

All requests for reimbursement must include an original itemized receipt/invoice identifying date of purchase, goods/services purchased, and cost. Credit card receipts or statements are not acceptable. Requests for reimbursement without supporting proof of payment cannot be processed.

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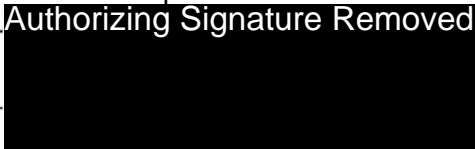
Name of Councillor: <p style="text-align: center;">Raymond Cho</p>	Date: <p style="text-align: center;">July 12, 2010</p>
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Vendor/Supplier Name & Address: <p style="text-align: center;">Rona (Malvern Town Centre) 31 Tapscott Scarborough ON M1B 4Y7</p>	
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Description of Expense/Business Requirement: Purchase of Chain Saw (as per attached receipt No. 1019495 from Rona) <i>COMMUNITY CLEAN UP</i>	<p style="text-align: center;"><i>RONA MALVERN TOWN CENTRE 31 TAPSCOTT, SCARBOROUGH, ON M1B 4Y7 416-292-7662 HST NO: 803682095TR0001 ***** 999999 CASH CUSTOMER</i></p> <p><i>INVOICE CASH: TAA DATE: 11/07/10 1019495 CLERK: 012 TIME: 15:52:48</i></p> <hr/> <p><i>SJTW16/3 GC325M YW 542111 (0238185) 1.00 EA @ \$21.24 \$21.24</i></p> <p><i>CHAIN BATTERY 12"24V.CCS224 (3744011) 1.00 EA @ \$60.00 \$60.00 PF</i></p> <hr/> <p><i>TOTAL: Authorizing Signature Removed \$81.24</i></p> <p><i>13% \$10.56 P</i></p> <hr/> <p><i>TOTAL: \$91.80</i></p> <p><i>CURRENCY: CA \$100.00 CASH \$8.20 CHANGE TOTAL</i></p>
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2010 JUL 16 P 3:46
 CITY CLERK'S OFFICE
 COUNCIL AND SUPPORT
 SERVICES

Cheque Handling Instructions: <input type="checkbox"/> Pay vendor directly <input type="checkbox"/> Return cheque to my office <input checked="" type="checkbox"/> Reimburse: <u>Raymond Cho</u>	Total amount of reimbursement requested: \$91.80
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<i>I certify that the information provided is accurate and authorize payment to the above vendor or individual.</i>	Councillor/Authorizing Signature:  Print Name: Raymond Cho Phone No.: 2-4076
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TO BE COMPLETED BY CUSTOMER SERVICE REPRESENTATIVE, CITY CLERK'S OFFICE				
Cost Centre: <p style="text-align: center;">A40421</p>	GL Acct.: <p style="text-align: center;">4821</p>	Purchase Order No.:	Certified by: Authorizing Signature Removed <p style="text-align: center;">Council</p>	Date: <p style="text-align: center;">July 23/10</p>

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Name of Councillor: <p style="text-align: center;">Raymond Cho</p>	Date: <p style="text-align: center;">July 12, 2010</p>
Vendor/Supplier Name & Address: <p style="text-align: center;">Rona (Malvern Town Centre) 31 Tapscott Scarborough ON M1B 4Y7</p>	
Description of Expense/Business Requirement: Purchase of Nylon Line for Trimmer (as per attached receipt No.1019504 from Rona) <i>COMMUNITY CLEAN UP</i>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><i>RONA MALVERN TOWN CENTER 31 TAPSCOTT, SCARBOROUGH M1B 4Y7 416-292-7662 HST NO: 803682095TR0001</i></p> <p>***** 999999 CASH CUSTOMER</p> <p>INVOICE CASH: TAA DATE: 11/07/10 019504 CLERK: 012 TIME: 16:29:32</p> <hr/> <p>1 TRIM,NYLON 250' .065 42964 (0819033) 1.00 EA @ \$7.64 \$7.64 PF</p> <p>SUB-TOTAL: [REDACTED] \$7.64</p> <p>13% [REDACTED] \$0.99 P</p> <p>TOTAL: \$8.63</p> <p>CURRENCY: CA CASH \$10.00 CHANGE \$1.37 TOTAL SAVINGS</p> </div> <div style="width: 35%; text-align: right; font-size: small;"> <p>2010 JUL 16 P 3:46</p> <p>CITY CLERK'S OFFICE COUNCIL AND SUPPORT SERVICES</p> </div> </div>	
Cheque Handling Instructions:	<input type="checkbox"/> Pay vendor directly <input type="checkbox"/> Return cheque to my office <input checked="" type="checkbox"/> Reimburse: <u>Raymond Cho</u>
Total amount of reimbursement requested: \$8.63	
I certify that the information provided is accurate and authorize payment to the above vendor or individual.	Councillor/Authorizing Signature: [REDACTED] Print Name: Raymond Cho

TO BE COMPLETED BY CUSTOMER SERVICE REPRESENTATIVE, CITY CLERK'S OFFICE				
Cost Centre: <i>A40421</i>	GL Acct.: <i>4821</i>	Purchase Order No.:	Certified for [Signature] Council Secretary Representative	Date: <i>July 23/10</i>

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Vendor/Supplier Name & Address: <p style="text-align: center;">Rona (Malvern Town Centre) 31 Tapscott Scarborough ON M</p>	
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Description of Expense/Business Requirement: Purchase of Safety Goggle (as per attached receipt No.1019547 from Rona) <i>COMMUNITY CLEAN UP</i>	<div style="text-align: center;"> <p>RONA MALVERN TOWN CENTRE 51 TAPSCOTT, SCARBOROUGH, ON M1B 4Y7 416-292-7662 HST NO: 8036E2095TR0001 ***** 999999 CASH CUSTOMER ICE CASH: TAA DATE: 12/07/10 547 CLERK: 112 TIME: 14:33:38</p> <hr/> <p>GOGGLE SAFETY CLEAR 7150200 (8657093) 1.00 EA @ \$5.44 \$5.44 PF GOGGLE SAFETY CLEAR 7150200 (8657093) 1.00 EA @ \$5.44 \$5.44 PF</p> <hr/> <p>SUB TOTAL: \$10.88</p> <p>HST 13% [REDACTED] \$1.41</p> <hr/> <p>TOTAL: \$12.29</p> <p>CURRENCY: CA VISA \$12.29 CHANGE \$0.00</p> <p>CARD NUMBER [REDACTED]</p> </div> <div style="text-align: right; margin-top: 20px;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">2010 JUL 16 P 3:45 CITY CLERK'S OFFICE COUNCIL AND SUPPORT SERVICES</p> </div>
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Cheque Handling Instructions: <input type="checkbox"/> Pay vendor directly <input type="checkbox"/> Return cheque to my office <input checked="" type="checkbox"/> Reimburse: <u>Raymond Cho</u>	Total amount of reimbursement requested: <p style="text-align: center;">\$12.29</p>
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I certify that the information provided is accurate and authorize payment to the above vendor or individual.	Councillor/Authorizing Signature: <div style="background-color: black; color: black; height: 30px; width: 100%;"></div>	Phone No.: 2-4076
	Print Name: Raymond Cho	

TO BE COMPLETED BY CUSTOMER SERVICE REPRESENTATIVE, CITY CLERK'S OFFICE				
Cost Centre: <p style="text-align: center;">A40421</p>	GL Acct.: <p style="text-align: center;">4821</p>	Purchase Order No.:	Certified by: <div style="background-color: black; color: black; height: 20px; width: 100%;"></div> Council	Date: <p style="text-align: center; font-size: 1.2em;">July 23/10</p>

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Name of Councillor: Raymond Cho	THE HOME DEPOT OT brand name SICA BASKIN STR MGR (416)283-3166 7027 00008 88057 12/07/1 11 MNJ84T 04:05 F	Date: July 12, 2010																
Vendor/Supplier Name & Address: Home Depot 60 Grand Marshall Toronto ON		<div style="border: 1px solid black; width: 100px; height: 40px; background-color: black; margin: 0 auto;"></div> Authorizing Signature Removed																
Description of Expense/Business Requirement: Purchase of Titanium LOP (Shears) as per attached receipt 7027 08 88057 dated July 12,2010 for cutting small tree branches <i>COMMUNITY CLEAN UP</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">61161545 TITANIUM LOP <A></td> <td style="width: 40%; text-align: right;">49.97</td> </tr> <tr> <td>GST/HST</td> <td style="text-align: right;">6.50</td> </tr> <tr> <td>PST/QST</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: right;">\$56.47</td> </tr> <tr> <td></td> <td style="text-align: right;">56.47</td> </tr> </table> <p style="text-align: center;">CODE 522348/7081908</p> <div style="text-align: center;">  7027 08 88057 12/07/2010 9617 </div> <p style="text-align: center;">13% HST R135772911</p> <p style="text-align: center;">RETURN POLICY DEFINITIONS</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>POLICY ID</td> <td>DAYS</td> <td>POLICY EXPIRES</td> </tr> <tr> <td>1</td> <td>90</td> <td>10/10/2010</td> </tr> </table> <p style="text-align: center; font-size: small;">HOME DEPOT RESERVES THE RIGHT TO IT / DENY RETURNS. PLEASE SEE THE RETURN POLICY SIGN IN STORES FOR DETAILS.</p>	61161545 TITANIUM LOP <A>	49.97	GST/HST	6.50	PST/QST	0.00	TOTAL	\$56.47		56.47	POLICY ID	DAYS	POLICY EXPIRES	1	90	10/10/2010	<div style="border: 1px solid black; padding: 5px; text-align: center;"> CITY CLERK'S OFFICE COUNCIL AND SUPPORT SERVICES 2010 JUL 16 P 3:46 </div>
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Cost Centre: A40421	GL Acct.: 4821	Purchase Order No.:	Certified: Authorizing Signature Removed Council	Date: July 23/10