

**John McCamus, Chair - 2009 4th Quarter Expense Report**

January 1, 2010 to March 31, 2010

**Date**

**Purpose**

**Cost**

14-Jan-10 to 16-Jan-10

<b>Trip to Montreal for National Criminal Justice Symposium</b>	
Accommodation	\$0.00
Hospitality	\$0.00
Meals	\$0.00
Transportation	\$473.60
Other	\$0.00
<b>Total</b>	<b>\$473.60</b>

04-Feb-10

<b>Attendance at Board of Directors' dinner in Toronto</b>	
Accommodation	\$0.00
Hospitality	\$0.00
Meals ****amount reimbursed****	\$73.90
Transportation	\$0.00
Other	\$0.00
<b>Total</b>	<b>\$73.90</b>

04-Mar-10

<b>Trip to Uganda for East African Regional Forum</b>	
Accommodation	\$0.00
Hospitality	\$0.00
Meals	\$0.00
Transportation	\$0.00
Other	\$80.00
<b>Total</b>	<b>\$80.00</b>

**Summary of Expenses**

Accommodation	\$0.00
Hospitality	\$0.00
Meals	\$73.90
Transportation	\$473.60
Other	\$80.00
<b>Total Expenses (Q4 - 2009/10)</b>	<b>\$627.50</b>

**Signature:**

**Date:**



**REÇU DE TAXI** **TAXI RECEIPT**

160110  
J-D M A-Y

**MONTANT - AMOUNT**  
Toutes taxes incluses  
All taxes included

18\$

# P. TRAVAIL  
# P. NUMBER

# Lanteron  
# Dome

4669

TPS #  
GST #

# Vignette

4669

TVQ #  
QST #

SIGNATURE Biancucci  
CHAUFFEUR/DRIVER



**514 273-6331**  
www.taxidiamond.com



**REÇU DE TAXI** **TAXI RECEIPT**

150110  
J-D M A-Y

**MONTANT - AMOUNT**  
Toutes taxes incluses  
All taxes included

28.00\$

# P. TRAVAIL  
# P. NUMBER 31073

# Lanteron  
# Dome

1696

TPS #  
GST #

# Vignette

1696

TVQ #  
QST #

SIGNATURE [Signature]  
CHAUFFEUR/DRIVER



**514 273-6331**  
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## Legal Aid Ontario

### Mastercard Reconciliation Form

Name: John McCamus

Mastercard Statem

03-Apr-10

Transaction Date	Description of charge	Account Coding	Amount
Mar 4.2010	Medcan Health Management - Malaria booster re: East African Regional Forum, Uganda, Africa	61100-892000	\$80.00
Total			\$80.00

Note: this should equal the amount that appears as "New account balance", (as of the statement date) on the right of the MC statement under "Your account at a glance".

Certified Correct: [

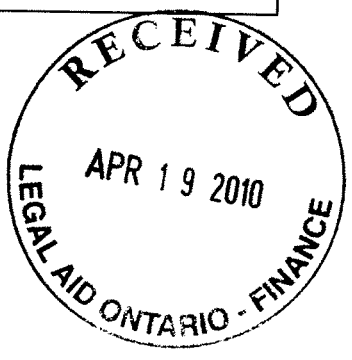
08-Apr-10

Claimant's Signature

Mgr's Signature

Please attach all original receipts in order of their appearance on this form.

61100-892000 = 80.00





# Your Corporate MasterCard Statement

**JOHN D MCCAMUS**

**LEGAL AID ONTARIO**

→ Stmt. date: **Apr. 3, 2010** → Acct. balance: **\$80.00** → Pymt. due by: **Apr. 24, 2010** → Min. payment: **\$80.00**

### Details of your transactions

Item no.	Trans date	Posting date	Description	Amount
<b>TRANSACTIONS FOR ACCOUNT NUMBER - 5569 0900 0145 8614</b>				
1	Mar. 4	Mar. 4	MEDCAN HEALTH MANAGEME TORONTO ON	80.00
2	Mar. 24	Mar. 24	AUTOMATIC PAYMENT RECEIVED - THANK YOU	73.90CR

PRE-AUTHORIZED DEBIT IN EFFECT

Report any items which do not agree with your records within 30 days of statement date.

### Your account, at a glance

Previous balance, Mar. 3	\$73.90
- Payments - thank you	\$73.90CR
- Other credits	\$0.00
+ Purchases	\$80.00
+ Cash advances/Cheques	\$0.00
+ Interest	\$0.00
+ Fees	\$0.00
+ Other charges	\$0.00
→ <b>New account balance, Apr. 3</b>	<b>\$80.00</b>
→ <b>Minimum payment due by Apr. 24, 2010</b>	<b>\$80.00</b>

→ Amount you're paying (\$)	\$
Your credit limit	\$5,000.00
Credit available, Apr. 3	\$ 4,920.00

### Helpful information

#### Transactions listed in this statement :

Airlines	\$ 0.00
Hotel	\$ 0.00
Car rental	\$ 0.00
Restaurants	\$ 0.00
Retail	\$ 80.00
Cash advances/Cheques	\$ 0.00
Other	\$ 0.00

### Interest charges and rates

Item	Purchases / Other	Cash advances/Cheques
Interest charges on this statement (\$)	\$0.00	\$0.00
Annual interest rates next period (%)	18.40000%	18.40000%
Daily interest rates next period (%)	0.05041%	0.05041%

Contact us	Local calls	Toll-free calls Canada & USA	Please address any written enquiries to:
Enquiries:	416 283-2263	1 800 263-2263	MasterCard
Telephone Devices for the Deaf:	N/A	1 866 859-2089	P.O. Box 300 Station M
Lost or stolen cards:	416 232-8020	1 800 361-3361	Toronto, ON M6S 4X2

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P.O. BOX 300 STATION M  
TORONTO ON M6S 4X2



Account number:	[REDACTED]
Account balance:	\$ 80.00
Minimum payment due:	\$ 80.00
Payment due by:	Apr. 24, 2010
→ Amount you're paying (\$):	

→ **IMPORTANT PAYMENT INFORMATION:**  
If you are paying by mail, please make your cheque or money order payable to BMO Bank of Montreal. Mail your payment to: MasterCard Payment Centre, P.O. Box 6044 Stn. Centre-Ville, Montreal, Quebec H3C 3X2

JOHN D MCCAMUS  
ATTN MURRAY PLICHTA  
ATRIUM ON BAY 40 DUNDAS ST W 200  
TORONTO ON  
M5G 2H1



HR1000-01-7-DO

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