                        ----------
Total                       $50.00

Payment Received
AMEX                        $50.00
```
Merch ██████████
Auth: ████████
Type: Swiped

```
Sub Total                   $47.62
Tax      5%                  $2.38
```

1ESFSD3A - 1/1

---

⑧

*Airport → TBCC*

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

```
DATE:                    2015/08/31
PICK-UP TIME:                14:37
DROP-OFF TIME:               15:07
TRIP ID:                         0
LOCATION:        073000-45024103707
CAR NUMBER:                   0024
DRIVER:                     129285
CARD TYPE:       ██████████████
CARD:
EXPIRY:          ██████████████
AUTH:

FARE ($):                    47.10
EXTRA ($):                    0.00
SUBTTL ($):                  47.10
```

TIP ($): 7⁰⁰

TOTAL ($): 54¹⁰

SIGNATURE *Paul ...*

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CUSTOMER'S COPY

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⑨

*TBCC → Airport*

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

```
DATE:                    2015/08/31
PICK-UP TIME:                17:18
DROP-OFF TIME:               17:50
TRIP ID:                         0
LOCATION:        073000-45024103707
CAR NUMBER:                   0324
CARD TYPE:                    AMEX
CARD:            ██████████████
EXPIRY:
AUTH:            ██████████████

FARE ($):                    43.40
EXTRA ($):                    0.00
SUBTTL ($):                  43.40
```

TIP ($): 6⁵⁰

TOTAL ($): 49⁹⁰

SIGNATURE *Paul ...*

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

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⑩

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 2nd Fl 31/08/15 20:31
Receipt ████████

Short-term parking tkt
HL - No. ████████
31/08/15
01/09/15 11:22
Period 1d0h0'
```
(Tax)                       $25.00
                        ----------
Total                       $25.00

Payment Received
AMEX                        $25.00
```
██████████████████
Type: Swiped

```
Sub Total                   $23.81
Tax      5%                  $1.19
```

01EEF77F - 1/1