## expense | monthly tracking report

claimant | Close, Nancy

position | Trustee

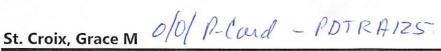
level | Board of Trustees

reporting period | March 1 to April 30, 2025

date of report | Friday, May 30, 2025



Description	Date (mm/dd/mm/)	Details and/or Rationale Amount (CDN\$) Category		Expense Type	
	(mm/dd/yyyy)				
2025 Unlocking Doors Summit	04/09/2025	2025 Unlocking Doors Summit May 5, 2025	\$262.50	working session	PD course or registration fee
ASBA Engagement w/ Ministry		ASBA Board Chairs Engagement with Ministry Hotel Accommodation	\$212.19	travel	BUS accommodation



Subject:

FW: [EXTERNAL] Sales Confirmation for 2025 Unlocking Doors: Housing Supply and Affordability Summit From BILD Calgary Region Association

From: postmaster@membeemail.com <postmaster@membeemail.com > on behalf of BILD Calgary Region Association

<info@bildcr.com>

Sent: Wednesday, April 9, 2025 1:05 PM To: Close, Nancy E < NEClose@cbe.ab.ca>

Subject: [EXTERNAL] Sales Confirmation for 2025 Unlocking Doors: Housing Supply and Affordability Summit From BILD

Calgary Region Association

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 <a href="mailto:phishing@cbe.ab.ca">phishing@cbe.ab.ca</a>.

## Hi Nancy,

Your purchase from BILD Calgary Region Association for the 2025 Unlocking Doors: Housing Supply and Affordability Summit has been confirmed.

The purchase was made by:

Nancy Close,

Organization: Calgary Board of Education

Your registration is confirmed for the following:

Regular: Member Registration

Quantity: 1

Regular: Member Registration details for attendee

Attendee: Nancy Close

Total Items: 1

Sub Total: \$250.00

GST#106830698: \$12.50 Grand Total: \$262.50

Payment Type: MasterCard Reference Number: E90926 Amount of Payment: \$262.50

Balance: \$0.00

We look forward to seeing you there!

BILD Calgary Region Association



Claimant's Signature

## Trustee Professional Development and Travel & Subsistence Expense Report

Must be completed upon return from every business trip for reporting purposes and any out of pocket expenditures. Completed form will be submitted to Accounts Payable.

Details of Trip   Please Print Da			Date:	ate:	
Trustee's Name					
Purpose of Trip / Name of Conferer					
Departure and Return Date	Departure and Return DateDestination:				
Description of Expenses   Please attach receipts	Total Cost (Indicate currency If not Cdn)	Exchange Rate Adjusted Amount (If applicable)	Amount Paid by CBE Invoice/P-Card/ Payroll for Mileage (including GST)	Amount Paid By Claimant For Out of Pocket Expenditures (including GST)	Alias to be Charged for Claimant's Expenses
Registration/Conference Fees					
Travel Costs					
Airfare					
Insurance					
Rail/Bus					
Taxi/Shuttle Bus/Car Rental at Destination					
Personal Vehicle Km @ 50¢/Km (submit via PeopleSoft)					
Parking – at Destination					
Accommodation					
Nights @ \$ (Single Rate)					
Telecommunication Charges					
(Internet, Phone calls)					
Meals – Receipts required					
(Including tips, excluding meals covered by Conference or Others)					
Breakfast(s) (Maximum \$12.00 each)					
Lunch(es) (Maximum \$17.00 each)					
Dinner(s) (Maximum \$26.00 each)					
Other – Provide Details					
TOTAL COST OF TRIP					
AMOUNT DUE TO CLAIMANT / <cbe< td=""><td>&gt;</td><td></td><td></td><td></td><td></td></cbe<>	>				
GST Breakout Area					
NOTE: Copies of amounts paid through t tems claimed for all Out of Pocket Exper		oices and Milea	ge Claim Forms must	also be attached to this	claim, in addition to
Personal Information is collected under the aut report is collected for the purpose of expense realberta Government policies and legislation, or redacted. I certify that the above claim is correct	eporting and rein a FOIP request.	nbursement and r	may be disclosed to the pr	ublic as required by the CB	E's policies and practices,

Payment Authorization



nancy close INFORMATION INVOICE

calgary AB t2r0l4 Room No. : 0511

Canada Arrival : 03-26-25
Departure : 03-27-25

Page No. : 1 of 2 Folio No. : 151180

Conf. No. :

Cashier No. : 1094

0.00

Custom Ref. :

Company Name : Group Name : Guest Name :

Date	Description			Charges	Credits
03-26-25	Room Revenue			189.00	
03-26-25	<b>Destination Marketing Fee</b>			5.67	
03-26-25	Room GST			9.73	
03-26-25	Tourism Levy			7.79	
03-27-25	Visa				212.19
	XXXXXXXXXXXX4	X			
			Total Charges	212.19	
			<b>Total Credits</b>		212.19
			_		

Balance

Merchant ID		Credit Card #	xxxxxxxxxx
Transaction ID	39170869	Credit Card Expiry	XX/XX
Approval Code	050178	Capture Method	Swiped
Approval Amount	212.19	Transaction Amount	212.19

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.