

ALBERTA

PERSONAL EXPENSE CLAIM

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

DATE	DEPART ARRIVE TIMES	DESCRIPTION OF TRIP AND OTHER EXPENSES	PRIVATE CAR KM	COL "A"					COL "B"	
				MEALS					OTHER EXPENSE	
				B	L	D	AMOUNT	RECPT'D	TIP	W/ GST W/O GST
3-Jun	12:00 PM	Depart for Oyen: AHS Municipal Leaders Meeting			1		17.00			
3-Jun	4:30 PM	Returned	232							
6-Jun	8:00 AM	Depart for Oyen: General Admin then SA3 Ratepayer Meeting								
6-Jun	5:00 PM	Returned; lunch provided	232							
7-Jun	8:30 AM	Depart for Oyen: General Admin			1		17.00			
7-Jun	4:30 PM	Returned								
10-Jun	12:00 PM	Depart for Oyen: PRSD bussing operations meeting			1		17.00			
10-Jun	4:30 PM	Returned								
12-Jun	8:15 AM	Depart for Oyen: General Admin; onto Homestead Coulee			1		17.00			
12-Jun	5:30 PM	for SA2 Ratepayer Mtg; Returned	294							
14-Jun	7:00 AM	Depart for Rolling Hills: PEP AGM			1		13.00			
14-Jun	5:00 PM	Returned; lunch provided	450							
17-Jun	8:15 AM	Depart for Oyen: AF Lodge Construction Mtg			1		17.00			
17-Jun	4:30 PM	then General Admin; Returned	232							
18-Jun	3:00 PM	Depart for Edmonton: Exe Dir Mtg				1	27.00			
19-Jun	8:00 PM	Joint Irrigation Mtg, then ED Mtg; Returned	780	1	1	1	57.00			
19-Jun		Lodging 1 Night @ \$191.20 + Parking \$25.00 (CC: 240.92)								
19-Jun		Daily Per Diem, 1 day @ \$7.35								7.35
21-Jun	8:30 AM	Depart for Coaldale: SW/SE Mayors & Reeves			1	1	44.00			
21-Jun	7:30 PM	Returned	520							
			3,520	GROSS						7.35
				LESS G.S.T.						0.35
				TOTAL NET CLAIM						7.00

GST CALCULATIONS:

*Use GST amount shown if separate on invoice, otherwise do calculation.

COL	ACTUAL	CALCULATED	
A		327.00 X 5/105 =	15.57
A		X 5/105 =	
B		7.35 X 5/105 =	0.35
C		1,936.00 X 5/105 =	92.19
TOTAL G.S.T.=			\$108.11

COL "C" - KILOMETRE CLAIM

CLASS	RATE	KILOMETRES	AMOUNT
A	0.550	3,520	1,936.00
LESS: G.S.T.			92.19
TOTAL NET CLAIM			\$1,843.81

PERIOD COVERED BY THIS CLAIM

FROM:	June 1, 2024
TO:	June 30, 2024

S. Jones, August 14, 2024
PREPARED BY, DATE

SIGNATURE OF CLAIMANT, DATE

16th. August 2024

E.O. APPROVAL, DATE

Aug 22/24

Expenses not paid by Claimant	
G/L ACCOUNT NUMBER	AMOUNT
2-12-10-00-214 (Membership/Conference)	
2-12-10-00-211 (Travel & Subs.)	318.43
2-12-10-00-212 (Mileage)	1,843.81
2-12-10-00-213 (Hospitality)	
6-00-00-00-103	108.11
TOTAL	\$2,270.35

TOTAL CLAIM (A+B+C)	\$2,270.35
LESS: ADVANCES (IF ANY)	
AMOUNT PAYABLE BY CLAIMANT	
AMOUNT DUE TO CLAIMANT	\$2,270.35

PERSONAL EXPENSE CLAIM CONTINUATION SHEET

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

[illegible]



CHATEAU
LACOMBE
HOTEL

Jordon Christianson

Canada

INFORMATION INVOICE

Room No. : 1516
Arrival : 06-18-24
Departure : 06-19-24
Page No. : 1 of 1
Folio No. :
Conf. No. : 298700418
Cashier No. : 29
Custom Ref. :

Company Name :
Group Name :
Guest Name :

Date	Description	Charges	Credits
06-18-24	Accommodation	191.20	
06-18-24	ERDMF 3%	5.74	
06-18-24	Tourism LEVY 4%	7.88	
06-18-24	Room / GST 5%	9.85	
06-18-24	Guest Self Parking	25.00	
06-18-24	Parking GST	1.25	
06-19-24			240.92
		Total Charges	240.92
		Total Credits	240.92
		Balance	0.00

*PAID BY
SAB. Corporate Credit Card*

Merchant ID		Credit Card #	
Transaction ID	29719385	Credit Card Expiry	
Approval Code	018335	Capture Method	Manual
Approval Amount	240.92	Transaction Amount	240.92

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer. (Hotel GST#816322242RT0001)