

## expense | monthly tracking report

claimant | Male, Carla  
 position | Director, School Financial Management  
 level | Director  
 reporting period | September 1 to October 31, 2014  
 date of report | December-12-14



**Calgary Board  
of Education**

| Description                                 | Date<br>(mm/dd/yyyy) | Details and/or Rationale | Amount (CDN\$) | Category        | Expense Type                   |
|---|----------------------|--------------------------|----------------|-----------------|--------------------------------|
| Tablet                                      | 09/11/2014           | Monthly Service Charge   | \$21.00        | other disclosed | telecom/tablet                 |
| Humanex Training - Sept 24-26 - Chicago, IL | 09/24/2014           | Registration             | \$2,008.25     | travel          | PD course or registration fee  |
| Humanex Training - Sept 24-26 - Chicago, IL | 09/24/2014           | Return airfare           | \$656.81       | travel          | PD airfare/bus/rail            |
| Humanex Training - Sept 24-26 - Chicago, IL | 09/26/2014           | Cabfare at venue         | \$48.07        | travel          | PD general                     |
| Humanex Training - Sept 24-26 - Chicago, IL | 09/26/2014           | Accommodations           | \$272.16       | travel          | PD accommodation               |
| Humanex Training - Sept 24-26 - Chicago, IL | 09/26/2014           | Meals - per diem         | \$78.00        | travel          | PD food/non alcoholic beverage |
| Tablet                                      | 10/11/2014           | Monthly Service Charge   | \$21.00        | other disclosed | telecom/tablet                 |



September 11, 2014  
GOE-CALGARY BOARD OF EDUCATION  
Account number:



Mobile services - (continued)

**CARLA MALE SUPERINTENDENTS OFFICE**  
**Charges for**

SUPERINTENDENT'S OFFICE

Monthly and other charges (Sep 12 to Oct 11)

|  |         |                |
|--|---------|----------------|
| Data Plan for iPad 20                        | \$20.00 |                |
| <b>Total monthly and other charges</b> ..... |         | <b>\$20.00</b> |

Add-ons (Sep 12 to Oct 11)

|                            |      |               |
|----------------------------|------|---------------|
| Data 500MB                 | Free |               |
| Detailed Billing \$0       | Free |               |
| <b>Total add-ons</b> ..... |      | <b>\$0.00</b> |

**Total before taxes**..... **\$20.00**

|  |        |                |
|--|--------|----------------|
| GST                                      | \$1.00 |                |
| <b>Total for</b> <b>with taxes</b> ..... |        | <b>\$21.00</b> |



| Date      | Invoice # |
|-----------|-----------|
| 8/29/2014 | 4104E     |

P.O. BOX 82653  
LINCOLN, NE 68501-2653

Phone # 402-483-2844

Fax # 402-483-2138

|  |
|--|
| <b>Bill To</b>   |
| Calgary Board of Education<br><br>1221- 8 Street S.W.<br>Calgary, AB T2R 0L4 |

| P.O. No. | Terms          | Project |
|----------|----------------|---------|
|          | Due on receipt |         |

| Quantity   | Description   | Rate     | Amount      |
|--|---|----------|-------------|
| 6  | Principal Certification: 2.0<br>Training Location: Bloomingdale, IL<br>Trainer: Lisa<br>Training Dates:<br>Phase I: August 28, 2014<br>Phase II: October 30, 2014<br><br>Participant Carla Male - at \$1,850.00 USD = \$2008.25 CDN | 1,850.00 | 11,100.00   |
| original signed by<br><hr/> Lori Pamplin, Director,<br>Leadership and Learning |   |          |             |
| <b>Total</b>   |   |          | \$11,100.00 |
| <b>Payments/Credits</b>  |   |          | \$0.00      |

Thank you. Please send all payments to: Union Bank & Trust, LockBox Processing, PO Box 82653, Lincoln, NE 68501. Should you have questions regarding this invoice, please contact Lindsay Comins at HUMANeX Ventures, (269) 250-8321 or e-mail: [lindsay.comins@humanexventures.com](mailto:lindsay.comins@humanexventures.com)

**Balance Due \$11,100.00**

# Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.  
**Please bring your itinerary-receipt to the airport.**

## Main Contact Information

## Booking reference:

**Name:** Ms Carla Male  
**E-mail:**  
**Form of payment:**

**Customer Care**  
**Air Canada Reservations**  
 1-888-247-2262  
**Air Canada Flight Information**  
 1-888-422-7533

International Reservations

Alert me of flight changes  
Flight notification

## Flight Itinerary

| Flight              | From                 | To                   | Aircraft | Booking class | Status    |
|---------------------|----------------------|----------------------|----------|---------------|-----------|
| AC4681              | Calgary (YYC)        | Chicago O Hare (ORD) | E70      | W             | Confirmed |
| <i>Operated by:</i> | Wed 24-Sept 2014     | Wed 24-Sept 2014     |          |               |           |
| <i>United</i>       | 11:25                | 15:51 - TERMINAL 1   |          |               |           |
| AC4331              | Chicago O Hare (ORD) | Calgary (YYC)        | CR7      | W             | Confirmed |
| <i>Operated by:</i> | Fri 26-Sept 2014     | Fri 26-Sept 2014     |          |               |           |
| <i>United</i>       | 15:13 - TERMINAL 1   | 17:58                |          |               |           |

## Passenger Information

**Passenger 1**  
**Name:** Ms Carla Male **Ticket number:**  
**Frequent Flyer Pgm:** **Program number:**

## Purchase Summary

Passenger: 1 Ticket number

**Date of issue**

02-Sept 2014

**Fare Amount in Canadian dollars:**

517.00

*(including navigational & other charges)*

**Taxes, Fees & Charges**

Canada Security Charge (CA)

Canada Goods and Services Tax (GST/HST #10009-2287) (XG)

Combined Taxes \*see fare calculation below (XT)

~~12.10~~

27.96

99.75

656.81

**Total Fare in Canadian dollars:**

Ticket particularities:

AC ONLY/NONREF/CHGFEE -BG:AC

*\*Fare calculation:*

24SEP14YYC AC CHI Q7.50R251.00AC YYC Q7.50R251.00CAD517.00  
 END ROE1.00 XT30.00SQ6.13YC39.00US5.57XA7.80XY6.24AY XF5.01  
 ORD4.50

*Canadian tax registration numbers:*

XG Canada Goods and Service Tax (GST) #10009-2287

RC Canada Harmonized Sales Tax (HST) #10009-2287

XQ Quebec Sales Tax (QST) #1000-043-172

## Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accommodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

Please read important information and notices regarding Air Canada's [general conditions of carriage](#).

## Important Information & Conditions

Please review this itinerary/receipt and should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

### Before You Go: A 'To-Do' List

All passengers are advised to view the [Travel documentation](#) and [US Secure Flight Program](#) US Secure Flight Program for important information on documents and identification required for travel.

### Travel Insurance

Canadian Residents - RBC Travel Insurance Company offers Canadian travellers an easy way to purchase travel insurance. Whether you're traveling by yourself or with your family, it's important to get protection against the high cost of medical expenses, trip cancellation or other unforeseen circumstances. Residents of Canada can purchase travel insurance from RBC Travel Insurance Company via [www.aircanada.com/insurance](http://www.aircanada.com/insurance) or by calling 1-866-530-6021. To make sure you get the best possible protection, purchase insurance prior to your departure.

U.S. Residents - CSA Travel Protection offers American travellers an easy way to purchase travel insurance. Whether you're traveling by yourself or with your family, it's important to get protection against the high cost of medical expenses, trip cancellation or other unforeseen circumstances. Residents of the United States can purchase travel insurance from CSA Travel Protection via [www.aircanada.com/us/en/insurance](http://www.aircanada.com/us/en/insurance) or by calling 1-866-473-3315. To make sure you get the best possible protection, purchase insurance prior to your departure.

**Male, Carla**

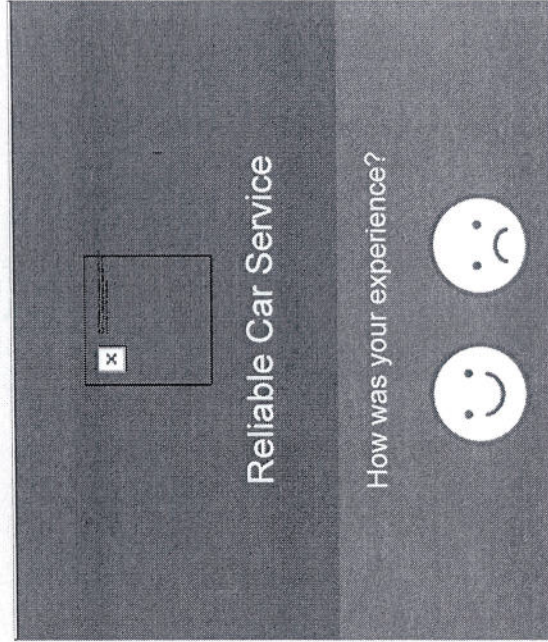
---

**From:** Square <noreply@messaging.squareup.com>  
**Sent:** September-26-14 11:45 AM  
**To:**  
**Subject:** Receipt from Reliable Car Service

**Things just got easier.**

Now when you shop at sellers who use Square, your receipts will be delivered automatically.

[Learn more.](#)



\$42.00 USD = 48.07 CDN.

Custom Amount

\$35.00



room:



MALE, CARLA  
1221 8TH ST SW  
CALGARY AB T2R0L4  
CANADA

name  
address

room number: 434/KXTD  
arrival date: 9/24/2014 5:40:00 PM  
departure date: 9/26/2014  
adult/child: 1/0  
room rate: 120.60

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

Rate Plan: AAA  
HH #  
AL:  
Car:

Confirmation Number:

9/26/2014 Page: 1

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here:

signature:

| date      | reference | description           | amount   |
|-----------|-----------|-----------------------|----------|
| 9/24/2014 |           | GUEST ROOM            | \$120.60 |
| 9/24/2014 |           | STATE TAX             | \$7.24   |
| 9/24/2014 |           | CITY TAX              | \$6.03   |
| 9/25/2014 |           | GUEST ROOM            | \$93.60  |
| 9/25/2014 |           | STATE TAX             | \$5.62   |
| 9/25/2014 |           | CITY TAX              | \$4.68   |
|           |           | WILL BE SETTLED TO MC | \$237.77 |
|           |           | EFFECTIVE BALANCE OF  | \$0.00   |

USD  
= 272.16 CAD.

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

|  |                      |                 |
|--|----------------------|-----------------|
| account no.  | date of charge       | folio/check no. |
| card member name   | authorization        | initial         |
| establishment no. and location<br><small>establishment agrees to transmit to card holder for payment</small> | purchases & services |                 |
|  | taxes                |                 |
|  | tips & misc.         |                 |
| signature of card member<br><b>X</b>   | total amount         |                 |



**Must** be completed upon return from every business trip for reporting purposes and any out of pocket expenditures.

**Return completed form to Service Delivery, Education Centre**

Details of Trip | Please Print

Date: **October 6, 2014**

Employee's Name: **Carla Male**

Vendor #: \_\_\_\_\_

School/Department to mail cheque to: **Finance and Supply Chain Services**

Purpose of Trip/Name of Conference: **Humanex Training**

Departure and Return Dates: **September 24-26, 2014**

Destination: **Chicago, IL**

| Description of Expenses<br>(Please attach receipts)   | Total Cost<br>(Canadian Dollars) | Exchange<br>Rate<br>(for information<br>purposes) | Amount Paid<br>by CBE<br>Invoice/P-Card/ Amex/<br>Payroll for Mileage<br>(including GST) | Amount Paid<br>by Claimant<br>For Out of Pocket<br>Expenditures<br>(including GST) | Alias to be charged for<br>Claimant's Expenses |
|---|----------------------------------|---|--|--|--|
| <b>Registration/Conference Fees</b>   | 2008.25                          |   | 2008.25  |  |  |
| <b>Travel Costs</b>   |                                  |   |  |  |  |
| <input type="checkbox"/> Airfare (including trip cancellation insurance)                              | 656.81                           |   | 656.81   |  |  |
| <input type="checkbox"/> Rail/Bus   |                                  |   |  |  |  |
| <input type="checkbox"/> Taxi/Shuttle Bus/Car Rental in Calgary                                       |                                  |   |  |  |  |
| <input type="checkbox"/> Taxi/Shuttle Bus/Car Rental at Destination                                   | 48.07                            |   | 48.07  |  |  |
| <input type="checkbox"/> Personal Vehicle _____ km @ 50¢/km<br>(submit on Km Payment Form to Payroll) |                                  |   |  |  | Send original to Payroll<br>for payment        |
| <b>Accommodations at Single Rate</b>  |                                  |   |  |  |  |
| \$ _____ @ two _____ Nights   | 272.16                           |   | 272.16   |  |  |
| <b>Meals</b> (including tips) (excluding meals covered<br>by Conference or Others)                    |                                  |   |  |  |  |
| <input type="checkbox"/> Breakfast _____ @ \$12.00  |                                  |   |  |  |  |
| <input type="checkbox"/> Lunch _____ @ \$17.00  |                                  |   |  |  |  |
| <input type="checkbox"/> Dinner _____ 3 @ \$26.00   | 78.00                            |   |  | 78.00  | 9351-BSN-TRAV                                  |
| <input type="checkbox"/> Or Actual Expense  |                                  |   |  |  |  |
| <b>Telecommunication Charges</b> (Internet, phone<br>calls)   |                                  |   |  |  |  |
| <b>Parking – in Calgary</b>   |                                  |   |  |  |  |
| <b>Parking – at Destination</b>   |                                  |   |  |  |  |
| <b>Other – Provide Details</b>  |                                  |   |  |  |  |
| <b>TOTAL COST OF TRIP</b>   | <b>3063.29</b>                   |   |  |  |  |
| <b>CASH ADVANCE IF ANY–Ref # _____</b>  |                                  |   |  |  |  |
| <b>AMOUNT DUE TO (OWING BY) CLAIMANT</b>  |                                  |   |  | <b>78.00</b>   |  |
| <b>GST Breakout Area</b>  |                                  |   |  |  |  |

I certify that the above claim is correct:

original signed by claimant

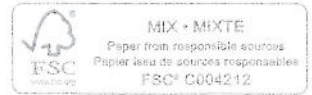
original signed by B. Grundy

Claimant's Signature

Approved by Superordinate

**NOTE | Copies of amounts paid through the P-Card, Amex Card, Invoices and Mileage Claim Forms must also be attached to this claim, in addition to items claimed for all Out of Pocket Expenses.**





Mobile services - (continued)

CARLA MALE SUPERINTENDENTS OFFICE  
Charges for

SUPERINTENDENT'S OFFICE

Monthly and other charges (Oct 12 to Nov 11)

|                                       |         |         |
|---------------------------------------|---------|---------|
| Data Plan for iPad 20                 | \$20.00 |         |
| Total monthly and other charges ..... |         | \$20.00 |

Add-ons (Oct 12 to Nov 11)

|                      |      |        |
|----------------------|------|--------|
| Detailed Billing \$0 | Free |        |
| Data 500MB           | Free |        |
| Total add-ons .....  |      | \$0.00 |

Total before taxes ..... \$20.00

GST ..... \$1.00

Total for with taxes ..... \$21.00