



CITY OF FORT SASKATCHEWAN

EMPLOYEE EXPENSE CLAIM FORM

Complete Yellow Shaded Areas

PAGE 1

For Accounts Payable Use

AP Dept Only: _____

Vendor ID: _____

Posting Date: _____

Interoffice Mail: _____

Name of Employee Ed Sperling

Address of Employee _____

November 2013

Expenses for the Month and Year Ending:

Claim Received Expenses in this Area

All original receipts must be attached and submitted to Accounts Payable
 Where receipt is misplaced & not attached, please complete a Request for Reimbursement (located on the Intranet); this form must be attached and submitted
 Tabs 2 & 3 must be submitted & form part of this Expense Claim if completed
 Claim Mileage, Per Diems and Education / Academic reimbursement on Tab 2 & 3

Vendor Name	Expense Description	GL Code <small>as each receipt</small>	Total before GST & HST	GST	HST	Total
Palliser Hotel	Hotel for AUMA	1.2133.11212	\$ 256.02	\$ 12.31		\$ 268.33
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Mileage *	As per Page 2 detail	1.2133.11212	336.67	16.83		\$ 353.50
Per Diems *	As per Page 2 detail		-	-		\$ -
Education / Academic *	As per Page 3 detail		-	-		\$ -
			\$ 592.69	\$ 29.14		\$ 621.83

* Use Excel Tab 2 & 3 to provide detail. If Tab 2 & 3 have been completed, print & submit as part of this claim form

Councillor Ed Sperling
 Print Name of Employee

 Employee Signature

Dec 5/13
 Date

Mayor Gale Katchur
 Print Name of Immediate Supervisor

 Immediate Supervisor

 Date

The information on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to City operation. Should you have questions about the collection information please contact the City of Fort Saskatchewan FOIP Coordinator at 780.992.6236.



133 9th Avenue SW,
 Calgary, AB, Canada T2P 2M3
 T (403) 262-1234 F (403) 260-1260
 G.S.T. Registration # [REDACTED]

Room : [REDACTED]
 Folio # : [REDACTED]
 Cashier # : [REDACTED]
 Page # : 1 of 2
 Group Name : Alberta Urban Municipalities Assoc. - A

Alberta Urban Municipalities Association
Mr Ed Sperling
 Unknown

Arrival : 11-19-13
 Departure : 11-22-13

Date	Description	Additional Information	Charges	Credits
11-19-13	Deposit Transferred at C/I			536.66
11-19-13	Room Charge		239.00	
11-19-13	Calgary Destination Marketing F		7.17	
11-19-13	Alberta Tourism Levy (4%)		9.85	
11-19-13	Room GST		12.31	
[REDACTED]				
11-20-13	Room Charge		239.00	
11-20-13	Calgary Destination Marketing F		7.17	
11-20-13	Alberta Tourism Levy (4%)		9.85	
11-20-13	Room GST		12.31	
[REDACTED]				
11-21-13	Room Charge		239.00	
11-21-13	Calgary Destination Marketing F		7.17	
11-21-13	Alberta Tourism Levy (4%)		9.85	
11-21-13	Room GST		12.31	
11-22-13	MasterCard	[REDACTED]		305.07

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
 United States or Canada 1 800 441 1414
 Pour information et réservations visitez notre web au
www.fairmont.com ou téléphoner au Hôtels Fairmont de:
 États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
 I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

J'en porte personnellement responsabilité de règlement total de cette note au cas où le composité, l'associé ou son représentant désigné ne refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année.)
 J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1,00\$ par jour (du Lundi au Vendredi) et de 2,00\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
Merci d'avoir choisi les Hôtels Fairmont



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 Calgary, AB, Canada T2P 2M3
 T (403) 262-1234 F (403) 260-1260
 G.S.T. Registration # [REDACTED]

Room : [REDACTED]
 Folio # : [REDACTED]
 Cashier # : [REDACTED]
 Page # : 2 of 2
 Group Name : Alberta Urban Municipalities Assoc. - A

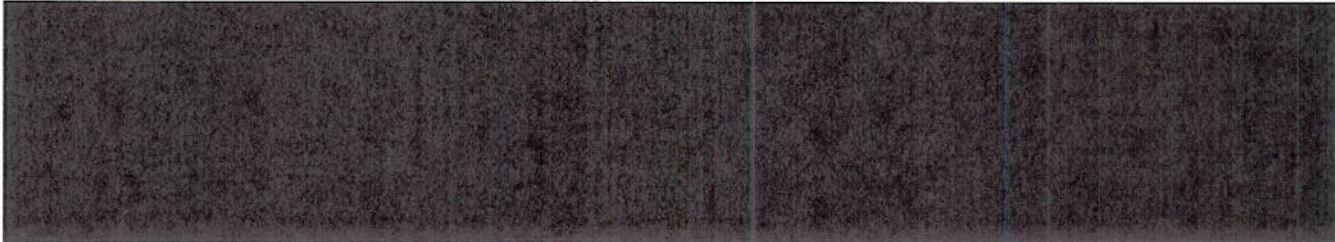
Alberta Urban Municipalities Association
 Mr Ed Sperling
 Unknown

Arrival : 11-19-13
 Departure : 11-22-13

Date	Description	Additional Information	Charges	Credits
Total			841.73	841.73
Balance Due			0.00	

GST Summary

Room	36.93
F&B	0.90
Other	0.85
Total	38.68



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Merci d'avoir choisi les Hôtels Fairmont

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CITY OF FORT SASKATCHEWAN

CITY OF FORT SASKATCHEWAN

Council Per Diem

Conferences/Seminars/Workshops/Meetings (CSWM)

Name: Ed Sperling		15-Nov-13			Payroll No.: [REDACTED]	
Date of CSWM	Details & Location of CSWM	Duration: No. of days including travel time	X	Honorarium: half day - min. 2.5 hrs. to max. 5.5 hrs. (\$90.00) / full day - in excess of 5.5 hrs. (\$180.00)	Code to account	Total
8-Nov-13	Joint New Council Orientation - Morinville	1 Day		\$ 180.00	1.2041.11212	\$ 180.00
13-Nov-13	Council Budget Workshop	1/2 Day	X	\$ 90.00	1.2041.11212	\$ 90.00
Net Claim						\$ 270.00

1155 90.00
1156 180.00

Signature: _____

[Handwritten Signature]

Approved by:
Mayor/Deputy Mayor

[Handwritten Signature]

Date Submitted for Payment: _____

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CITY OF FORT SASKATCHEWAN

Council Per Diem

Conferences/Seminars/Workshops/Meetings (CSWM)

Name: Ed Sperling		25-Nov-13			Payroll No.: [REDACTED]	
Date of CSWM	Details & Location of CSWM	Duration: No. of days including travel time	X	Honorarium: half day - min. 2.5 hrs. to max. 5.5 hrs (\$90.00) / full day - in excess of 5.5 hrs (\$180.00)	Code to account	Total
Nov 19-22, 2013	AUMA Convention	4 Days	X	\$ 180.00	1.2041.11212	\$ 720.00
Net Claim						\$ 720.00

Signature: _____

Approved by:
Mayor/Deputy Mayor

Date Submitted for Payment: _____

1155 240.00
1156 480.00

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CITY OF FORT SASKATCHEWAN

CITY OF FORT SASKATCHEWAN

Council Per Diem

Conferences/Seminars/Workshops/Meetings (CSWM)

Name: Ed Sperling		4-Dec-13			Payroll No.:	
Date of CSWM	Details & Location of CSWM	Duration: No. of days including travel time	X	Honorarium: half day - min. 2.5 hrs. to max. 5.5 hrs. (\$90.00) / full day - in excess of 5.5 hrs (\$180.00)	Code to account	Total
27-Nov-13	Council Meetings - Budget Deliberations	1/2 Day	X	\$ 180.00	1.2041.11212	\$ 90.00
28-Nov-13	Council Meetings - Budget Deliberations	1/2 Day	X	\$ 180.00	1.2041.11212	\$ 90.00
Net Claim						\$ 180.00

Signature:

Approved by:
Mayor/Deputy Mayor

Date Submitted for Payment:

1155 60.00

1156 120.00

