expense | monthly tracking report

claimant | Ard, Ann

position | Education Director

level | Director

reporting period | March 1 to April 30, 2023

date of report | Friday, June 9, 2023



Description	Date (mm/dd/yyyy)	Details and/or Rationale	Amount (CDN\$)	Category	Expense Type
Cell Phone	03/15/23	Monthly Bill	\$108.68	other disclosed	telecom/cell phone
Cell Phone	04/15/23	Monthly Bill	\$61.90	other disclosed	telecom/cell phone
College of Alberta School Superintendents (CASS)	02/26/23	Registration	\$635.00	travel	PD course or registration fee
College of Alberta School Superintendents (CASS)	03/24/23	Hotel	\$705.23	travel	PD accommodation
College of Alberta School Superintendents (CASS)	03/24/23	Mileage to Edmonton and Return	\$326.50	travel	PD mileage
Curriculum Leader Connections Meeting	03/21/23	Hotel	\$151.51	travel	PD accommodation
College of Alberta School Superintendents (CASS)	03/24/2023	Meals - Per Diem	\$133.00	travel	PD food/non alcoholic beverage







Subscriber: ANN ARD

Account Detail		
Assignment	Ann Ard	
Contract Detail		\$ 30.00
Contract Name	3GB Pooled Voice & D	
Options Charges		\$ 73.50
Calgary BoE Cimpl Bundle		\$ 3.50
Voice Charges		\$ 0.00
Charges for Additional Minutes Peak Minutes Off Peak Minutes Total Airtime Minutes	280:00 min 24:00 min 356:00 min	\$ 0.00
Data Charges		\$ 0.00
Data Volume (MB) Browser Charge	6673.4605 MB 0:00 min	\$ 0.00 \$ 0.00
Text Messages		\$ 0.00
Text Messages	319 msg	\$ 0.00
Long Distance Charges		\$ 0.00
Long Distance Charges	2:00 min	\$ 0.00
Roaming Charges		\$ 0.00
Voice Charges Data Charges	2:00 min 547.3500 MB	\$ 0.00 \$ 0.00
Other Fees		\$ 0.00
411 Service Monthly Access Fees Discount		\$ 0.00 \$ 0.00 \$ 0.00
Other Charges and Credits		\$ 0.00
Other Charges and Credits		\$ 0.00
Taxes		\$ 5.18
GST		\$ 5.18
Total		\$ 108.68







Subscriber: ANN ARD

Account Detail		
Account Detail		
Assignment	Ann Ard	
		+ 22 22
Contract Detail		\$ 30.00
Contract Name	3GB Pooled Voice & D	
Options Charges		\$ 28.50
Calgary BoE Cimpl Bundle		\$ 3.50
Voice Charges		\$ 0.00
Charges for Additional Minutes		\$ 0.00
Peak Minutes	291:00 min	
Off Peak Minutes Total Airtime Minutes	148:01 min 533:00 min	
Total Airtime Minutes	555:00 IIIIII	
Data Charges		\$ 0.00
Data Volume (MB)	4198.2279 MB	\$ 0.00
Browser Charge	0:00 min	\$ 0.00
Text Messages		\$ 0.45
Text Messages	302 msg	\$ 0.45
Long Distance Charges		\$ 0.00
Long Distance Charges	304:00 min	\$ 0.00
Roaming Charges		\$ 0.00
Voice Charges	0:00 min	\$ 0.00
Data Charges	5.6100 MB	\$ 0.00
Other Fees		\$ 0.00
411 Service		\$ 0.00
Monthly Access Fees		\$ 0.00
Discount		\$ 0.00
Other Charges and Credits		\$ 0.00
Other Charges and Credits		\$ 0.00
Taxes		\$ 2.95
GST		\$ 2.95
Total		\$ 61.90



Travel & Subsistence Expense Report

Must be completed upon return from every business trip for reporting purposes and any out of pocket expenditures. Return completed to Accounts Payable (CBEAccountsPayable@cbe.ab.ca) with a copy of your approved *Travel Within Alberta form*.

Details of Trip Please Print	Date:				
Employee's Name		Vendor #:			
School / Department to mail cheque to					
Purpose of Trip / Name of Conference					
Departure and Return Dates					
Description of Expenses	Total Cost (Canadian Dollars)	Exchange Rate	Amount Paid by CBE	Amount Paid by Claimant	Alias to be charged for Claimant's Expenses
(Please attach receipts)		(for information purposes)	Invoice/P-Card/ Amex/ Payroll for Mileage (including GST)	For Out of Pocket Expenditures (including GST)	olumant s Expenses
Registration/Conference Fees					
Travel Costs					
Airfare (including trip cancellation insurance)					
■ Rail/Bus					
■ Taxi/Shuttle Bus/Car Rental in Calgary					
■ Taxi/Shuttle Bus/Car Rental at Destination					
 Personal Vehicle km @ 51¢/km (submit on Km Payment Form to Payroll) 					Send original to Payroll for payment
Accommodations at Single Rate					
\$					
Meals (including tips) (excluding meals covered by Conference or Others)					
■ Breakfast@ \$12.00					
■ Lunch@ \$17.00					
■ Dinner@ \$26.00					
Or Actual Expense					
Telecommunication Charges (Internet, phone calls)					
Parking – in Calgary					
Parking – at Destination					
Other - Provide Details					
TOTAL COST OF TRIP					
CASH ADVANCE IF ANY-Ref #					
AMOUNT DUE TO (OWING BY) CLAIMANT					
GST Breakout Area					
I certify that the above claim is correct:					
Claimant's Signature			Approved by S	uperordinate	
NOTE Copies of amounts paid through the P			and Mileage Clair	m Forms must a	also be attached to this

Date Created | 2012/12/04 Date Revised | 2022/09/22

EVENT REGISTRATION



Thank You! Registration Complete

✓ Thank you for registering with CASSAlberta! You will be receiving a confirmation email shortly. If you do not receive this email within 30 minutes, please contact admin@cass.ab.ca (mailto:admin@cass.ab.ca)



Order #7656

Registrant #1: Ann Ard 🗸

Primary Phone: 403-880-3440

School Authority: Calgary Board of Education

Jurisdiction Type: Public School Authority

Zone: 5

Position: Education Director

Breakout Options: 4. Combination of any of the above -- Mar 22, 2023 (12:30 p.m. - 4:00 p.m.)

Role-Alike: Curriculum, Assessment, Technology -- Mar 22, 2023 (7:15 p.m. - 8:30

p.m.)

System Education Leaders' Role in Supporting Curriculum Implementation: Examining Our Evidence of Implementation -- Mar 23, 2023 (10:00 a.m. - 12:00

p.m.)

Literacy and Numeracy Learning: Closing the Achievement Gap Using a Research-Informed Approach -- Mar 23, 2023 (1:00 a.m. - 3:00 p.m.)

Questions: • How many years have you been a CASS member?

4-7 years

Event Details 6

Title: 2023 Annual Learning Conference

Date(s): • March 22, 2023

(12:30 p.m. - 4:00 Pre-conference)

• March 22, 2023

(7:00 p.m. - 10:00 p.m. Conference Opening - Role-Alike)

• March 23, 2023

(8:30 a.m. - 4:30 p.m.)

• March 24, 2023

(8:30 a.m. - 12:30 p.m.)

Location: Fantasyland Hotel, Edmonton

Cost: \$635.00 (With Pre-conference)

Order Summary

Transaction ID:	43962921676
Total Registrants:	1
Credit Card:	MasterCard
Authorization Code:	079392
Amount Paid	\$635.00
Order Timestamp	February 26, 2023 (10:05 am)

CASSAlberta Event Registration

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HGI EDMONTON INTERNATIONAL AIRPORT

8208 36TH STREET LEDUC, AB T9E 0H7

Canada

TELEPHONE 780-612-2350 • FAX 780-612--2351

Reservations

www.hilton.com or 1 800 HILTONS

ARD, ANN 411/K1RZ Room No:

> Arrival Date: 3/20/2023 4:25:00 PM Departure Date: 3/21/2023 8:04:00 AM

Adult/Child: 1/0

CALGARY AB Cashier ID: DRAJPUT3 CANADA Room Rate: 139.00

AL:

HH# 1733289639 BLUE

VAT#

Folio No/Che 226596 A

Confirmation Number: 3343232698

HGI EDMONTON INTERNATIONAL AIRPORT 3/21/2023 8:04:00 AM

DATE	DESCRIPTION	Cashier ID	Transaction ID	GUEST CHARGES	CREDIT	BALANCE
3/20/2023	GUEST ROOM	KABDALL A	826511	\$139.00		
3/20/2023	GOODS & SERVICES TAX	KABDALL A	826511	\$6.95		
3/20/2023	TOURISM LEVY	KABDALL A	826511	\$5.56		
3/21/2023	MC *8537	DRAJPUT 3	826568		(\$151.51)	

BALANCE \$0.00

EXPENSE REPORT

SUMMARY

3/20/2023 STAY TOTAL

ROOM AND TAX \$151.51 \$151.51 **DAILY TOTAL** \$151.51 \$151.51

Total Invoice Amount \$139.00 \$12.51

Hilton Honors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 6,500+ hotels and resorts in 119 countries, please visit Honors.com

GST # R-125299495-RT0001



17700 87 AVE EDMONTON AB T5T 4V4

Ard , Ann Confirmation Number: 49929878-1

Room Number: 1027

CAlgary, AB Room Type: SPOLT

No. of Guests: 1

TOTAL DUE:

ARRIVAL	DEPAR	RTURE	RATE PLAN	
03/21/2023	03/22/2	2023	BAR	
DATE	CODE	DESCRIPTION		AMOUNT (CAD)
03/21/2023	RM	Room Charge		329.00
03/21/2023	RT	Alberta Tourism	Levy	13.16
03/21/2023	GST	GST 845861368	3 RT	16.45
03/22/2023	MC	MasterCard ****	******3501	(358.61)
03/22/2023	MC	MasterCard/refu **********3501	ınd	358.61
03/22/2023	MC	MasterCard ****	*******8382	(358.61)

TERMS:

If a credit card was provided upon check-in, a hold was placed on the card for the full amount to be owed to the hotel, plus estimated incidentals. This hold may display as pending for telephone or online banking portals and may not be released for 72 hours or longer after departure at the discretion of your card issuer.



17700 87 AVE EDMONTON AB T5T 4V4

Ard , Ann Confirmation Number: 30892493-1

Room Number: 1027

CAlgary, AB Room Type: SPOLT

No. of Guests: 1

ARRIVAL	DEPAR	RTURE	RATE PLAN	
03/22/2023	03/24/2023		GROUP	
DATE	CODE	DESCRIPTION		AMOUNT (CAD)
03/22/2023	RM	Room Charge		159.00
03/22/2023	RT	Alberta Tourism	Levy	6.36
03/22/2023	GST	GST 845861368	8 RT	7.95
03/23/2023	RM	Room Charge		159.00
03/23/2023	RT	Alberta Tourism	Levy	6.36
03/23/2023	GST	GST 845861368	8 RT	7.95
03/24/2023	MC	MasterCard ****	*******8382	(346.62)

TOTAL DUE:

0

TERMS:

If a credit card was provided upon check-in, a hold was placed on the card for the full amount to be owed to the hotel, plus estimated incidentals. This hold may display as pending for telephone or online banking portals and may not be released for 72 hours or longer after departure at the discretion of your card issuer.



Kilometre Travel Log

Directions: Complete this form to track kilometres travelled. To receive payment, please enter the total monthly kilometres into your timesheet in PeopleSoft, and then submit a signed digital copy to your Manager or Principal. You may wish to retain a copy for your own records.

Section 1: Ye	our Em _l	oloyee Information				To be completed	d by Employee
First Name: *	•	Ann		Last Name: *	Ard		
Section 2: Tr	ip Detai	ls:				To be completed	d by Employee
Record the da	ite, purp	ose, beginning and ending	locations, ar	nd distance of eac	h trip on a se	eparate row.	
Date DD-MM-YY		Purpose of Trip	Trip S	Trip Starts From		Trip Ends At	
20-Mar-23	Sch	nool Opening to Nisku	La	keshore	Nisku -	board business	292
21-Mar-23		CASS Conference	Black	Gold Office	West E	Edmonton Mall	40
24-Mar-23		Return to Calgary	West E	dmonton Mall		Area 5	321
		ust be entered into the timesh	eet in PeopleSo	oft			653
	to be er	tered into PeopleSoft:				red DD-MM-YY:*	3-Apr-23
Section 3: The approver mu	ust create	a PDF copy of the completed 1	ravel Log and s			nployee and Approv an.com	rer
Employee Signature:*	AD	/,		Approver Name:*	Joanne F	Pitman	
Employee Ph	ı #:*	403-777-8412		Approver Signature:*			
Employee ID:*			Approver Ph	n #:		Date DD-MM-YY:*	

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