expense | monthly tracking report

claimant | Pritchard, Lori

position | Education Director

level | Director

reporting period | July 1 to August 31, 2024

date of report | October 4, 2024



Description	Date (mm/dd/yyyy)	Details and/or Rationale	Amount (CDN\$)	Category	Expense Type
July Mileage	07/02/2024	Mileage	\$21.42	other disclosed	BUS mileage
August Mileage	08/27/2024	Mileage	\$13.77	other disclosed	BUS mileage



Kilometre Travel Log

Directions: Complete this form to track kilometres travelled. To receive payment, please enter the total weekly kilometres into your timesheet in PeopleSoft, and 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. Subs and Casuals: Refer to Substitute Teacher/Casual Employee Travel Log

Section 1: Yo	our						
Occion 1. 10		Ĭ	14 NI		Pritchard		
			Last Na	ame:*			
Section 2: Tr	ip Details:					To be complete	ed by Employee
Record the date	e, purpose, beginning and	ending locations, ar	nd distance of each tr	ip on a se	eparate r	ow.	
Date DD-MM-YY	Purpose for 1		Trip Starts From		Trip Ends At		Distance in km
27-Aug-2024	October SLM M		Ed Centre	Area 4 Office		10	
	Family of 18 Schools S		Ed Centre			Learning Cen	
28-Aug-2024	IET Welcome Back Cer	remony return	Ed Centre	Piitoayis		Family School	ol 10
		+		-			+
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		4					
		9		5			_
							+
The total weekly km must be entered into the timesheet in PeopleSoft. Total Kilometres 27							27
PeopleSoft Tir			• • • • • • • • • • • • • • • • • • • •				
Combo Code	entered into PeopleSoft						
Section 3:				To be c	omplete	ed by Employe	e and Approver
	nust create a PDF copy of	the completed Trav	el Log and send to: c	beincom	ing@w	cdconnect.com	1
Employee Signature:* Time Approver Name:*							
Employee Phone:* (403)			Time Approver Signature:*		*		
Date DD-MM-YY	:* 04-Sep-2024	Time Approver Phone:*				DD-MM-YY:*	
00/00 0000 (O) 0000 0000	THOSE BOOK NO DO NO STORY THE	Chrom core on the	98 ⁷⁷ 10981 007771 00 4089 75	3848 WW	rosel Mineral Cur	entration and Thistee.	randite an

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP). This information will be used for the management of personnel and for the delivery of Human Resources programs at the Calgary Board of Education. It will be treated in accordance with the privacy protection provisions of FOIP. If you have any questions about this collection of personal information, please contact a HR Employee Contact Centre Representative at 403-817-7333 to direct your question.



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Section 1: Your Employee Information To be completed by Employee									
Employee ID	First Name:* Lori Last Name:* Pritchard								
Section 2: Tr	Section 2: Trip Details: To be completed by Employee								
Record the date, purpose, beginning and ending locations, and distance of each trip on a separate row.									
Date DD-MM-YY		Purpose for Trip			Trip Starts From		Trip Ends At		Distance in km
02-Jul-2024	Sweat	Sweat with Hal Eagletail (R)			Ed Centre		Tsuut'ina Nation		42
				_					
				_					
				_		-			
				-					
						-			
4									
				_					
			ed into the times	heet in	PeopleSoft.	3.5	Total Ki	Iometres	42
PeopleSoft Tir		r/\							
Combo Code	ei			c					
Section 3:									ee and Approver
The approver r	n			Trave	Log and send to:	cbeincon	ning@v	cdconnect.cc	om
Employee Signature:*	Time Approver Name:* Jennifer Turner						Turner		
Employee Phone:*		Time Approver S	Signature	o:*					
Date DD-MM-YY	:* 30-Ju	n-2024	Time App Phone:*	rover	Date DD-MM-YY:* 08-07			08-07-24	
Personal information	on is collected un rsonnel and for t	der the auth	ority of Alberta's Freed of Human Resources p	om of Info rograms a	ormation and Protection of the Calgary Board of E	of Privacy A	ct (FOIP).	This information will ted in accordance v	be used for the vith the privacy protection

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