



EDMONTON PUBLIC SCHOOLS

**JIM DAVIES
LEGAL COUNSEL
FOR THE PERIOD: JUNE to AUGUST 2014**

DATE ⁽¹⁾	DESCRIPTION OF EVENT	EXPENSE TYPE	NET AMOUNT ^{(2) (3) (4)}	ATTACHMENTS
1) BUSINESS TRAVEL				
<i>meetings outside the District and associated costs including transportation, accommodations, meals, incidentals, parking, etc.</i>				
16-Jul-14	Employee Reimbursement - Trustee Retreat - Transportation (January 26-29, 2014)	Kilometrage	\$ 94.22	Attachment 1
14-Aug-14	District Support Team (DST) Retreat (August 14-15, 2014)	Accommodations	\$ 125.72	Attachment 2
18-Aug-14	Employee Reimbursement - DST Retreat - Transportation (August 14-15, 2014)	Kilometrage	\$ 94.22	Attachment 3
Sub-Total Business Travel			\$ 314.16	
2) CONFERENCES				
<i>costs of attending conferences, seminars or events including registration fees, transportation, accommodations, meals, etc.</i>				
	Nothing to report this period		\$ -	
Sub-Total: Conferences			\$ -	
3) HOSPITALITY (Hosting)				
<i>cost of food, beverage, transportation and other amenities on behalf of the guests of EPSB</i>				
	Nothing to report this period		\$ -	
Sub-Total: Hospitality			\$ -	
4) WORKING SESSIONS				
<i>cost of meals, facility rental, travel in Edmonton, parking, or car allowance and other incidentals, while in the course of conducting district business</i>				
6-Jun-14	Bi-Weekly Car Allowance	Other Costs	\$ 129.39	
20-Jun-14	Bi-Weekly Car Allowance	Other Costs	\$ 129.39	
3-Jul-14	Employee Luncheon (J. Davies & 2 EPSB Employees)	Meals	\$ 23.27	Attachment 4
4-Jul-14	Bi-Weekly Car Allowance	Other Costs	\$ 129.39	
18-Jul-14	Bi-Weekly Car Allowance	Other Costs	\$ 129.39	
22-Aug-14	Employee Luncheon (J. Davies & 15 EPSB Employees)	Meals	\$ 18.54	Attachment 5
1-Aug-14	Bi-Weekly Car Allowance	Other Costs	\$ 129.39	
15-Aug-14	Bi-Weekly Car Allowance	Other Costs	\$ 129.39	
29-Aug-14	Bi-Weekly Car Allowance	Other Costs	\$ 129.39	
Sub-Total: Working Sessions			\$ 947.54	
TOTAL EXPENSES REPORTED FOR THE PERIOD			\$ 1,261.70	

Notes: (1) Invoice date may not coincide with the expense reporting period
(2) A receipt is not required for expenses for which an allowance is paid (i.e. car allowance, per diems)
(3) Edmonton Public Schools receives a partial GST rebate for District expenses (1.5843% of GST rate is paid). Amounts reported above include the net GST amount
(4) The net amount is the amount expensed to an EPSB Official. Net Amount does not reflect a portion of the receipt that is attributed to another EPSB employee

As per Regulation CWA,AR an expense claim must be completed upon return for both business and professional development.

Travel Expense Claim

Details of Trip	
Employee's Name: Jim Davies	Date: 16-Jul-14
School/Department/DU# General Counsel DU 314	
Purpose of Trip / Name of Conference Trustee Retreat - Village on the Lake - January 26-29, 2014	
Departure and Return Dates:	Destination:

B. Description of Expenses <i>(Please attach receipts)</i>	Amount Paid by EPSB Invoice/Visa including GST	Amount Paid by Claimant For out of Pocket Expenditures including GST*	Total Cost CDN Currency
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Registration/Conference Fees			0.00
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Travel Costs			
Accommodations			0.00
\$ [] # of Nights []			0.00
Flight			0.00
Taxi/Shuttle			0.00
Car Rental			0.00
Parking			0.00
Personal Vehicle @ \$0.505/km	191 Km	96.46	96.46

Meals (including tips)			
Per diem without receipts = \$47/day or \$23.50/half day of travel or			0.00
Actual Expense (attach itemized receipts)			0

Other - provide details & receipts			
			0.00
			0.00
			0.00

TOTAL COST OF TRIP	0.00	96.46	96.46
CASH ADVANCE (IF ANY REF #)			
NET AMOUNT DUE TO CLAIMANT			\$96.46
GST Breakout (NET X 4/104)			3.71

I certify [redacted] claim is correct:

Claimant [redacted]

Designated Signing Authority [redacted]

NOTE: Please attach all copies of invoices/receipts that have been previously paid by Visa and/or through Accounts Payable that relate to this claim. Copy of Out of Province Approval MUST also accompany this Travel Expense Claim.

185 3341
Entered
July 16/14

*If claiming out of pocket expenses please batch and forward to Accounts Payable

15 Village Drive, RR2
 Westrose, AB T0C 2V0
 Ph1(877)688-0006 Fax1(780)586-3520
 info@villagecreekcountryinn.com

TAX ID: 850794207

Jim Davies

Room	Folio	CheckIn	CheckOut	Balance
█	95022	14/08/2014	15/08/2014	0.00
Master Folio				

Direct Bill: EDMONTON PUBLIC SCHO

Date	Room	Description / Voucher	Charges	Credits	Balance
14/08/2014	█	Visa - Payment Thank You	0.00	129.71	-129.71
14/08/2014	█	Room Taxable	119.00	0.00	-10.71
14/08/2014	█	GST - 5.000%	5.95	0.00	-4.76
14/08/2014	█	Tourism Levy - 4.000%	4.76	0.00	0.00

As per Regulation CWA,AR an expense claim must be completed upon return for both business and professional development.

Travel Expense Claim

A. Details of Trip

Employee's Name: Jim Davies Date: 18-Aug-14

School/Department/DU# General Counsel / DU 314

Purpose of Trip / Name of Conference DST Meeting / Retreat

Departure and Return Dates: August 14 - 15, 2014 Destination: Westeros, AB

B. Description of Expenses <i>(Please attach receipts)</i>	Amount Paid by EPSB Invoice/Visa Including GST	Amount Paid by Claimant For out of Pocket Expenditures Including GST*	Total Cost CDN Currency
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Registration/Conference Fees			0.00
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Travel Costs			
Accommodations			
\$ <u>129.71</u> # of Nights <u>1</u>	129.71		129.71
Flight			0.00
Taxi/Shuttle			0.00
Car Rental			0.00
Parking			0.00
Personal Vehicle <u>191</u> Km @ \$0.505/km		96.46	96.46

Meals (including tips)			
Per diem without receipts = \$47/day or \$23.50/half day of travel or			0.00
Actual Expense (attach itemized receipts)			0

Other - provide details & receipts			
			0.00
			0.00
			0.00

TOTAL COST OF TRIP	129.71	96.46	226.17
CASH ADVANCE (IF ANY REF #)			
NET AMOUNT DUE TO CLAIMANT			\$96.46
GST Breakout (NET X 4/104)			3.71

I certify that this information is correct:

Claimant: _____

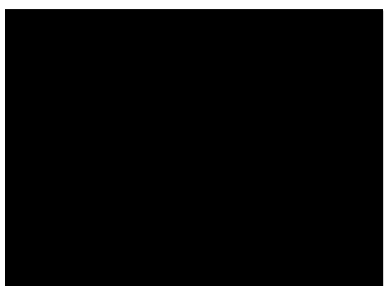
Designated Signing Authority: _____

NOTE: Please attach all copies of invoices/receipts that have been previously paid by Visa and/or through Accounts Payable that relate to this claim. Copy of Out of Province Approval **MUST** also accompany this Travel Expense Claim.

*If claiming out of pocket expenses please batch and forward to Accounts Payable

1857201
Entered
19/11/14
3

Employee luncheon
J. Davies + 2 EPSB employees



We're listening at
tellredrobin.com

Welcome to Red Robin
Gourmet Burgers and Spirits
11215 - 104 Avenue
(780) 424-9363

RED ROBIN LONGSTREET 011
11215 - 104 AVENUE
EDMONTON, AB T5K2S1
7804249363

SALE

Server: [REDACTED] 07/03/2014
Table 32/1 12:45 PM
Guests: 4 40007

Server #: 000038
MID: 4295505
TID: C4295505 REF#: 00000006
Batch #: 572 SEQ: 572001001006
07/03/14 12:48:50
CVC: Y

APPR CODE: 054928
VISA

***** [REDACTED] *****
AMOUNT \$59.79
TIP \$8.97
TOTAL \$68.76

00 - APPROVED - 001

VISA CREDIT
AID: A0000000031010
TVR: 00 80 20 80 00
TSI: FC 00

CUSTOMER COPY

Day Part: AM

For Table

APPY POP SHRIMP 9.29
Subtotal 9.29
Tax 0.00
GST 0.46
Total 9.75

Seat 1

BBQ CHIX SALAD 14.99
Subtotal 14.99
Tax 0.00
GST 0.75
Total 15.74

Seat 2

SOFT DRINK 2.99
COBB SALAD 13.99
Subtotal 16.98
Tax 0.00
GST 0.85
Total 17.83

Seat 3

SOFT DRINK 2.99
SHRIMP n CHIPS 12.69
Subtotal 15.68
Tax 0.00
GST 0.79
Total 16.47

TELL US HOW WE DID!
Scan above to provide your review or
at www.tellredrobin.com
for CHANCES to WIN DAILY
CASH and OTHER WEEKLY PRIZES
See website for Sweepstakes details

Subtotal 56.94
Tax 0.00
GST 2.85
Total 59.79

Balance Due \$ 59.79

GST #12605 0640 RT0001

TIP

THE ITALIAN PLACE
11010 - 101 STREET
GST# 809522642 RT0001

THE ITALIAN PLACE
RESTAURANT A
102 11010 101 ST NW
EDMONTON AB

1101 [REDACTED]

Check: 2768 Guests: 1
Table: 14-1
08/22/2014 11:22AM

CARD ***** [REDACTED]
CARD TYPE VISA
DATE 2014/08/22
TIME 1048 12:41:18
RECEIPT NUMBER
082000635-001-001-474-0

1	#05 CALABRESE	16.95
1	SALMON	21.95
1	#01 MARG	13.95
1	CAESAR SALAD	8.95
	+GR CKN	4.95
1	BYO PASTA	10.95
	+MEATBALLS	5.95
1	EGGPLANT PARM	9.95
	+ITALIAN SALAD	3.25
1	GRILLED PROCIUTTO	9.95
	+CAESAR SALAD	3.25
2	STEAK ON BUN	19.90
	+CAESAR SALAD	6.50
1	PENNE ARRABBIATA	14.95
1	MED SALAD	9.95
1	1/2 BYO PASTA	8.45
1	T.I.P. BURGER	14.95
1	EGGPLANT PARMIGIANA	19.95
1	RIGATONI SALSICCIA	15.95
1	TOM & BOC SALAD	10.95
7	POP	24.50

PURCHASE
AMOUNT \$268.91
TIP \$40.34
TOTAL

\$309.25

USA CREDIT
[REDACTED]

APPROVED

AUTH# 035299 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Subtotal 256.10
G.S.T. 12.81
Total Due \$268.91

****PLEASE PAY SERVER****
Thank You