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

DATE	DEPART		PRIVATE		COL "A"			COL "B"			
2021	ARRIVE	DESCRIPTION OF TRIP	CAR MEALS				OTHER EXPENSE				
	TIMES	AND OTHER EXPENSES	KM	В	L	D	AMOUNT	RECPT'D	TIP	W/ GST	W/O GST
7-Jul	7:00 AM	Depart for Rosemary: PEP Meeting (lunch pro	ovided)	1		1000	9.20				
7-Jul	5:00 PM	Returned	352								151
8-Jul	8:00 AM	Depart for Oyen: General Admin			1		11.60				
8-Jul	5:00 PM	Returned	232								
13-Jul	8:00 AM	Depart for Oyen: Board Meeting (lunch provid	led)								
13-Jul	4:00 PM	Returned	232			90					
20-Jul	8:00 AM	Depart for Oyen: Town of Oyen Meeting, then	to Ytown								
20-Jul	4:00 PM	Summer Safety BBQ; Returned (lunch provid-	232			135		44			
21-Jul	8:00 AM	Depart for Consort: Meetings then Summer S	afety BBQ								
21-Jul	4:00 PM	Returned (lunch provided)	264								
22-Jul	8:00 AM	Depart for Oyen: Irrigation Mtg, then Summer	Safety BB0	2	100						
22-Jul	4:00 PM	Returned (lunch provided)	232								
27-Jul		Depart for Consort: Board Meeting & Retirem	ent Lunch								
27-Jul	and the second second second	Returned (lunch provided)	264		413						
0.00			1 10 10 20								
	STATE AND ADDRESS.			2019 3666		25,2					1
				300	1633						Market Comment
				34.3							
10 miles (10 mil			1,808	-	GRO	SS	20.80				
ST CAL	LCULATIO	DNS:	L	ESS	S G.	S.T.	0.99		> <		><

TOTAL NET CLAIM

	is:	LCULATION	GST CA					
	hown if separate	*Use GST amount shown if separate						
	se do calculation.	ce, otherwis	on invoi					
	CALCULATED	ACTUAL	COL					
0.99	20.80 X 5/105 =	><	Α					
	X 5/105 =		Α					
	X 5/105 =		В					
43.48	913.04 X 5/105 =		С					

TOTAL C	\$44.47		
COL "C"	- KILOMET	RE CLAIM	
CLASS	RATE	KILOMETRES	AMOUNT
Α	0.505	1,808	913.04
LESS: G	S.T.		43.48

COL "C"	- KILUME	RE CLAIM	
CLASS	RATE	KILOMETRES	AMOUNT
Α	0.505	1,808	913.04
LESS: G	43.48		
TOTAL N	\$869.56		

PERIOD	COL	/ERED	BY THE	SCLAIM	
PERIOD	CUI	/EKED	DI III	3 CLAIN	

FROM:	July 1, 2021	
TO:	July 31, 2021	

Expenses not paid by Claimant	
G/L ACCOUNT NUMBER	AMOUNT
2-12-10-00-214 (Membership/Conference	
2-12-10-00-211 (Travel & Subs.)	19.81
2-12-10-00-212 (Mileage)	869.56
2-12-10-00-213 (Hospitality)	
6-00-00-00-103 (GST)	44.47
TOTAL	\$933.84

19.81

TOTAL CLAIM (A+B+C)	\$933.84
LESS: ADVANCES (IF ANY)	
AMOUNT PAYABLE BY CLAIMANT	
AMOUNT DUE TO CLAIMANT	\$933.84

S. Jones, January 7, 2022 PREPARED BY, DATE

SIGNATURE OF CLAIMANT, DATE

E.O. APPROVAE, DATE

Feb10/22