expense | monthly tracking report

claimant | Taylor, Sheila

position | Trustee, Wards 11 & 13

level | Board of Trustees

reporting period | October 1 to October 31, 2012

date of report | January-14-13



Description	Date (mm/dd/yyyy)	Details and/or Rationale	Amount (CDN\$)	Category	Expense Type
ASBA Student Health & Wellness Conference		Registration Fee - Banff, September 30, 2012 - Oct 2, 2012	\$628.95	travel	conferences & workshops
ASBA Student Health & Wellness Conference		Banff Park Entrance	\$19.60	travel	conferences & workshops
ASBA Student Health & Wellness Conference	10/02/12	Hotel Accommodation (Banff)	\$467.94	travel	conferences & workshops
ASBA Student Health & Wellness Conference	10/23/12	Mileage (Calgary - Banff - Calgary)	\$130.00	travel	conferences & workshops
ASBA Student Health & Wellness Conference	10/23/12	Meals Per Diem	\$26.00	travel	conferences & workshops



Time for a Student Health Revolution

ASBA National Conference 2012

Home

About

Program Presentations Speakers Venue

Transportation

You're going! Your order is complete.

An email confirmation has been sent to gmstcroix@cbe.ab.ca.

ASBA Conference: It's Time for a Student Health Revolution

Banff, Canada

Share the Event!

Let your family, friends, and followers know about this great event!

Order Confirmation

ATTENDEE

QUANTITY

REGISTRATION

PRICE

Sheila Taylor

General Registration (ends Sep 24)

\$599.00

GST

\$29.95

Order #:

Charged to:

Total: \$628.95

Printed copies of your registration are only required if the event organizer has attached them in your email order confirmation.

Prefer to go paperless? Get the Eventbrite app for iPhone and Android.

For questions about the event, contact the event organizer at tergezinger@asba.ab.ca.

Need to register more people? Return to the event page.

Note: The charge on your credit card bill will be from EB *ASBA Conference It

Where



405 Spray Avenue Banff Canada

Contact the Host for event and registration information

Use Eventbrite for event ticketing and online event registration. © 2012 Eventbrite, All Rights Reserved, Terms of Service, Privacy Policy. BANFF NATIONAL PARK
PARC NATIONAL BANFF
09/30/2012

Valid/Valide - 16h: 10/02/2012

2 x 9.80 DAY:AD IND/JR:1 ADULTE	19.60
Total GST/TPS	19.60 0.93
Credit 8:27 AM S.F	19.60 19
GATE/BARRIERE-BANFF3	

GST#/No (TOO: 121491807



405 SPRAY AVENUE P.O. BOX 960 BANFF, ALBERTA CANADA T1L 1J4 T 403 762 2211 F 403 762 5755 G.S.T. Registration # 84968 1721 RT0006 Room : Folio # : Cashier # :

Page # : 1 of 1

Group Name

Alberta School Board Association

Alberta School Board Association MS Sheila Taylor 1221 8th St SW Calgary AB T2R 0L4 Canada

Arrival

09-30-12

Departure

10-02-12

INFORMATION INVOICE

(2%)		211.00 4.02	
(2%)		4.02	
		8.20	
		10.25	
		0.50	
		211.00	
(2%)		4.02	
		8.20	
		10.25	
		0.50	
			467.94
	Total	467.94	467.94
	Balance Due		0.00
20.50			
회원 회사			
		Total Balance Due 20.50 0.00 1.00	(2%) Total Balance Due 0.50 211.00 4.02 8.20 10.25 0.50 467.94

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Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally hable in the event that the indicated person, company or association fails to pay for any part of or the bill amount of these charges. Overdue belance subject to a surcharge at the rate of 15% per month after one month. (I 800% per annum.) I have accepted delivery of The Global and Mail. Had I refused. I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating notels.)

Je me porte personnellement responsable du reglement total de cette note au cas ou la compagnie, l'association ou son représentant designé en refuserait le paiment Les comples en souffrance sont sujets à un intérêt de 1.5% par mois après un mois (18.00% per année) d'a accepte la tivraison du journal The Globe and Mail. Si l'aviais refuse, J'avrais pu obtenir un credit a mon compte de 1.005 paour jour (al Lundi au Vendredt) et de 2.005 le Samedi (Dans les hotels participants.)



Request for Kilometre Payment Fax 1-866-276-7764



DIRECTIONS: To complete this form on your computer open with Adobe Reader. Print first page only, sign in Section 4 and submit for approval. View the HR Forms Tutorials in UPK for help completing the form.

SECTION 1: YOU	JR EMP	The state of the s					To be complete	a by Employee
Location:* Trustees' Office		First Name:*	Sheila		Last Name:*	Taylor		
		Job Title	Job Title:* Trustee					
SECTION 2: TRI	P DETA			e, beginning ar	nd ending locations,	and distance of e	each Complete	d by Employee
		trip on a s	eparate row.	THE PARTY OF A STREET				DISTANCE
DATE dd-mmm-yyyy		PURPOSE FOR TRIP			IP STARTS FROM		ENDS AT	IN KMS
30-09-2012	ASBA	ASBA Student Health and Wellnes		ess	Calgary		130 130	
02-10-2012	2			Banff		Calgary		
					10154			
								300000
								22.00
					-			
						TOTA	L KILOMETRES	260
SECTION 3: CC	MROC	ODE: Enter the	Combo Code	for the travel		1017		Time Approve
THE RESERVE OF THE PERSON NAMED IN	NVIBO C	T THE THE	COMIDO COGO	ioi die davei.			Completed by	Time Approve
Combo Code:*				3 30 00,70	1 . I. W. II. B.	" 0 11		
SECTION 4: AC	KNOW	EDGEMENTS		e approved and ax 1-866-276-7	d submitted to Payro 764	oll Complete	d by Employee and	I Ime Approve
Employee Sign	ature;			Time Approve	er Name:*		44,200,000	
Employee Pho	ne:*	403-817-792	:7	Time Approve	er Signature:*			
Date dd-mmm-yyy	y:* Oc	f. 23,2	OID Time A	pprover		Date dd-mn	nm-yyyy:* Maf	23/1
Descend information			nority of Alberta's	Freedom of Inform	mation and Protection o	Privacy Act (FOIP)	This information will be	used for the

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP). This information will be used for the management of personnel and for the delivery of various 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 the FOIP Act, please access http://www.cbe.ab.ca/legal/foip/. If you have any questions about the form and/or the use of the information please contact the Employee Contact Centre at 1-877-353-2555.

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^{*} All fields marked with (*) are required and must be filled in correctly. Request for Kilometre Payment

Form D010 (10/08)



Calgary Board of Education

Travel & Subsistence Expense Report

 $\underline{\textit{Must}}$ be completed upon return from every business trip for: Reporting Purposes and any Out of Pocket Expenditures

	Return	completed	form to Trees	nry and Days	ue Accounting
A. Details of Trip (Please Print)			Date:	Ort 15	= 2010
Employee's Name Sheila Ta	ylor, T	rustos	Vendor	#:	,
School / Department to mail cheque to	_Trust	ees!	088ice		
Purpose of Trip / Name of Conference	ISBA SI	erdent	Health +	lezellues	o Contorene
Departure and Return Dates Sept =	30 - Oct 1	52/2012	Destination:	Banko	
0				16	
B. 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/ 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
Registration/Conference Fees	628.95		628.95		
Travel Costs					
- Airfare (including trip cancellation insurance)					
· Rail/Bus					
· Taxi/Shuttle Bus/Car Rental in Calgary					
- Taxi/Shuttle Bus/Car Rental at Destination					
Personal Vehicle 260 km @ 50¢/km (submit on Km Payment Form to Payroll)	130.00		130.00		1
Accommodations at Single Rate					3
\$_233.97 @ 2 Nights	467.94			467.94	4
Meals (including tips) (excluding meals covered by Conference or Others)	5			, , , , , (
- Breakfast@ \$12.00					
- Lunch@ \$17.00					
Dinner	26.00			26.00	
· Or Actual Expense					
Telecommunication Charges (Internet, phone calls)					-
Parking – in Calgary					
Parking - at Destination					
Other - Provide Details Bank Red Entre	19.60			19.60	
TOTAL COST OF TRIP	19.60				
CASH ADVANCE IF ANY-Ref#	, 1				
	FAINT STATE			513.54	
AMOUNT DUE TO (OWING BY) CLAIM			SE TO GUELLING THE TURK VEHICLE	113.7	

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.