

## expense | monthly tracking report

claimant | Fradgley, Catherine

position | Director, Facility Operations

level | Director

reporting period | March 1 to April 30, 2013

date of report | June 14, 2013



**Calgary Board  
of Education**

Description	Date (mm/dd/yyyy)	Details and/or Rationale	Amount (CDN\$)	Category	Expense Type
Cell Phone	03/17/2013	Monthly service plan	\$82.50	other disclosed	telecom/cell phone
Facility Use Team Public Use Allocation workshop (CCSD, City, CBE)	03/20/2013	Lunch for 15 people	\$176.40	hospitality	BUS catering
Cell Phone	04/17/2013	Monthly service plan	\$54.29	other disclosed	telecom/cell phone
Working relationship lunch meeting	03/08/2013	Lunch for 2 people	\$37.60	working session	BUS food/non alcoholic beverage
Alberta Boilers Safety Authority (ABSA)	03/14/2013	2013 membership renewal for education and certification	\$97.50	other disclosed	membership, due, fees



Mobile 4

Bill Date: March 17, 2013

CATHERINE FRADGELY

Mobile Ref.

**CURRENT CHARGES** for

*HF - Facility operations*

Account #

408of 1080

Next Bill Date: April 17, 2013

FOR YOUR INFORMATION...	
<b><i>Discount Summary</i></b>	
Total discounts	\$82.50
<b>Total this month</b>	<b>\$82.50</b>
<b><i>Usage Summary</i></b> <span style="float: right;"><i>min:sec</i></span>	
Weekday	23:49
<b>Total time used</b>	<b>23:49</b>
<b><i>Packet Plan Usage Summary</i></b>	
Total megabytes	1.3309
Total this month	\$0.00

CALGARY PARKING AUTHORITY (403) 537-7000

Terminal: 864  
Plate:

*mileage*

Zone: Lot 24 10024  
C 55690915103

Valid through:

FRIDAY 15 MAR 13

1:59 PM

*FUT/  
JUCC  
Presentation*

AMOUNT PAID: \$4.75  
START TIME: 3/15/13 1:59 PM  
FREE Battery Boosting & Tire Inflation Services (403) 537-7006

*\$4.75*

Lot No: 150537  
RECEIPT NO: 2609



This form must be completed for each credit card transaction (for purchases over \$20.00) that is not supported by a detailed receipt from the merchant. This form must be approved by the cardholder's Supervisor and enclosed within the Statement & Receipt Envelope.

**CARDHOLDER**

Cardholder Name

Catherine D. Fradgley

Card Number

\*\*\*\*\*

Phone Number

403-

Department / School

Facility Operations / Highfield

Merchant Name

Real Cdn. Superstore

Transaction Date  
YYYY

2 | 0 | 1 | 3

MM | DD

03 | 20

Transaction Amount

\$ 72.05

Description of purchase:

whole group meeting - refreshments

Reason detailed receipt / documentation is not available:

receipt

Temporary employee did not submit to Admin Asst

**Cardholder Missing Receipt Acknowledgement**

- The information provided is a true and accurate description of the details of the purchase
- I confirm that every attempt has been made to obtain a duplicate receipt by contacting the merchant. However, there has been failure to produce a receipt
- All items purchased as part of this credit card transaction were for use by The CBE in my duties as an employee. No personal purchases were made
- Original documentation is not in my possession and I will not seek reimbursement for the transaction
- I acknowledge that repeated lack of documentation could result in a cancelled relationship with the supplier and / or suspension of credit card privileges

Cardholder Signature

Date

YYYY MM DD

2 | 0 | 1 | 3 | 04 | 17

**SUPERVISOR**

I have accepted the cardholder's explanation of the receipt loss and / or inability to obtain a detailed receipt

Supervisor Signature

Employee ID

0 | 4 | 1 | 9 | 8 | 4

Date

18 APR 2013

aa

H145200

SPOLUNBO'S FINE FOODS  
1308 9TH AVE S.E. T2G0T3  
CALGARY AB  
21762344

|||| PURCHASE ||||  
03-20-2013 08:00:50  
Acct # .....  
Exp Date \*\*/\*\* Card Type ..  
Name:

Trace # 680011  
FS2176234404  
Inv. # 5695 CVD Resp  
Auth # 100051 RRN 001266011

Total \$176.40

Retain this copy for your  
records  
Customer copy



This form must be completed for each credit card transaction (for purchases over \$20.00) that is not supported by a detailed receipt from the merchant. This form must be approved by the cardholder's Supervisor and enclosed within the Statement & Receipt Envelope.

**CARDHOLDER**

Cardholder Name

Catherine D. Fradgley

Card Number

Phone Number

\* \* \* \* \*

Department / School

Facility Operations / Highfield

Merchant Name

CPAPM - Govt Services

Transaction Date  
YYYY

2 | 0 | 1 | 3

MM

DD

04 | 09

Transaction Amount

\$ 4.00

Description of purchase:

Parking

Reason detailed receipt / documentation is not available:

Parking machine did not dispense a receipt

**Cardholder Missing Receipt Acknowledgement**

- The information provided is a true and accurate description of the details of the purchase
- I confirm that every attempt has been made to obtain a duplicate receipt by contacting the merchant. However, there has been failure to produce a receipt
- All items purchased as part of this credit card transaction were for use by The CBE in my duties as an employee. No personal purchases were made
- Original documentation is not in my possession and I will not seek reimbursement for the transaction
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Cardholder Signature

Date

YYYY

MM

DD

2 | 0 | 1 | 3 | 04 | 17

**SUPERVISOR**

I have accepted the cardholder's explanation of the receipt loss and / or inability to obtain a detailed receipt

Supervisor Signature

Employee ID

0 | 4 | 1 | 9 | 8 | 4

Date

18 APR 2013



*HF - Facility operations*

408of 1080

**Charge Details**

Account number :

Invoice Date : April 17, 2013

Next Invoice Date : May 17, 2013

Subscriber:

**Total Current Charges**      54.29      CAD

[Print](#)

HOTEL BLACKFOOT-GREENS  
5940 BLACKFOOT TRAIL SE  
CALGARY AB

CARD \*\*\*\*\*  
CARD TYPE  
DATE 2013/03/08  
TIME 0919 12:56:57  
CLERK ID 22  
RECEIPT NUMBER

PURCHASE  
AMOUNT \$33.60  
TIP \$4.00  
TOTAL

**\$37.60**

A0000000041010  
A7E734B4643EC3C1  
0000008000-E800  
C0FC2F174039F01C

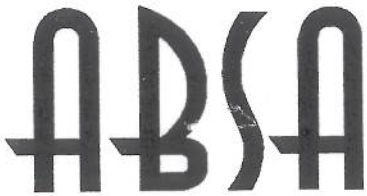
**APPROVED**

AUTH# 145658 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS





**ABSA**  
 9410 - 20 AVENUE  
 EDMONTON AB CAN T6N 0A4  
 Tel: (780) 437-9100 Fax: (780) 437-7787  
 e-mail: Exams@absa.ca

# RECEIPT

The Pressure Equipment Safety Authority

**Bill To:**

FRADGLEY, CATHERINE

RECEIPT NO. POS0000182553  
 RECEIPT DATE 03/14/2013  
 PAGE 1

CUSTOMER FILE #	CUSTOMER ID	PAYMENT TERMS ID		
A-41925	MISC001	NET 30		
ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXT. PRICE
3	050	Renewals - Education & Certification	\$32.50	\$97.50

ALBERTA BOILERS SAFETY  
 9410 - 20 AVENUE N T6N0A4  
 EDMONTON AB  
 22831966

++++ PURCHASE +++++

03/14/2013 09:28:37  
 Acct # M  
 Exp Date ' / ' Card Type  
 Name:

Trace # 630061  
 FS2283196601

Auth # 112838 CVD Resp  
 RRN 001245066

**Total \$97.50**

Retain this copy for your records  
 Customer copy

MASTERCARD

Authorization # 112838

Conroy  
 \* Taxable Items

GST - 895026763

SUBTOTAL	\$97.50
TAX	\$0.00
SUBTOTAL	\$97.50
PAYMENT RECE'D	\$97.50
MC	
TOTAL	\$0.00