

# expense | monthly tracking report

claimant | Weipert, Ken

position | Education Director

level | Director

reporting period | March 1 to April 30, 2024

date of report | Friday, June 7, 2024



**Calgary Board  
of Education**

Description	Date (mm/dd/yyyy)	Details and/or Rationale	Amount (CDN\$)	Category	Expense Type
Cell Phone	03/16/2024	Monthly service fee	\$49.88	other disclosed	telecom/cell phone
CASS Conference, Edmonton	03/20/2024	Conference Fees	\$585.00	travel	PD course or registration fee
CASS Conference, Edmonton	03/22/2024	Accommodation - 3 nights	\$693.24	travel	PD accommodation
CASS Conference, Edmonton	03/22/2024	Meals	\$52.00	travel	PD food/non alcoholic beverage
Cell Phone	04/16/2024	Monthly service fee	\$49.88	other disclosed	telecom/cell phone

Subscriber:KEN WEIPERT

<b>Account Detail</b>	
Assignment	Ken Weipert
Account No.	
<b>Contract Detail</b>	
	<b>\$ 44.00</b>
Contract Name	3GB Pooled Voice & D
<b>Options Charges</b>	
	<b>\$ 3.50</b>
Calgary BoE Cimpl Bundle	\$ 3.50
<b>Voice Charges</b>	
	<b>\$ 0.00</b>
Charges for Additional Minutes	\$ 0.00
Peak Minutes	
Off Peak Minutes	
Total Airtime Minutes	
<b>Data Charges</b>	
	<b>\$ 0.00</b>
Data Volume (MB)	\$ 0.00
Browser Charge	\$ 0.00
<b>Text Messages</b>	
	<b>\$ 0.00</b>
Text Messages	\$ 0.00
<b>Long Distance Charges</b>	
	<b>\$ 0.00</b>
Long Distance Charges	\$ 0.00
<b>Roaming Charges</b>	
	<b>\$ 0.00</b>
Voice Charges	\$ 0.00
Data Charges	\$ 0.00
<b>Other Fees</b>	
	<b>\$ 0.00</b>
411 Service	\$ 0.00
Monthly Access Fees	\$ 0.00
Discount	\$ 0.00
<b>Other Charges and Credits</b>	
	<b>\$ 0.00</b>
Other Charges and Credits	\$ 0.00
<b>Taxes</b>	
	<b>\$ 2.38</b>
GST	\$ 2.38
<b>Total</b>	
	<b>\$ 49.88</b>

**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](mailto: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 \_\_\_\_\_ Destination: \_\_\_\_\_

<b>Description of Expenses</b> (Please attach receipts)	Total Cost (Canadian Dollars)	Exchange Rate (for information purposes)	Amount Paid by CBE Invoice/P-Card/ Amex/ Payroll for Mileage (including GST)	Amount Paid by Claimant For Out of Pocket Expenditures (including GST)	Alias to be charged for Claimant's Expenses
<b>Registration/Conference Fees</b>					
<b>Travel Costs</b>					
▪ 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
<b>Accommodations at Single Rate</b>					
\$_____ @ _____ Nights					
<b>Meals</b> (including tips) (excluding meals covered by Conference or Others)					
▪ Breakfast _____ @ \$12.00					
▪ Lunch _____ @ \$17.00					
▪ Dinner _____ @ \$26.00					
▪ Or Actual Expense					
<b>Telecommunication Charges</b> (Internet, phone calls)					
<b>Parking – in Calgary</b>					
<b>Parking – at Destination</b>					
<b>Other – Provide Details</b>					
<b>TOTAL COST OF TRIP</b>					
<b>CASH ADVANCE IF ANY–Ref # _____</b>					
<b>AMOUNT DUE TO (OWING BY) CLAIMANT</b>					
<b>GST Breakout Area</b>					

I certify that the above claim is correct:

 \_\_\_\_\_  
 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.**



**Calgary Board  
of Education**

## Authorization for travel within Alberta

**Name of employee:** Weipert, Ken L

**Position:** Education Director

**School or department:** Office of the Director - Area 5

**Name of Event/Conference:** CASS Annual

**Purpose of travel/name of conference:** presenter and participant

**Location(s) travelled to:** Edmonton

**Departure date:** 3/19/2024

**Return date:** 3/22/2024

**Estimated total cost of travel:** \$ 1,400.00

**Specified Expenses**

conference fees, hotel, dinner x 3

**Budget to be charged/source of funding:** School Improvement PL

**Additional Supporting Information**

**Approver:** Pitman, Joanne L

**Request Status:** Approved

**Comments:**

**Request Audit Log:**

2/12/2024 1:21:32 PM - Request Created by Weipert, Ken L

2/12/2024 1:27:12 PM - Request Saved by Weipert, Ken L

2/14/2024 9:28:22 AM - Request Saved by Weipert, Ken L

2/14/2024 9:28:31 AM - Request Submitted by Weipert, Ken L

2/18/2024 7:16:20 AM - Request Approved by Pitman, Joanne L

This form is for reference only, it does not constitute a corporate record.

**From:** [admin=cass.ab.ca@mailout.cassalberta.ca](mailto:admin=cass.ab.ca@mailout.cassalberta.ca) on behalf of [CASSAlberta.ca](http://CASSAlberta.ca)  
**To:**  
**Subject:** [EXTERNAL] CASSAlberta Registration (Order #:9736)  
**Date:** Monday, February 12, 2024 1:07:10 PM

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**ATTENTION: This message came from outside of the CBE and could be Spam or Phishing.**

Do not click links or open attachments unless you recognize the sender and you are certain that the content is safe. [[Learn More](#)]

Forward suspicious messages to [phishing@cbe.ab.ca](mailto:phishing@cbe.ab.ca).

Below is a registration summary from **Order #: 9736**

## Order Summary

<b>Order #:</b>	9736
<b>Transaction ID:</b>	80274158597
<b>Credit Card:</b>	MasterCard
<b>Card #:</b>	
<b>Authorization Code:</b>	
<b>Amount Paid:</b>	\$585.00
<b>Order Timestamp:</b>	Feb 12, 2024 (01:07:05)

## Event Details

<b>Title:</b>	2024 Annual Learning Conference (Conference Registration)
<b>Date(s):</b>	<ul style="list-style-type: none"><li>• March 20, 2024</li><li>• March 21, 2024</li><li>• March 22, 2024</li></ul>
<b>Location:</b>	Fantasyland Hotel (Edmonton)

## Registrant Information

<b>First Name:</b>	ken
<b>Last Name:</b>	weipert
<b>Email Address:</b>	

<b>Primary Phone:</b>	403-519-8610
<b>School Authority:</b>	Calgary Board of Education
<b>Jurisdiction Type:</b>	Public School Authority
<b>Zone:</b>	5
<b>Position:</b>	Director
<b>Are you a CASS Member?:</b>	Yes
<b>Registrant Cost:</b>	\$585.00

## Breakout Sessions

- **System Design for Successful Career Pathways Programming** -- Mar 21, 2024 (10:00 a.m. - 12:00 p.m.)
- **Leadership in the Age of Artificial Intelligence** -- Mar 21, 2024 (1:00 p.m. - 3:00 p.m.)
- **Designing Effective Professional Learning for Educators: Strategies for Engaging Adult Learners** -- Mar 22, 2024 (9:30 a.m. - 10:30 a.m.)
- **Role-Alike: Curriculum, Assessment, Technology** -- Mar 22, 2024 (10:45 a.m. - 12:15 p.m.)

## Order Items

Item	Cost
<i>CONFERENCE (3 day event)</i>	
• <b>Day 1</b> <i>Mar 20, 2024 (7:00 pm-10:00 pm)</i>	\$585.00
• <b>Day 2</b> <i>Mar 21, 2024 (8:30 am-3:00 pm)</i>	
• <b>Day 3</b> <i>Mar 22, 2024 (8:30 am-12:30 pm)</i>	

To support your learning prior to and after this learning opportunity, please visit the [CASS Resource Library](#). The resource library, designed for system leader's needs, provides searchable access to CASS resources and tools, conference presentations and supports for implementation for professional practice.

Thank you for your registration,

CASS.ab.ca  
admin@cass.ab.ca

# FANTASYLAND HOTEL

17700 87 AVE  
EDMONTON AB T5T 4V4

Weipert , Ken

Room Type: SPOLT  
No. of Guests: 1

ARRIVAL	DEPARTURE	RATE PLAN	
03/19/2024	03/20/2024		

  

DATE	CODE	DESCRIPTION	AMOUNT (CAD)
03/19/2024	RM	Room Charge	318.00
03/19/2024	RT	Alberta Tourism Levy	12.72
03/19/2024	GST	GST 845861368 RT	15.90
03/20/2024	MC	MasterCard *****2969	(346.62)
<b>TOTAL DUE:</b>			<b>0</b>

**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.

# FANTASYLAND HOTEL

17700 87 AVE  
EDMONTON AB T5T 4V4

Weipert , Ken

Room Type: STWN  
No. of Guests: 1

ARRIVAL	DEPARTURE	RATE PLAN
03/20/2024	03/22/2024	GROUP

DATE	CODE	DESCRIPTION	AMOUNT (CAD)
03/20/2024	RM	Room Charge	159.00
03/20/2024	RT	Alberta Tourism Levy	6.36
03/20/2024	GST	GST 845861368 RT	7.95
03/21/2024	RM	Room Charge	159.00
03/21/2024	RT	Alberta Tourism Levy	6.36
03/21/2024	GST	GST 845861368 RT	7.95
03/22/2024	MC	MasterCard *****2969	(346.62)

TOTAL DUE: 0

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# MOXIES

MOXIES WEST EDMONTON MALL

0236 Table 324 #Party 1  
AUTUMN B SvrCk: 7 21:36 03/19/24  
LOUNGE

Separate checks: 2-of-2

1 ICE TEA	4.25
1 FRENCH DIP, add gravy	25.00

Sub Total: 29.25

GST: 1.46

03/19 22:30 TOTAL: 30.71

**THANK YOU!**

PLEASE PAY SERVER

GST# 890379050

Mention @moxies  
in your instagram posts and  
share your love for food with us!

We want to hear from you!  
<https://moxies.com/contact>

Why limit happy to just one hour?  
We've got you covered!  
Happy Hour 3-5pm + 9pm-Close!

Subscriber:KEN WEIPERT

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