CLAIMANT	Jordon Christianson	EMPLOYEE NUMBER	
ADDRESS		DEPARTMENT & BRANCH	ALBERTA MUNICIPAL AFFAIRS
			SPECIAL AREAS BOARD
		OCCUPATION	Chair

DATE	DEPART		PRIVATE	COL "A"			COL "B"				
2020	ARRIVE	DESCRIPTION OF TRIP	CAR		MEALS				OTHER EXPENSE		
	TIMES	AND OTHER EXPENSES	KM	В	L	D	AMOUNT	RECPT'D	TIP	W/ GST	W/O GS
2-Dec		Depart for Oyen: Acadia Foundation Pr	esentations		1		11.60				
2-Dec	4:00 PM		232								
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A II.		The state of the s			-	-			- Krist		
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								STOLE IN			8/11
			232		GRO	SS	11.60				
GST CA	LCULATIO	DNS:			S G.		0.55		> <		$>\!<$
Use GS	T amount	shown if separate	TOTAL	NET	CL	AIM	11.05				

GST CALCULATIONS:					
*Use GST amount shown if separate					
on invoice, otherwise do calculation.					
001	AOTUAL	CALCULATED			

COL	ACTUAL	CALCULATED	
Α	><	11.60 X 5/105 =	0.55
Α		X 5/105 =	
В		X 5/105 =	
С		117.16 X 5/105 =	5.58
TOTAL	G.S.T.=		\$6.13

COL "C"	- KILOMET	RE CLAIM	
CLASS	RATE	KILOMETRES	AMOUNT
Α	0.505	232	117.16
LESS: C	5.58		
TOTAL I	VET CLAIM		\$111.58

PERIOD COVERED	BY T	THIS	CLAIM
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FROM:	December 1, 2020
TO:	December 31, 2020

S. Jones, January 19, 2021
PREPARED BY, DATE

Expenses not paid by Claimant	
G/L ACCOUNT NUMBER	AMOUNT
2-12-10-00-214 (Membership/Conferenc	
2-12-10-00-211 (Travel & Subs.)	11.05
2-12-10-00-212 (Mileage)	111.58
2-12-10-00-213 (Hospitality)	
6-00-00-00-103 (GST)	6.13
TOTAL	\$128.76

TOTAL CLAIM (A+B+C)	\$128.76
LESS: ADVANCES (IF ANY)	
AMOUNT PAYABLE BY CLAIMANT	
AMOUNT DUE TO CLAIMANT	\$128.76

SIGNATURE OF CLAIMANT, DATE

E.O. APPROVAL, DATE

MAC 25/21