CLAIMANT	Jordon Christianson	EMPLOYEE NUMBER	
ADDRESS		DEPARTMENT & BRANCH	ALBERTA MUNICIPAL AFFAIRS
	25 6 1 4 6 6		SPECIAL AREAS BOARD
		OCCUPATION	Chair

DATE DEPART		DESCRIPTION OF TRIP	PRIVATE	COL "A"					COL "B" OTHER EXPENSE		
2020 ARRIVE TIMES	CAR		MEALS								
	TIMES	AND OTHER EXPENSES	KM	В	L	D	AMOUNT	RECPT'D	TIP	W/ GST	W/O GST
2-Dec	8:00 AM	Depart for Oyen: Acadia Foundation Pres	entations		1		11.60				
2-Dec	4:00 PM		232								
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
			V. Harris								
						-					
								(Firesti			
	2 2 2					Н					
		232		GRO	188	11.60		<u> </u>			
GST CALCULATIONS:				S G.		0.55		><		><	
Use GST amount shown if separate		TOTAL	NET	CL	AIM	11.05					

Expenses not paid by Claimant

G/L ACCOUNT NUMBER

2-12-10-00-211 (Travel & Subs.)

2-12-10-00-212 (Mileage) 2-12-10-00-213 (Hospitality)

6-00-00-00-103 (GST)

TOTAL CLAIM (A+B+C)

TOTAL

2-12-10-00-214 (Membership/Conferenc

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

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	\$6.13		

COL "C"			
CLASS	RATE	KILOMETRES	AMOUNT
A 0.505 232			117.16
LESS: C	5.58		
TOTAL I	\$111.58		

PERIOD COVERED	BY T	THIS	CLAIM
----------------	------	------	-------

FI

	LESS: ADVANCES (IF ANY)
PERIOD COVERED BY THIS CLAIM	AMOUNT PAYABLE BY CLAIMANT
FROM: December 1, 2020	AMOUNT DUE TO CLAIMANT
TO: December 31, 2020	

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

E.O. APPROVAL, DATE

AMOUNT

11.05

6.13

\$128.76

\$128.76

\$128.76

111.58

MAC 25/21