### expense | monthly tracking report

claimant | Pritchard, Lori position | Education Director level | Director reporting period | September 1 to October 31, 2024 date of report | November 29, 2024



Description	Date (mm/dd/yyyy)	Details and/or Rationale	Amount (CDN\$)	Category	Expense Type
September Mileage	09/30/2024	Mileage	\$39.27	other disclosed	BUS mileage
Speak Indigenous Languages	10/18/2024	Mileage	\$148.41	other disclosed	BUS mileage
Speak Indigenous Languages	10/18/2024	Conference Pass	\$125.00	other disclosed	PD course or registration fee
Lunch - Per Diem	10/18/2024	Lunch Per Diem	\$17.00	other disclosed	PD food/non alcoholic beverage
October Mileage	10/31/2024	Mileage	\$38.25	other disclosed	BUS mileage
College of Alberta School	09/17/2024	Membership	\$1,500.00	other disclosed	membership, due, fees
Superintendents					



#### 1300, 10665 Jasper Avenue NW Edmonton, Alberta T5J 3S9 Canada

Sold to:

#### Calgary Board of Education

1221-8 Street SW Calgary, AB T2R 0L4

### INVOICE

Invoice No.:167765Date:09/17/2024Ship Date:Page:1Re: Order No.Membership

Membership 2024-2025

Ship to: Calgary Board of Education 1221-8 Street SW Calgary, AB T2R 0L4

#### **Business No.:**

Item No.	Unit	Quantity	Description	Тах	Unit Price	Amount
			CASS Membership 2024-2025			
			Regular Members:	G		1 500 00
			Lori Pritchard	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1,500.00
				G		
				G G G G		
			Please Remit To: College of Alberta School Superintendents 1300, 10665 Jasper Ave Edmonton, AB T5J 3S9 G - GST 5.00% GST			
	abool Que eninter d					
College of Alberta S Shipped By:	chool Superintend				Total Amount	
Comment:					Amount Paid	
Comment:						
Sold By:					Amount Owing	



## **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 <u>Substitute Teacher/Casual Employee Travel Log</u>

Section 1: Your Employee Information To be completed by Employee									
Employee ID:	:*	A	First Name:*	Lori		Last Na	ame:*	Pritchard	
Section 2: Tri	ip De	etails:						To be comple	ted by Employee
Record the date	e, pur	pose, beginning	and ending locat	ions, an	d distance of each tr	ip on a se	parate i	OW.	
Date DD-MM-YY		Purpose	for Trip		Trip Starts From	ı	Tr	ip Ends At	Distance in km
09-Oct-2024		Meet with Ani	ta Crowshoe		Area 3		He	ritage Park	19
09-Oct-2024		Ret	urn		Heritage Park		E	d Centre	11
10-Oct-2024		SDP Data			Education Centr	e		PFS	5
25-Oct-2024		Wellness Cli	¥		Ed Centre			api Learning	12
28-Oct-2024		PFS Pla			PFS		E	d Centre	7
30-Oct-2024	C		esponse (return)	)	Ed Centre			Area 7	14
31-Oct-2024		Schoo	l Visit		PFS		E	d Centre	7
5									
Δ									
			-				-		
				r					
	_								
The total week			d into the times	sheet in	PeopleSoft.	T	otal Kil	ometres	75
PeopleSoft Tim	ne Ap	<u>qq</u>							
Combo Code e	entere	ed	ft						
Section 3:				1 T					ee and Approver
The approver m	iust c	re	of the complete	d Irave	Log and send to: c	beincomi	ng@w	caconnect.cor	n
Employee Signature:*	Time Approver Name:*								
Employee Pho	ne:*	(			Time Approver S	ignature:'	*		
Date DD-MM-YY:	*	18-Nov-2024	Time App Phone:*	rover			Date	DD-MM-YY:*	
management of pers	sonnel	and for the delivery o	f Human Resources p	rograms a	ormation and Protection of t the Calgary Board of Ed formation, please contact	ucation. It wil	l be treate	d in accordance wit	th the privacy protection

to direct your question



### Calgary Board of Education Kilon

## Kilometre Travel Log

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Section 1: Your Employee Information         To be completed by Employee									
Employee ID	*	First Name:*	Lori		Last Na	me:*	Pritchard		
Section 2: Tr							To be comple	eted by Er	nployee
Record the date	e, purpose, beginning	and ending location	ons, an	d distance of each tr	rip on a se	parate	row.		
Date DD-MM-YY	Purpose	Purpose for Trip			1		Trip Ends At Listan		
04-Sep-2024		Area 3 Meeting (return)				Ar	ea 3 Office		12
05-Sep-2024	Monthly Operation			NLC			PFS		7
05-Sep-2024	Monthly Operation	01	5)	PFS			cation Centre		7
10-Sep-2024	Project Orient			Area 3			d Centre		7
11-Sep-2024	School V	isit NLC		NLC		Ar	ea 3 Office		11
19-Sep-2024	PFS - A W		_	PFS			orough Scho		7
19-Sep-2024	Principal Instr		_	Marlborough Scho			d Centre		9
20-Sep-2024	PFS Fall	Blessing	_	PFS		Ar	ea 4 Office		17
			_						
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			_						
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	· · · · · · · · · · · · · · · · · · ·		_						
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			_						
The total week	2	ed into the times	heet in	PeopleSoft.	T(	otal Kil	ometres		77
PeopleSoft Tir									
Combo Code e	en S	oft							
Section 3:		P			To be co	omplete	ed by Employ	vee and A	pprover
The approver n	nu p	y of the completed	d Trave	I Log and send to: c	beincomi	ng@w	cdconnect.co	om	
Employee Signature:*		Time Approver Name:*							
Employee Pho	one:*	1204		Time Approver Si	ignature:*				
Date DD-MM-YY:	* 18-Nov-2024	Time Appr Phone:*	over			Date	DD-MM-YY:*		
Personal information	n is collected under the auth	ority of Alberta's Freedo	om of Info	ormation and Protection of	Privacy Act (	(FOIP). T	his information will	be used for the	ne

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.

Travel	&	Subsistence	Expense	Report
		040010101100		1 Cport



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: October 25, 2024									
Employee's Name_Lori PritchardVendor #:									
School / Department to mail cheque to Indigenous Education Team									
Purpose of Trip / Name of Conference Speak Indigenous Languages Revitalization Gathering									
Departure and Return Dates October 18, 20	24	Destina	tion: Slyvan La	ike, Alberta					
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)	Gialmant's Expenses				
Registration/Conference Fees	125.00		125.00		1751-PD				
Travel Costs									
<ul> <li>Airfare (including trip cancellation insurance)</li> </ul>									
<ul> <li>Rail/Bus</li> </ul>									
<ul> <li>Taxi/Shuttle Bus/Car Rental in Calgary</li> </ul>									
<ul> <li>Taxi/Shuttle Bus/Car Rental at Destination</li> </ul>									
<ul> <li>Personal Vehicle <u>291</u> km @ 51¢/km (submit on Km Payment Form to Payroll)</li> </ul>	148.41		148,94	148.41	Send original to Payroll for payment				
Accommodations at Single Rate									
\$ @ Nights									
<b>Meals</b> (including tips) (excluding meals covered by Conference or Others)									
<ul> <li>Breakfast@ \$12.00</li> </ul>									
Lunch \$17.00	17.00			17.00	1751-SUPGEN				
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 #				11/1					
AMOUNT DUE TO (OWING BY) CLAIMANT				165.7					
GST Breakout Area									
I certify rrect:									
Claimant's Signature			Approved by Su						
NOTE   Copies of amounts paid through the P-	-Card, Amex Car	d, Invoices a	nd Mileage Clain	n Forms must a	Iso be attached to this				

claim, in addition to items claimed for all Out of Pocket Expenses.

**Calgary Board** 

of Education

#### Pritchard, Lori A

From: Sent: To: Subject: Powwow Times <messenger@messaging.squareup.com> Friday, October 18, 2024 9:49 AM Pritchard, Lori A [EXTERNAL] Receipt from Powwow Times

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.



**Powwow Times** 



Let Powwow Times know how your experience was



Speak Indigenous × 4 (\$125.00 ea.) Speak Indigenous Language Conference Pass

\$500.00

\$500.00

Total



Map data ©2024

#### Powwow Times 116 Birchcliff Lane SYLVAN LAKE, AB T4S1R6

MasterCard (Chip)	2024-
	10-18-
LORI PRITCHARD	11:42
	#VyQ8
	Auth
	code:
	042630

AID: A000000041010

**PIN Verified** 

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Please contact Powwow Times about its privacy practices. • <u>Not your</u> receipt?



Calgary Board of Education

# Kilometre Travel Log

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Section 1: Y	our E	Employee Infor	mation				-	To be complet	ed by Employee
Employee ID	):*	ALC: N	First Name:*	Lori		Last Nan	ne:*	Pritchard	
Section 2: T	-		and ending locatio	ons and	d distance of each tr	in on a sen		-	ed by Employee
Date DD-MM-YY		Purpose			Trip Starts From			ip Ends At	Distance in km
18-Oct-2024					901 - 64 Avenue I	NE	4823	3 49 Avenue	291
		(Return)					Slyv	an Lake, AB	
	1			Y.			-		
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	1								
The total weel	kly kr	n must be enter	ed into the times	heet in	PeopleSoft.	То	tal Kil	ometres	291
PeopleSoft Ti		· · · · · · · · · · · · · · · · · · ·							
	enter	ed into PeopleS	oft						
Section 3: The approver r	nust d	create/a PDF cop	y of the completed	d Trave	Log and send to: C				e and Approver
Employee Signature:*			ć		Time Approver N	ame:*			
Employee Pho	one:*		-102		Time Approver S	ignature:*			
Date DD-MM-YY	*	25-Oct-2024	Time Appr Phone:*	over			Date	e DD-MM-YY:*	
					brmation and Protection of the Calgary Board of Ed				

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