

UNE
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EN ANGLAIS,
UN AVENIR
BILINGUE

TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - *FOR COMMISSIONERS ONLY*****

NAME Pamela Crompton		JOB TITLE Commissioner		MONTH June																
EMPLOYEE NO.				YEAR 2015																
		GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT														
DATE (Yr-Mon-Day) 2011-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	303 TRAVEL <small>Standing Committee</small>		302 MEALS		302 OTHER		302 TRAVEL PIC		812 CONFERENCES		302 LODGING		302 MEALS		302 OTHER		
	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	#	COST	#	COST	#	COST	COST	COST	
2015-08-10	HOME	SWLSB	COUNCIL CORPORATE	44	21.12															
29/08/2015	HOME	SWLSB	COUNCIL REGULAR	44	21.12															
				Amount paid <u>42.24</u>																
				JUL 30 2015																
				Initials <u>PC</u>																
				RECEIVED JUL 13 2015																
GRAND TOTAL				\$	42.24	88	\$	42.24	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-

REC'D - RECEIVED
FINANCE
JUL 9 2015
SI WILLIBIO LANTIER
SIR WILLIBIO LANTIER S.B

BUDGET CODES		
TRAVEL	\$ 42.24	203- 1- 51110 - 302
MEALS	\$ -	203- 1- 51110 - 302
OTHER	\$ -	203- 1- 51110 - 302
	XXX	
	XXX	
PIC - TRAVEL	\$ -	203- 1- 65500 - 302
PIC-CONFERNCES	\$ -	203- 1- 65500 - 812
PIC -LODGING	\$ -	203- 1- 65500 - 302
PIC - MEALS	\$ -	203- 1- 65500 - 302
PIC - OTHER	\$ -	203- 1- 65500 - 302
*ADVANCE		000-1-01503-000
TOTAL	\$ 42.24	

IMPORTANT:
 Kilometers are calculated at 50.48/km.
 Attach ORIGINAL receipts to this form.
 This form must be signed by claimant and duly approved.
 Expense claims must be submitted by 4.30 pm on Wednesday of the week preceding a pay in order for it to be processed for the following pay.
 Please complete this form electronically. This form is available on the Portal.

REQUESTED BY:

NAME OF

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NAME

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EXPENSE REIMBURSEMENT POLICY FORM - ***FOR COMMISSIONERS ONLY***

NAME	PAMALA CRIPTON			JOB TITLE	Commissioner		MONTH	SEPTEMBER								
					YEAR	2015										
EMPLOYEE NO.				GENERAL EXPENSES					PROFESSIONAL IMPROVEMENT							
DATE (Yr-Mth-Day) 2011-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	302 TRAVEL Standing Committee		302 MEALS	302 OTHER	302 TRAVEL PIC		812 CONFERENCES	302 LODGING		302 MEALS	302 OTHER		
	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	DAYS	AMOUNT	#	COST	COST
2015-09-08	HOME	SWLSB	COUNCIL STRAT PLAN	43	20.84											
2015-09-04	HOME	LJA	INAUGURATION	17	8.28											
2015-09-16	HOME	SWLSB	COUNCIL CORP	43	20.64											
2015-09-21	HOME	LJA	ASSISTIVE TECH	17	8.16											
2015-09-28	HOME	LSA	INAUGURATION	18	7.87											
				Amount paid 65.57												
				OCT 2 2015								REC'D - RECEIVED				
				Mills								OCT 1 2015				
				ENTERED OCT 1 2015								MILLS				
GRAND TOTAL				\$	65.57	137	\$	65.57	\$	-	\$	-	\$	-	\$	-

BUDGET CODES		
TRAVEL	\$ 65.57	203-1-51110-302
MEALS	\$ -	203-1-51110-302
OTHER	\$ -	203-1-51110-302
	XXX	
	XXX	
PIC TRAVEL	\$ -	203-1-55500-302
PIC-CONFERENCES	\$ -	203-1-55500-812
PIC-LODGING	\$ -	203-1-55500-302
PIC-MEALS	\$ -	203-1-55500-302
PIC-OTHER	\$ -	203-1-55500-302
*ADVANCE		000-1-01503-000
TOTAL	\$ 65.57	

REMARKS:

- Kilometers are calculated at \$0.45/km.
- Attach ORIGINAL receipts to this form.
- This form must be signed by claimant and duly approved.
- Expense claims must be submitted by 4:30 pm to ensure on the Wednesday of the week preceding a pay in order for it to be processed for the following pay.
- Please complete this form electronically. This form is available on the Portal.

REQUESTED BY:

NAME: [REDACTED]

APPROVED BY:

NAME: [REDACTED]

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EXPENSE REIMBURSEMENT POLICY FORM - ***FOR COMMISSIONERS ONLY***

NAME		PAMALA CRIPTON		JOB TITLE		Commissioner		MONTH		November/December												
EMPLOYEE NO.								YEAR		2015												
DATE (Yr-Mth-Day) 2011-01-01		LOCATION		DESCRIPTION NATURE OF BUSINESS		302 TRAVEL Standing Committees		302 MEALS		302 OTHER		302 TRAVEL PIC		812 CONFERENCES		302 LODGING		302 MEALS		302 OTHER		
		FROM	TO			KM	AMOUNT	#	COST	COST		KM	AMOUNT	COST	#DAYS	AMOUNT	#	COST	COST			
2015-11-26	HOME			Agape Partners Meeting	8	4.03																
2015-12-10	HOME			Meeting with	27	13.06																
2015-12-16	HOME	SWLSB		Council	43	20.64																
										Amount paid 37.73												
										FEB 1 2016		REQU-RECEIVED FINANCE										
										Initials		FEB - 1 2016										
										ENTERED FEB - 2 2016		C.S. SIR-WILFRID-LAURIER										
												CIR. FINANCE CAMBRIA S.B.										
GRAND TOTAL						\$	37.73	79	\$	37.73	\$		\$		\$		\$		\$		\$	

BUDGET CODES		
TRAVEL	\$	37.73 203- 1- 51110 - 302
MEALS	\$	- 203- 1- 51110 - 302
OTHER	\$	- 203- 1- 51110 - 302
		XXX
		XXX
PIC - TRAVEL	\$	- 203- 1- 55500 - 302
PIC-CONFERNCES	\$	- 203- 1- 55500 - 812
PIC -LODGING	\$	- 203- 1- 55500 - 302
PIC - MEALS	\$	- 203- 1- 55500 - 302
PIC - OTHER	\$	- 203- 1- 55500 - 302
*ADVANCE		000-1-01503-000
TOTAL	\$	37.73

0 Kilometers are calculated at \$0.48/km.
 10 Attach ORIGINAL receipts to this form.
 20 This form must be signed by claimant and duly approved.
 30 Expense claims must be submitted by 4:30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the following pay.
 40 Please complete this form electronically. This form is available on the Portal.

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EXPENSE REIMBURSEMENT POLICY FORM - ***FOR COMMISSIONERS ONLY***

NAME		PAMALA CRIPTON		JOB TITLE		Commissioner		MONTH		October									
EMPLOYEE NO.				GENERAL EXPENSES		PROFESSIONAL IMPROVEMENT		YEAR		2015									
DATE (Yr-Mth-Day) 2011-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	302 TRAVEL <small>Standing Committee</small>		302 MEALS		302 OTHER		302 TRAVEL PIC		812 CONFERENCES		302 LODGING		302 MEALS		302 OTHER	
	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	DAYS	AMOUNT	#	COST	COST			
2015-10-07	HOME	SWLSB	Special Council	43	20.64														
2015-10-08	HOME	LJA	Phoenix Graduation	17	8.26														
2015-10-21	HOME	SWLSB	council Corporate	43	20.64														
GRAND TOTAL				\$	49.54	103	\$	49.54	\$	-	\$	-	\$	-	\$	-	\$	-	\$

amount paid 49.54
NOV 19 2015
ENTERED

RECEIVED
FINANCE
NOV 9 2015
G.S. S. R. WILSON
COUNCIL CLERK

BUDGET CODES		
TRAVEL	\$ 49.54	203- 1- 51110 - 302
MEALS	\$ -	203- 1- 51110 - 302
OTHER	\$ -	203- 1- 51110 - 302
	XXX	
	XXX	
PIC - TRAVEL	\$ -	203- 1- 56600 - 302
PIC - CONFERENCES	\$ -	203- 1- 56600 - 812
PIC - LODGING	\$ -	203- 1- 56600 - 302
PIC - MEALS	\$ -	203- 1- 56600 - 302
PIC - OTHER	\$ -	203- 1- 56600 - 302
*ADVANCE		000-1-01503-000
TOTAL	\$ 49.54	

0 Kilometers are calculated at \$0.48/km
 0 Attach ORIGINAL receipts to this form.
 0 This form must be signed by claimant and duly approved
 0 Expense claims must be submitted by 4.30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the following pay
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EXPENSE REIMBURSEMENT POLICY FORM - ***FOR COMMISSIONERS ONLY***

NAME		PAMALA CRIPTON		JOB TITLE		Commissioner		MONTH		November											
EMPLOYEE NO.								YEAR		2015											
DATE (Yr-Mth-Day) 2011-01-01		LOCATION		DESCRIPTION NATURE OF BUSINESS		GENERAL EXPENSES			PROFESSIONAL IMPROVEMENT												
		FROM TO				302 TRAVEL Standing Committees		302 MEALS		302 OTHER		302 TRAVEL PIC		812 CONFERENCES		302 LODGING		302 MEALS		302 OTHER	
						KM	AMOUNT	#	COST	COST		KM	AMOUNT	COST	#DAYS	AMOUNT	#	COST	COST		
2015-11-04	HOME	SWLSB		Council		43	20.64														
2015-11-10	HOME	LSA		Governing Board		17	8.26														
2015-11-14	HOME	EPCA Office		QESEC Meeting		28	13.44														
2015-11-18	HOME	SWLSB		Corporate		43	20.64														
2015-11-20	HOME	Portage Admin		Open House		35	16.70														
2015-11-25	HOME	SWLSB		Council		43	20.64														
						Amount paid <u>100.32</u>															
						DEC 31 2015															
						initials <u>PC</u>															
						ENTERED DEC 15 2015															
GRAND TOTAL		\$ 100.32		209 \$ 100.32		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	

REC'D - RECEIVED
FINANCE
DEC 17 2015

C.S. S. [Signature]
SIB [Signature]

BUDGET CODES

TRAVEL	\$ 100.32	203-1-51110-302
MEALS	\$ -	203-1-51110-302
OTHER	\$ -	203-1-51110-302
	XXX	
	XXX	
PIC - TRAVEL	\$ -	203-1-55500-302
PIC-CONFERNCES	\$ -	203-1-55500-812
PIC-LODGING	\$ -	203-1-55500-302
PIC - MEALS	\$ -	203-1-55500-302
PIC - OTHER	\$ -	203-1-55500-302
*ADVANCE		000-1-01503-000
TOTAL	\$ 100.32	

- o Kilometers are calculated at 80.4/km
- o Attach ORIGINAL receipts to this form.
- o This form must be signed by claimant and duly approved
- o Expense claims must be submitted by 4:30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the following pay
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EXPENSE REIMBURSEMENT POLICY FORM - ***FOR COMMISSIONERS ONLY***

NAME		PAMALA CRIPTON		JOB TITLE	Commissioner		MONTH	January								
EMPLOYEE NO.				GENERAL EXPENSES			YEAR	2016								
DATE (Yr-Mth-Day) 2011-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	302 TRAVEL Standing Committees		302 MEALS	302 OTHER	302 TRAVEL PIC		812 CONFERENCES	302 LODGING		302 MEALS	302 OTHER		
	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	DAYS	AMOUNT	#	COST	COST
2016-01-12	HOME	SWLSB	resentation	43	20.64											
2016-01-20	HOME	SWLSB	Corporate Meeting	43	20.64											
AMOUNT PAID 41.28 FEB 11 2016 Initials <u>PC</u>				RECU - RECEIVED FINANCE FEB - 1 2016 C.S. SIR-WILFRID LAURIER SIR WILFRID LAURIER M.B.												
ENTERED FEB - 2 2016																
GRAND TOTAL		\$	41.28	88	\$	41.28	\$	-	\$	-	\$	-	\$	-	\$	-

BUDGET CODES			REQUIREMENTS	
TRAVEL	\$	41.28	203- 1- 51110 - 302	0 Kilometers are calculated at \$0.48/km 0 Attach ORIGINAL receipts to this form. 0 This form must be signed by claimant and duly approved. 0 Expense claims must be submitted by 4:30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the following pay 0 Please complete this form electronically. This form is available on the Portal
MEALS	\$	-	203- 1- 51110 - 302	
OTHER	\$	-	203- 1- 51110 - 302	
		XXX		
		XXX		
PIC - TRAVEL	\$	-	203- 1- 55500 - 302	REQUESTER NAME APPROVER NAME
PIC-CONFERNCES	\$	-	203- 1- 55500 - 812	
PIC -LODGING	\$	-	203- 1- 55500 - 302	
PIC - MEALS	\$	-	203- 1- 55500 - 302	
PIC - OTHER	\$	-	203- 1- 55500 - 302	
*ADVANCE			000-1-01503-000	
TOTAL	\$	41.28		