EMPLOYEE EXPENSE CLAIM FORM

CITY OF FORT SASKATCHEWAN

Complete Yellow Shaded Areas

PAGE 1

For Accounts Payable Use
AP Dept Only:
Vendor ID:
Posting Date:
Interoffice Mail:

Frank Garritsen, [redacted]
Name and Mailing Address of Employee

Mark "X" for Mail to Home Address

May 2013
Expenses for the Month and Year Ending:

Department of Employee

Claim Receipted Expenses in this Area

Received JUN 05 2013 Accounts Payable

All **original receipts must be attached** and **submitted** to Accounts Payable
Where receipt is misplaced & not attached, a **completed Affadivit** (located on the Intranet) must be attached

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 # #### #### #####	Purchase Price (Taxable) use this column if GST was charged enter the amount without GST	Purchase Price (Non-Taxable) use this column if GST was NOT charged (ie: gratitude paid on meals)	This section calculates automatically GST	Total
					$ -	$ -
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
Mileage *	As per Page 2 detail	1.2133.11101	211.62		10.58	222.20
Per Diems *	As per Page 2 detail		-		-	-
Education / Academic *	As per Page 2 detail		-			-
				Total Claimed	$ 10.58	$ 222.20

Vendor # GARW
DATE POSTED
MAY 31 2013
Entered by KJW

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

Frank Garritsen — Employee — Date: May 30 2013

Immediate Supervisor — Date: June 4/13

Department Manager * — Date

* (only required if Education / Academic reimbursement claimed)

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 operations. *Should you have questions about the collection information please contact the City of Fort Saskatchewan FOIP Coordinator at 780.992.6236.*

CITY OF FORT SASKATCHEWAN

EMPLOYEE EXPENSE CLAIM FORM

Continued

Complete Yellow Shaded Areas

Claim Auto Mileage Details in this Area

Where mileage is claimed, I declare that my vehicle insurance coverage is not less than $1,000,000 public liability and property damage

Mileage reimbursement rate is as per the Government of Alberta rate which include GST. ($ amount without GST)

http://www.chr.alberta.ca/Practitioners/?file=benefits/travel/claiming-travel-expenses&cf=486#policy

Current Mileage Rate: $0.505 $0.4809 excluding GST

Departure Location (include the site location and City)	Arrival Location and City (include the site location and City)	Purpose of Travel	Date	Total Kilometers Driven
Fort Sask	Alberta Sports Hall of Fame & Return	Awards Ceremony	May 24, 2013	376
Fort Sask	11050 - 90 St. Edm. & return	CUPE Awards Banquet	May 11, 2013	64
				440

Claim Daily Per Diem Meals in this Area (3)

Daily Per Diems are claimable if receipts for meals and accommodations are not available

Per Diem rates are as per the Government of Alberta rates which include GST. ($ amount without GST)

Breakfast $9.20 ($8.76) Lunch $11.60 ($11.05) Dinner $20.75 ($19.76) Private Accommodation $20.15 ($19.19)

http://www.chr.alberta.ca/Practitioners/?file=benefits/travel/claiming-travel-expenses&cf=486#policy

Per Diem	# of Per Diem Days	Per Diem Rates (without GST)	Per Diem Claimed
Breakfast		$ 8.76	$ -
Lunch		$ 11.05	-
Dinner		$ 19.76	-
Private Accommodation		$ 19.19	-
		Total Claimed	$ -

EMPLOYEE EXPENSE CLAIM FORM

CITY OF FORT SASKATCHEWAN

Complete Yellow Shaded Areas

PAGE 1

For Accounts Payable Use

AP Dept Only:
Vendor ID:
Posting Date:
Interoffice Mail:

Frank Garritsen

Name and Mailing Address of Employee

Mark "X" for Mail to Home Address

May 2013

Expenses for the Month and Year Ending:

Department of Employee

Claim Receipted Expenses in this Area

All **original receipts must be attached and submitted** to Accounts Payable
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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

This section calculates automatically

Vendor Name	Expense Description	GL Code # #### ##### #####	Purchase Price (Taxable) use this column if GST was charged enter the amount without GST	Purchase Price (Non-Taxable) use this column if GST was NOT charged (ie: gratitude paid on meals)	GST	Total
Bell Mobility	Cell Phone Bill for May 2013	1.2137.11202	$ 100.00		$ 5.00	$ 105.00
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
Mileage *	As per Page 2 detail		-		-	-
Per Diems *	As per Page 2 detail		-		-	-
Education / Academic *	As per Page 2 detail		-			-
				Total Claimed	$ 5.00	$ 105.00

Vendor # GAR14
DATE POSTED
JUN 12 2013
Entered by KM

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

Employee — Date: June 5 2013

Immediate Supervisor — Date: June 5/13.

Received
JUN 10 2013
Accounts Payable

Department Manager * — Date

* (only required if Education / Academic reimbursement claimed)

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Shop | Support | MyBell | EN ON

Bell

Mobility bill - [redacted]

Bill date: May 22, 2013

Next bill date: June 22, 2013

Account number	Name	Billing address	Client ID numb
[redacted]	FRANK GARRITSEN	[redacted]	[redacted] (14-digit number fo telephone banking)

Mobility bill total

Previous bill

Previous amount due	$61.42
Payments - View history	CR $61.42
Balance Forward	**$0.00**

Current bill

Total Phone Charges	$135.45
Total taxes on current charges	$6.77
Current Charges	**$142.22**

Total $142.22

Services and charges

78026619

Phone number: (780)

Total

Usage – view usa

Please Pay By: June 11, 2013