

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/yyyy)	Details and/or Rationale	Amount (CDN\$)	Category	Expense Type
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	03/26/2025	ASBA Board Chairs Engagement with Ministry Hotel Accommodation	\$212.19	travel	BUS accommodation

St. Croix, Grace M

0/0/ P-Card - PDTRA125

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 phishing@cbe.ab.ca.

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



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

Date: _____

Trustee's Name _____

Purpose of Trip / Name of Conference: _____

Departure and Return Date _____ Destination: _____

Description of Expenses | Please attach receipts

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>					
GST Breakout Area					

NOTE: Copies of amounts paid through the P-Card, Invoices and Mileage Claim Forms must also be attached to this claim, in addition to items claimed for all Out of Pocket Expenses.

Personal Information is collected under the authority of Alberta's *Freedom of Information and Protection of Privacy Act (FOIP)*. The information included in this report is collected for the purpose of expense reporting and reimbursement and may be disclosed to the public as required by the CBE's policies and practices, Alberta Government policies and legislation, or a FOIP request. I have reviewed the attachments to ensure that confidential information has been removed or redacted. I certify that the above claim is correct.

Claimant's Signature

Payment Authorization



nancy close

INFORMATION INVOICE

calgary AB t2r0l4
Canada

Room No. : 0511
Arrival : 03-26-25
Departure : 03-27-25
Page No. : 1 of 2
Folio No. : 151180
Conf. No. :
Cashier No. : 1094
Custom Ref. :

Company Name :
Group Name :
Guest Name :

Date	Description	Charges	Credits
03-26-25	Room Revenue	189.00	
03-26-25	Destination Marketing Fee	5.67	
03-26-25	Room GST	9.73	
03-26-25	Tourism Levy	7.79	
03-27-25	Visa XXXXXXXXXXXXX4 X		212.19
Total Charges		212.19	
Total Credits			212.19
Balance			0.00

Merchant ID		Credit Card #	XXXXXXXXXXXX
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.

Matrix Hotel | 10640 100 Ave NW | Edmonton, AB T5J 3N8
Reservations: (866) 465-8150 | Telephone: (780) 429-2861 | Fax: (780) 420-4962
Email: info@matrixedmonton.com
www.matrixedmonton.com