expense | monthly tracking report

claimant | King, Pamela position | Trustee, Wards 5 & 10 level | Board of Trustees reporting period | March 1 to April 30, 2017 date of report | June-09-17



Description			Amount (CDN\$)	Category	Expense Type
	(mm/dd/yyyy)				
	04/09/17	Desistration Foo	¢295.00	other diaglaged	
ASCA Conference		Registration Fee			BUS general
ASCA Conference	04/28/17	Mileage	\$300.00	travel	BUS mileage
ASCA Conference	04/28/17	Accommodation	\$167.28	travel	BUS accommodation
ASCA Conference	04/28/17	Meals	\$20.40	travel	BUS food/non alcoholic beverage

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Calgary Board Frustee Professional Development and of Education Travel & Subsistence France Content C Travel & Subsistence Expense Report

Must be completed upon return from every business trip for reporting purposes and any out of pocket expenditures. Completed form will be submitted to Accounts Payable.

Details of Trip (Please Print Trustee's Name Pamela King, Trustee Wards 5 & 10			Date: <u>May 02 2017</u>			
Departure and Return Date April 2	8-29 2017		_Destination: Edmo	nton		
Gascription of Expenses Plaase attach receipts	Total Cost (Indicate currency If not Cdn)	Exchange Rate Adjusted Amount (If applicable)	Amount Paid by CBE Invoice/P-Card/ Payroll for Mileage (including GST)	Amount Paid By Claimant For Out of Pocket Expenditures (including GST)	Alias to be Charged for Claimant's Expenses	
Registration/Conference Fees	385.00		385.00			
Travel Costs						
Airfare						
Insurance						
Rail/Bus						
Taxi/Shuttle Bus/Car Rental at Destination Personal Vehicle 600 Km @	200.00		200.00			
50¢/Km (submit via PeopleSoft)	300.00		300.00			
Parking – at Destination						
Accommodation						
1 Nights @ \$ <u>167.28</u> (Single Rate)	167.28		167.28			
Telecommunication Charges						
(Internet, Phone calls)						
Meals – Receipts required						
(Including tips, excluding meals covered by Conference or Others)						
Breakfast(s) (Maximum \$12.00 each)						
Lunch(es) (Maximum \$17.00 each)						
1 Dinner(s) (Maximum \$26.00 each)	20.40		20.40			
Other - Provide Details						
TOTAL COST OF TRIP	872.68		872.68			
AMOUNT DUE TO CLAIMANT / <cbe< td=""><td>></td><td></td><td></td><td></td><td></td></cbe<>	>					

GST Breakout Area

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

Personal Information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP). The information included in this report is collected for the purpose of scores reporting and reimbursement and may be disclosed to the public as required by the CBE's policies and practices, Alberta Government policies and legislation, or a FOIP request. I have reviewed the attachments to ensure that confidential information has been removed or redacted/I certify that the above claim is correct.

1200. 9925.109 Street Edmonton Alberta Canada T5K 2J8 Phone 780.451.7142 or 1.800.661.3470 Fax 780.455.0167 **Alberta School Councils' Association**

Date	Invoice #
2017-04-18	20000

Bill To

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Pamela King Calgary Board of Education 1221 - 8 Street SW Calgary, AB T2R 0L4 Canada

Ship	T	o
Dam	_	la

Pamela King Calgary Board of Education 1221 - 8 Street SW Calgary, AB T2R 0L4 Canada

PO Number	Terms	Due Date
	Due on receipt	2017-04- 18

Qty	Description	Price	Totals
1	2017 - Yes, I am purchasing INDIVIDUAL event tickets - Pamela King		
1	2017 Saturday ONLY Daytime Non-member - Pamela King	\$385.00	\$385.00
		Sub-Total	\$385.00
		Total	\$385.00

Payments/Adjustments

Qty	Description	Price	Totals
1	Payment via Credit Card (using card xxxxxxxxxx Applied to invoice on 2017-04-18 3:57:43 PM	-\$385.00	-\$385.00
	Total Pa	yments/Adjustments	-\$385.00
		Balance Due	\$0.00

Invoice



Directions: Complete this form to track kilometres travelled. To receive payment, please enter the total weekly kilometres into your timesheet ir PeopleSoft, then submit a hardcopy of the Kilometre Travel Log form to your Manager or Principal. You may wish to retain a copy for your own records.

Section 1: You	ur Employee Information To be con	npleted by Employee			
Employee ID:*			* King, Trustee Wards 5	§ 10	
	Details: To be completed by Emploit trip on a separate row.	byee Record the date, purpo	ose, beginning and ending loca	ations, and	
Date DD-MM-YY	Purpose for Trip	Trip Starts From	Trip Ends At	Distance in km	
04/28/2017	ASCA Conference & AGM	Calgary	Edmonton	300	
04/29/2017		Edmonton	Calgary	300	
	y km must be entered into the timeshe		Total Kilometres	600	
and send to: cbe	be completed by Employee and App eincoming@westcanadian.com	<i>rover</i> The approver must cr	eate a PDF copy of the compl	eted Travel Log	
Employee Signature:*		Time Approver Na	me:* Trish Minor		
Employee Pho		Time Approver Signature:*			
Date DD-MM-YY	* Time Approver Phone: * 403-817-7924	Date DD-MM-YY:*	Date DD-MM-YY:*		
Personal information	is collected under the authority of Alberta's Freedom	n of Information and Protection of Pr	3 2017 ivacy Act (FOIP). This information will	be used for the	
management of pers protection provisions	sonnel and for the delivery of various Human Resources of FOIP. If you have any questions about the FOIP.	ces programs at the Calgary Board of Act, please access http://www.cbe.a	of Education. It will be treated in accord	lance with the privacy	

DELTA HOTELS MARRIOTT

EDMONTON SOUTH CONFERENCE CENTRE

4404 Gateway Boulevard NW, Edmonton, Alberta, T6H 5C2

Tel: 780-434-6415 Fax: 780-436-9247

Pamela King Canada

Total

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Room:	
Folio:	59
Cashier:	145
Arrival:	04-28-17
Departure:	04-29-17

Group: AB School Councils' Association Attendee

19.13

Date	Description	Additional Inform	ation		Charges	Credits
04-28-17	Aurora - Dinner	Room# 0321 : CH	IECK# 4895		20.40	
04-28-17	Room Charge				149.00	
04-28-17	Room Destination Marketing Fee				4.47	
04-28-17	Room GST				7.67	
04-28-17	AB Tourism Levy				6.14	
04-29-17	Master Card	XXXXXXXXXXXXXX	<	XX/XX		187.68
GST Sum	nmary		Total		187.68	187.68
Registrat Room	ion No: 865717755 7.67		Balance Due)	0.00 CDI	N
F&B	0.85					
Other	10.61					

Guest Signature:_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

ASCA Conference

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**** AURORA **** 4404 Gateway Blvd Edmonton, AB Tel: 780-431-3468				
Review Us on TripAdv GST#865717755RT(
54318 Shayla				
CHK 4895 T	BL 60/2 GST 1			
28 APR'17 9:41				
1 MAIN REG CAESAR SALAD 1 ADD CHICKEN	12.00 5.00			
Subtotal: GST % TAX 9:41 PM	\$17.00 \$0.85			
TOTAL DUE:	\$17.85			
PLEASE COMPLETE FOR RO	Dom Charges			
10TAL 30.40)			
ROOM NUMBER				
PRINT LAST NAME				

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SIGNATURE_____