expense | monthly tracking report

claimant | Hehr, Judy

position | Trustee, Wards 8 & 9

level | Board of Trustees

reporting period | November 1 to December 31, 2014

date of report | February-13-15



Description	Date (mm/dd/yyyy)	Details and/or Rationale	Amount (CDN\$)	Category	Expense Type
ASBA Fall General Meeting	·	Registration - ASBA FGM, Edmonton, AB Nov 16-18, 2014	\$682.50	travel	PD course or registration fee
ASBA Fall General Meeting	Nov 16, 2014	Mileage - Calgary to Edmonton Return Nov 16- 18, 2014	\$300.00	travel	PD mileage
ASBA Fall General Meeting	Nov 16, 2014	Parking - ASBA FGM, Edmonton, AB Nov 16-	\$63.00	travel	PD general
ASBA Fall General Meeting	,	Accommodation - ASBA FGM, Edmonton, AB Nov 16-18, 2014	\$334.56	travel	PD accommodation



Calgary Board | 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: Nov 26, 2014
Trustee's Name Judy Hehr, Vice-Chair, Trustee W Purpose of Trip / Name of Conference: ASBA Fall G	
Departure and Return Date Nov 16-18, 2014	Destination: Edmonton, Alberta
	schange Amount Paid Amount Paid By Alias to be Charged fo

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	682.50		682.50		
Travel Costs					
Airfare					
Insurance					
Rail/Bus					
Taxi/Shuttle Bus/Car Rental at Destination					
Personal Vehicle 600 Km @ 50¢/Km (submit via PeopleSoft)	300.00		300.00		N/A
Parking – at Destination	63.00		63.00		
Accommodation	-				
2 Nights @ \$ 167.28 (Single Rate)	334.56		334.56	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Telecommunication Charges					
(Internet, Phone calls)					
Meals – Receipts required					
(Including tips, excluding meals covered by Conference or Others)	The actual of the control of the con				
0 Breakfast(s) (Maximum \$12.00 each)					
0 Lunch(es) (Maximum \$17.00 each)					
0 Dinner(s) (Maximum \$26.00 each)					
Other – Provide Details					
TOTAL COST OF TRIP	1380.06		1380.06		
AMOUNT DUE TO CLAIMANT / <cbe< td=""><td>></td><td></td><td></td><td></td><td></td></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.

	ر برد	
Claimant's Signature	Payment Authorization	



INVOICE

NUMBER

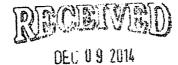
DATE

December 01, 2014

1200, 9925 - 109 Street Edmonton, Alberta T5K 2J8 Phone: 1.780.482.7311 Fax: 1.780.482.5659 www.asba.ab.ca Email: hrogers@asba.ab.ca Business #: 10669 4268

BILL TO:

Calgary Board of Education 1221 - 8 St SW Calgary AB T2R 0L4



CORPORATE FINANCE

Customer Number	P.O. NUMBER		TERMS	
CAL02		Due on Receipt		
DESCRIPTION		REQ.	UNIT PRICE	EXTENDED PRICE
Fall General Meeting 2014		1	650.00	650.00
Attendee(s): J.Hehr				
			NET AMOUNT	650.00
			FREIGHT G.S.T.	
			TOTAL DUE	\$682.50



Kilometre Travel Log

Directi

ns: Complete this form to track kilometres travelled. To receive payment, please enter the total weekly kilometres into your timesheet in PeopleSoft, 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

Section 2: Trip Details: To be completed by Employee Record the date, purpose, beginning and ending locations, and distance of each trip on a separate row. Date DDMMYY Purpose for Trip Trip Starts From Trip Ends At RM BASA FGM General Mtg. Calgary Edmonton 300 18-11-14 ASBA FGM General Mtg. Edmonton Calgary 300 18-11-14 Edmonton Calgary 300 The total weekly km must be entered into the timesheet in PeopleSoft. Total Kilometres 600 Section 3: To be completed by Employee and Approver The approver must create a PDF copy of the completed Travel Log and send to: Obeincoming@westcanadian.com	Section 1: Your Employee Information To be completed by Employee							
distance of each trip on a separate row. Date DAMAYYY Purpose for Trip Trip Starts From Trip Ends At km 16-11-14 ASBA FGM General Mtg. Calgary Edmonton 300 18-11-14 Edmonton Calgary 300 Calgary 300 Edmonton Calgary 300 The total weekly km must be entered into the timesheet in PeopleSoft. Total Kilometres 600 Section 3: To be completed by Employee and Approver The approver must create a PDF copy of the completed Travel Log and send to: obeincoming@westcanadian.com	Employee ID:* First Name:* Judy			Last Name:* Hehr, Trustee Wards 8 & 9				
DO-MIN-YY 16-11-14 ASBA FGM General Mtg. Calgary Edmonton 300 Calgary 300 Calgary 300 Calgary The total weekly km must be entered into the timesheet in PeopleSoft. Total Kilometres 600 Section 3: To be completed by Employee and Approver The approver must create a PDF copy of the completed Travel Log and send to: cbeincoming@westcanadian.com	Section 2: To	rip Deta	ails: To be completed by Emp	oloyee	Record the date, purp	ose, begi	nning and ending location	ns, and
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and send to: cbeincoming@westcanadian.com								
Employee Lonico Porkway				prover	The approver must c	reate a Pl	OF copy of the completed	Travel Log
Signature:* Time Approver Name:* January January	Employee Signature:*		33.00.003.003.003.00	Time Approver Name:* Janice Barkway			. /	
Employee 403-817-7932 Time Approver Signature:*		(403-817-7932		Time Approver Sig	Approver Signature:*		
Date DD-MM-YY: * Time Approver Phone: * 403-817-7924				Date DD-MM-YY:* 28-144 - 14				

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 this form and/or the use of the information, please contact the Employee Contact Centre at 1-877-353-2555.

HEHR JUDY

1221 8TH ST SW

CALGARY, AB T2R 0L4

CALGARY BOARD OF EDUCATION

Arrive 11/16/14 Depart 11/18/14

Room # Invoice #

DATE	CLERK	DEPARTMENT	DESCRIPTION	AMOUNT
11/16/14		41-Tourism Le 42-DMF	On Room Charge	5.96
11/16/14 11/16/14		42-DMF 41-Tourism Le	On DMF	4.47
11/16/14		9-Parking Pa	Surface 24 hours	30.00
11/17/14		2-Room Charg		149.00
11/17/14	E. C.	41-Tourism Le	On Room Charge	5.96
11/17/14 11/17/14		42-DMF 41-Tourism Le	On DMF	4.47
11/17/14		9-Parking Pa	Surface 24 hours	0.18
11/18/14		Mastercard	barrage 21 mours	-397.56
			GST On DMF	0.44
			GST On Parking Pass	3.00
			GST On Room Charge Tax Reg. # R89734379	14.90
			1ax Reg. # R09/343/9	†
	BILLING INSTR	RUCTIONS	BALANCE DUE -	0.00
OMPANY			I agree that my liability for this bill is not wai	ved and agree to be
			held personally liable in the event that the company or association fails to pay for any page 1.	e indicated person,
			of these charges.	art of the fall amount
			SIGNATURE	
TTENTION				
			X	

UNION BANK INN

A CENTURY OF HISTORY · MODERN RENAISSANCE STYLE

10053 Jasper Avenue, Edmonton, AB, Canada T5J 1S5 Phone: 780.423.3600 • Fax: 780.423.4623

E-mail: info@unionbankinn.com • Web: unionbankinn.com