

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

Shelley Mabbott

FOR THE MONTH OF:

January 2004

s.17(1), 17(4)(g)(i)

8615515178

EXPENSES

ENTERED FEB 1 8 2004

01-71110300002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

\$ \_\_\_\_\_

PARKING:

R \$ 10.00

62210000

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

MILEAGE: 435 km at .38¢ /km

R \$ 165.30

62210000

TOTAL EXPENSES:

P \$ 175.30

*Randy EB*

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Calgary Health Region  
Parking Fee Receipt

Rcp# 7772  
 01/23/04 15:37 L# 2 A# 11 Txn# 36090  
 01/23/04 08:43 In 01/23/04 15:37 Out  
 Tkt# 330251  
 CRHA 1 \$ 10.00  
 Total Fee \$ 10.00  
 CASH PAID \$ 10.00  
 Cash Tender \$ 10.00  
 Change Due \$ 0.00  
 Thank-You!  
 GST #R107392537

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- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.
- Amounts under \$ 50.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER		
DEPARTMENT		SITE		PHONE #		
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM (for mileage)	RATE	AMOUNT
Shelley Mabbott						
Board						
Jan 7	Cochrane Southport		90			
Jan 20	"		90			
Jan 23	Cochrane Rockyview		85			
Jan 28	Cochrane Belcher		80			
Jan 29	Cochrane Southport		90			
				435	.38	

FINANCIAL CODE		MILEAGE/PARKING		AMOUNT REIMBURSED	
Org	Functional Centre	Account	Mileage/Parking	Amount	
		6 2 2 1 0 0 0 0		\$ 165.30	
Employee Signature		Date	TOTAL PAYABLE TO EMPLOYEE		\$
Expenditure Officer Authorization		Authorizer's Employee Number	Authorizer Phone Number		
Gandry					

APPLICANT COPY

92246

APPROVED

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

Shelley Mabbott

FOR THE MONTH OF:

April - Sept 2004

s.17(1), 17(4)(g)(i)

EXPENSES

01-71110300002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

\$ \_\_\_\_\_

PARKING:

\$ \_\_\_\_\_

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

MILEAGE 720 km at .38¢ /km  
(Attach Local Travel Expense Claim form)

\$ 273.60

62210000

TOTAL EXPENSES:

\$ 273.60

Bandy RB

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- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.
- Amounts under \$ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT) <i>Shelley Mabbott</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER
DEPARTMENT <i>Board</i>		SITE		PHONE #
DATE OF TRAVEL / EXPENSE		DETAILS		DATE
		# OF KM (for mileage)	RATE	AMOUNT
<i>Apr 20</i>	<i>Cochrane Calgary</i>	<i>90</i>	<i>.38</i>	<i>34.20</i>
<i>May 6</i>	<i>"</i>			
<i>May 11</i>	<i>"</i>			
<i>June 3</i>	<i>"</i>			
<i>June 16</i>	<i>"</i>			
<i>June 29</i>	<i>"</i>			
<i>Sept 2</i>	<i>"</i>			
<i>Sept 15</i>	<i>"</i>			
<i>Sept 28</i>	<i>"</i>			

AUTHORIZATION & CODING					
FINANCIAL CODE			GL Description		Amount (Including GST)
Org	Functional Centre	Account			
		<i>8 2 2 1 0 0 0 0</i>	<i>Mileage/Parking</i>		<i>\$ 34.20</i>
Employee Signature <i>S. Mabbott</i>		Date <i>Oct 11</i>	TOTAL PAYABLE TO EMPLOYEE		<i>\$ 34.20</i>
Expenditure Officer Authorization <i>Bandy</i>		Authorizer's Employee Number	Authorizer Phone Number		

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54578

73901648  
MISC

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME:

Shelley Mabbott

FOR THE MONTH OF:

Oct 04 - Apr 05

**EXPENSES**

s.17(1), 17(4)(g)(i)

01-71110300002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

\$ \_\_\_\_\_

PARKING:

\$ \_\_\_\_\_

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

PROCESSED 05 11 2005

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

MILEAGE: 80 km @ 40.5¢  
640 km at 38¢/km  
(Attach Local Travel Expense Claim form)


\$ 32.40  
243.20

62210000

TOTAL EXPENSES:

\$ 275.60

R  
L. DeCoste

 calgary health region	APPLICANT COPY	LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING
___ ACH    ___ FMC    ___ Southport ___ PLC    ___ RGH    Other _____		

- INSTRUCTIONS:**
- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
  - **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
  - Amounts under \$ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print) <i>Mabbott Shelley</i>		EMPLOYEE NUMBER <i>5</i>		
DEPARTMENT <i>Board</i>	PHONE NUMBER	DATE		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>Oct 5</i>	<i>Cochrane / Calgary</i>	<i>90</i>		
<i>Oct 19</i>	<i>"</i>	<i>80</i>		
<i>Nov 4</i>	<i>"</i>	<i>80</i>		
<i>Nov 10</i>	<i>"</i>	<i>80</i>		
<i>Jan 13</i>	<i>"</i>	<i>80</i>		
<i>Jan 25</i>	<i>"</i>	<i>80</i>		
<i>Feb 15</i>	<i>"</i>	<i>80</i>		
<i>Mar 3</i>	<i>"</i>	<i>80</i>		
<i>Apr 28</i>	<i>"</i>	<i>80</i>		
	<i>Total</i>	<i>720</i>		

**CODING & AUTHORIZATION**

	GL DESCRIPTION	AMOUNT (Including GST)
6 2 2 1 0 0 0 0	MILEAGE/PARKING <i>720 K</i>	<i>273.60</i>
EMPLOYEE SIGNATURE	TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER
<i>Y. D. Coste</i>		

00073

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