## expense | monthly tracking report

claimant | Cooper, Lori

position | Education Director

level | Director

reporting period | May 1 to June 30, 2024

date of report | Friday, August 2, 2024



Description	Date	Details and/or Rationale	Amount (CDN\$)	Category	Expense Type
	(mm/dd/yyyy)				
CASS Zone 5 Committee	05/10/2024	Business Travel	\$45.90	travel	BUS mileage
Meeting					



# 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: June 11, 2024								
Employee's Name Lori Cooper								
School / Department to mail cheque to Area 4 / Core Curriculum & Assessment K-12								
Purpose of Trip / Name of Conference CAS	S Zone 5 Com	mittee Meetir	ng					
Departure and Return Dates May 10, 2024		Destina	tion: Foothills	School Division	, High River, AB			
Departure and Neturn 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)				
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								
<ul> <li>Personal Vehicle90 km @ 51¢/km (submit on Km Payment Form to Payroll)</li> </ul>	45.90			45.90	Send original to Payroll for payment			
Accommodations at Single Rate								
\$ @ Nights								
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)				e .				
Parking – in Calgary								
Parking - at Destination								
Other - Provide Details								
TOTAL COST OF TRIP								
CASH ADVANCE IF ANY-Ref #								
AMOUNT DUE TO (OWING BY) CLAIMANT				45.90				
GST Breakout Area								
I certify that the above claim is correc								
Claimant's Signature			Approved by Su	perordinate				
NOTE   Copies of amounts paid through the P-claim, in addition to items claimed for all Out of			nd Mileage Clain	n Forms must a	lso be attached to this			

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



### Authorization for travel within Alberta

Name of employee: Cooper, Lori M

Position: Education Director

School or department: Office of the Director - Area 4
Name of Event/Conference: CASS Zone 5 Meeting
Purpose of travel/name of conference: Participant

Location(s) travelled to: High River

Departure date: 5/10/2024 Return date: 5/10/2024

Estimated total cost of travel: \$ 25.00

Specified Expenses

mileage

Budget to be charged/source of funding: K-12 Core Curriculum & Assessment (Fees/Travel/PD)

Additional Supporting Information

Approver: Nelson, Michael W Request Status: Approved

Comments:

#### Request Audit Log:

5/9/2024 11:13:41 AM - Request Created by Cooper, Lori M 5/9/2024 11:15:05 AM - Request Saved by Cooper, Lori M 5/9/2024 11:15:10 AM - Request Submitted by Cooper, Lori M 5/9/2024 11:39:49 AM - Request Approved by Nelson, Michael W

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



## 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

retain a copy for your own records. Substant Castais. Neigh to outstate readment assault Employee Have Log										
Section 1: Your Employee Information To be completed by Employee										
Employee ID:	*	First Name:* Lori Last Name			ne:*	Cooper				
Section 2: Trip Details: To be completed by Employee										
Record the date	e, pur	pose, beginning a	and ending loca	tions, and	d distance of each to	rip on a sepa	arate r	ow.		
Date DD-MM-YY		Purpose for Trip			Trip Starts From		Trip Ends At			Distance in km
10-May-2024	CA	SS Zone 5 Cor	nmittee Meetii	ng	Calgary - High River H		ligh F	liver - Calga	ary	90
									-	
									-	
The total week	lv km	must be entere	ed into the time	sheet in	PeopleSoft.	To	tal Kil	ometres		90
PeopleSoft Tim										
		ed into PeopleSo	oft			BSI	MIL81	10070430-2	2	
Section 3: The approver m	iust c	reate a PDF copy	of the complet	ed Trave	Log and send to: o			ed by Emplo		d Approver
Employee Signature:*		+			Time Approver Name:*			Mike Nelson		
Employee Pho	ne:*	ne:*		Time Approver S						
Date DD-MM-YY:	*	11-Jun-2024	Time Ap Phone:*	orover		Date DD-MM-YY:* 1		12-Jun	12-Jun-2024	

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