

## Form Report

Expense Comments:

S. McFadyen @ 650.41

Number of Attachments

Attached Documents

## EMPLOYEE EXPENSE CLAIM

**NAME:** Mcfadyen, Scott**DATES:** 16-Mar-2022 To: 14-Jun-2022**EXPENSES:****1. TRANSPORTATION COSTS:** 0.51 per km

| <u>DESTINATION</u> | <u>TRAVEL DESCRIPTION</u> | <u>KILOMETERS</u> | <u>DATE</u> | <u>AMOUNT</u> |
|--------------------|---------------------------|-------------------|-------------|---------------|
| South Edmonton     | Lunch Mtg                 | 106               | 16-Mar-2022 | 54.06         |
| Stony Plain BP's   | Benefax Benefit Lunch Mtg | 3.5               | 26-Apr-2022 | 1.79          |
| Broxtton SG        | Outreach                  | 16                | 20-May-2022 | 8.16          |
| MCHS SP            | Bus Rodeo                 | 84                | 28-May-2022 | 42.84         |
| Canmore June1-3    | ARMIC                     | 806               | 01-Jun-2022 | 411.06        |
| Red Deer June 5-7  | ASBA Conference           | 256               | 05-Jun-2022 | 130.56        |
| Nisku              | ASBOA Conference          | 40                | 14-Jun-2022 | 20.40         |
| Memorial           | Mtg to Discuss Traffic    | 6.5               | 06-May-2022 | 3.32          |
|                    | concerns at the school    |                   |             | 0.00          |
|                    |                           |                   |             | 0.00          |
| <b>TOTAL</b>       |                           |                   |             | <b>672.18</b> |

**TRANSPORTATION COSTS:****2. PERSONALLY PAID EXPENSES (Itemized Receipts Must Be Provided For Reimbursement)**

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|----------------------------------------|---------------|
|                                        |               |
|                                        |               |
|                                        |               |
|                                        |               |
|                                        |               |
|                                        |               |
|                                        |               |
|                                        |               |
|                                        |               |
| <b>TOTAL PERSONALLY PAID EXPENSES:</b> | <b>0.00</b>   |

**3. MEAL ALLOWANCES (Enter number of meals you are claiming)**

|                               |       |             |
|-------------------------------|-------|-------------|
| <b>Breakfasts:</b>            | 12.00 | 0.00        |
| <b>Lunches:</b>               | 15.00 | 0.00        |
| <b>Dinners:</b>               | 24.00 | 0.00        |
| <b>Days:</b>                  | 51.00 | 0.00        |
| <b>Gratuities:</b>            | 9.00  | 0.00        |
| <b>TOTAL MEAL ALLOWANCES:</b> |       | <b>0.00</b> |

**TOTAL CLAIM:** 672.18

SECRETARY

[Redacted]

| GL Account Number    | Taxes Included                                                                    | Amount | Tax Code | Tax Amount   |
|----------------------|-----------------------------------------------------------------------------------|--------|----------|--------------|
| [Redacted]           |  | 672.18 | 1        | 32.01        |
| Total Without Taxes: |                                                                                   |        |          | 640.17       |
| Tax Total:           |                                                                                   |        |          | <u>32.01</u> |
| Total With Taxes:    |                                                                                   |        |          | 672.18       |

AUTHORIZER SECTION

[Redacted]

[Redacted]

Authorizer Comment

ACCOUNTS PAYABLE

[Redacted]

[Redacted]

FISCAL PERIOD : 202212  
VENDOR NUMBER: [Redacted] - Mcfadyen, Scott

Click here to show GL Coding Section Y

| GL Account Number    | Taxes Included                                                                      | Amount | Tax Code | Tax Amount   |
|----------------------|-------------------------------------------------------------------------------------|--------|----------|--------------|
| [Redacted]           |  | 672.18 | 1        | 32.01        |
| Total Without Taxes: |                                                                                     |        |          | 640.17       |
| Tax Total:           |                                                                                     |        |          | <u>32.01</u> |
| Total With Taxes:    |                                                                                     |        |          | 672.18       |

EXPENSE CLAIM: mileage reimbursement March 16 - June 14