



CITY OF  
FORT SASKATCHEWAN

# EMPLOYEE EXPENSE CLAIM FORM

Complete Yellow Shaded Areas

PAGE 1

Sheldon Bossert  
Name of Employee

Address of Employee

June 2014

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

COPY

Vendor Name	Expense Description	GL Code # ### #	Total before GST & HST	GST	HST	Total
Hilton Hotel	Hotel for FCM Conference	1.2133.11213	\$ 940.42		117.76	\$ 1,058.20
Taxicab	Return from Edmonton Airport to Fort Saskatchewan	1.2133.11213	\$ 122.08	5.52		\$ 127.60
Telus Mobility	Cell Phone for June	1.2137.11213	\$ 80.44	4.52		\$ 84.96
						\$ -
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						\$ -
Mileage *	As per Page 2 detail	1.2133.11213	-	-		\$ -
Per Diems *	As per Page 2 detail	1.2133.11213	41.85	2.09		\$ 43.95
Education / Academic *	As per Page 3 detail		-	-		\$ -
			1,164.80	127.37	147.76	1,439.93

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

Councillor Sheldon Bossert  
Print Name of Employee

Date June 11/14

Mayor Gale Katchur  
Print Name of Immediate Supervisor

Date June 13/14

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.

June Expense





HILTON NIAGARA FALLS/FALLSVIEW HOTEL & SUITES  
 6361 Fallsview Blvd. | Niagara Falls, ON | L2G 3V9  
 T: 905 354 7887 | F: 905 357 7636  
 W: niagarafallshilton.com

BOSSERT, SHELDON

Room: 2510/K1WVS  
 Arrival Date: 5/29/2014 6:40:00PM  
 Departure Date: 6/2/2014 10:25:00AM  
 Adult/Child: 2/0  
 Room Rate: 179.00

CA

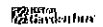
RATE PLAN C-FCM

HH# 271113345 BLUE  
 AL: MA #82006351188  
 BONUS AL: CAR:

CONFIRMATION NUMBER :

6/2/2014 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
5/29/2014	GUEST ROOM	NIGHT	10820819	\$179.00		
5/29/2014	HST	NIGHT	10820819	\$23.27		
5/29/2014	TOURISM IMPROVEMENT FEE	NIGHT	10820819	\$6.80		
5/30/2014	GUEST ROOM	NIGHT	10824468	\$249.00		
5/30/2014	HST	NIGHT	10824468	\$32.37		
5/30/2014	TOURISM IMPROVEMENT FEE	NIGHT	10824468	\$9.46		
5/31/2014	GUEST ROOM	NIGHT	10827963	\$299.00		
5/31/2014	HST	NIGHT	10827963	\$38.87		
5/31/2014	TOURISM IMPROVEMENT FEE	NIGHT	10827963	\$11.36		
6/1/2014	GUEST ROOM	NIGHT	10831555	\$179.00		
6/1/2014	HST	NIGHT	10831555	\$23.27		
6/1/2014	TOURISM IMPROVEMENT FEE	NIGHT	10831555	\$6.80		
6/2/2014	MC *9512 BALANCE	KATHTALL	10833689		\$1,058.20	\$0.00



You have earned approximately 8322 Hilton HHonors points for this stay. Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 3,900 hotels and resorts in 91 countries, please visit HHonors.com

ACCOUNT NO.  
MC \*9512

DATE OF CHARGE FOLIO NO./CHECK NO.

##### A

CARD MEMBER NAME  
BOSSERT, SHELDON

AUTHORIZATION INITIAL

086492

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

PURCHASES & SERVICES

THANK YOU FOR STAYING AT THE HILTON NIAGARA FALLS FALLSVIEW HOTEL. FOR RESERVATIONS IN THE FUTURE, PLEASE CALL 1-888-370-0700 OR WWW.HILTON.COM. WE LOOK FORWARD TO HAVING YOU STAY WITH US AGAIN SOON.

TAXES

TIPS & MISC.

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

YELLOW CAB  
18135 31 AVENUE NW  
EDMONTON AB T6N-1C2  
780-462-3456

Term Id:45024124702167  
I Len #:1084  
VISA  
PURCHASE  
Op Id:1932396  
Card #:XXXXXXXXXXXX2777

AID:4000000031010

APPROVED

AMOUNT	CAD\$116.00
TIP	CAD\$11.60
	=====
TOTAL	CAD\$127.60

Ref. #: C  
Auth. #: 040644  
Resp. Code: 00  
TVR: 4000000000  
TSI: F000

BOOK ON LINE AT EDMTAXI.COM  
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2014/06/02 Time: 10:38:00  
Response: AUTH 040644

\*\*\*CUSTOMER COPY\*\*\*

YELLOW CAB  
10135 31 AVENUE NW  
EDMONTON AB T6H 1C2  
780-462-3456

Term Id: 45024124782167  
Item #: 1084  
VISA  
PURCHASE  
Or Id: 932396  
Card #: XXXXXXXXXXXX2777

AID: A0000000031010

APPROVED

AMOUNT	CAD\$116.00
TIP	CAD\$11.60
	=====
TOTAL	CAD\$127.60

Ref. #: C  
Auth. #: 048644  
Resp. Code: 00  
TUR: 4000000000  
TSI: F000

BOOK ON LINE AT EDNTAXI.COM  
THANK YOU FOR BEING OUR GUEST

051 100403070

Date: 2014/06/02 Time: 10:38:00  
Response: AUTH 048644

\*\*\*CUSTOMER COPY\*\*\*

SHELDON BOSSERT

BILL DATE : 05-Jun-14  
PAGE 1 of 11

CLIENT N° : [REDACTED]

**Have questions about your bill?**

Have questions or need help understanding your bill? Chat with us online at [telus.com/contact](http://telus.com/contact).

**Do you have a complaint regarding your telecommunications services?**

If so, call us at 1-866-558-2273 or \*611 from your mobile phone. If we can't resolve your complaint, the Independent Commissioner for Complaints for Telecommunications Services (CCTS) may be able to assist you: [www.ccts-cprst.ca](http://www.ccts-cprst.ca) or 1-888-221-1687.

Thank you for choosing TELUS.

**MOBILITY BILL SUMMARY**

**CURRENT CHARGES**

Monthly Service Plans		\$ 95.00
Value Added Services		\$ 30.00
Other Charges and Credits		\$ -3.50
Other Fees		\$ 0.88
Taxes:		
GST/HST	6.12	
Total Taxes		\$ 6.12
<b>Total Current Charges</b>		<b>\$ 128.50</b>

**YOUR LAST BILL**

Amount of Last Bill 05-May-14	\$ 175.55
Payments	\$ -180.00
Payment Reversals	\$ 0.00
<b>Total Previous Charges Brought Forward</b>	<b>\$ -4.45</b>

Payment received after 02-Jun-14 may not be reflected on this invoice.

For inquiries please call Client Care by Dialing \*611 from your handset or see reverse for local and toll-free numbers.

**Total Amount Due \$ 124.05**



Payable online or through most financial institutions

Mobility Client Number	Bill Date	Total Amount If received by 30-Jun-14
[REDACTED]	05-Jun-14	\$ 124.05

Payable on receipt

SHELDON BOSSERT  
[REDACTED]

**Amount of Payment**

Please make cheques payable to TELUS  
Please do not staple

[REDACTED]

SHELDON BOSSERT

CLIENT N° : [REDACTED]

BILL DATE : 05-Jun-14  
PAGE 6 of 11

**INDIVIDUAL DETAIL**

587-991-6387  
SHELDON BOSSERT

**Your Device Balance**

**Number/Device Information**

Number/Device Information	Starting Device Balance	Last Month's Balance	Monthly Credit	Current Device Balance
5879916387 APPLE IPHONE 4S 16GB BLACK	\$ 550.00	\$ 243.42	\$ -15.21	\$ 228.21

More details about this can be found online at [telusmobility.com/mybill](http://telusmobility.com/mybill)

**Current Charges - Detail**

Contract Term : 3 yr expires Aug 18,2015

**Monthly Service Plans Jun 06 to Jul 05**

Service Plan Name	Total
SharePlus 60 - Uild Nat.	60.00
<b>Total</b>	<b>\$ 60.00</b>

**Additional Local Airtime Service**

\*Free Airtime may include: bonus minutes, birthday calling, evenings & weekends, free incoming, 911 and In Network Calling

	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	1375:00	7:00	1368:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

**Long Distance Charges Service**

	Total LD Minutes	Free LD Minutes	Included LD Minutes	Chargeable LD Minutes	Total
Domestic Phone	823:00	823:00	0:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

**Data and Other Services Service**

Service	Total Events	Event Type	Total
Text Msg - Sent	[REDACTED]	Msg	0.00
Video Messaging	[REDACTED]	video	0.00
Picture Messaging - Video Receive	[REDACTED]	video	0.00
Picture Messaging - Pictures	[REDACTED]	Pic	0.00
Data Usage	[REDACTED]	MB	0.00
Text Msg - Received	[REDACTED]	Msg	0.00
Picture Messaging - Picture Receive	[REDACTED]	Pic	0.00
<b>Total</b>			<b>\$ 0.00</b>

**Value Added Services Service**

Service	Total
2GB Shareable Data (Jun 06 to Jul 05)	30.00
SMS Unlimited (Jun 06 to Jul 05)	Free
<b>Total</b>	<b>\$ 30.00</b>

**Other Fees Charge**

Charge	Total
AB 911 Government Fee (Jun 06 to Jul 05)	0.44
<b>Total</b>	<b>\$ 0.44</b>

**Taxes**

	Total
GST	4.52
<b>Total</b>	<b>\$ 4.52</b>

**Total Current Charges \$ 94.96**

**AIRTIME DETAIL**

**Phone**

Call Period: D-Daytime, E-Evening, W-Weekend

City of Fort Saskatchewan



CITY OF  
FORT SASKATCHEWAN

Cheque Requisition Form

Payable to: Jame Mowat Elementary School

Date: 24-Jun-14

Address: 9625 - 82 St

Fort Sask., AB T8L 3T6

REASON FOR REQUEST	GL CODE	Base Amt	GST	Total Amount
Councillor Bossert Donation to James Mowat SYNC Program	1.2153.11213	75.00	0	\$ 75.00
				\$ 225.00

Requested by Barb Aitken  
(please print name)

0

Signature :   
(Signature)

Please attach all back up showing reason for the cheque request.

*June Eyowes*



June 12, 2014

James Mowat Elementary School is very proud of a new program that was piloted this year for our grade four and five students. We call our program SYNC, which stands for Senior's and Youth Networking Communities.

In March 2014, we started taking twenty students to Southfort Bend Gardens. We were able to go once a month and yesterday, we had our final visit for the 2013-2014 school year.

We are pleased to tell you that our program was a complete success. We left with hugs, kisses and friendships that will last a lifetime. Our students want us to continue with the program as well as the residents of Southfort Bend Gardens.

As you can imagine, a program like this requires funding. One of the biggest costs to the program is transportation. Each trip costs our school \$75.00 and over the course of ten months, this adds up substantially.

What we are asking you, is if you would consider sponsoring our bus. Each month would cost \$75.00 and you could sponsor a minimum of one month or more. As a sponsor, there would be the option of you riding with us on the bus and participating in the program. You would also gain recognition on our school website and social media sites for your contribution to our program.

Please let us know if you would like to sponsor our program. We would like to have all of the pieces in place before the end of this school year so that we can decide whether or not we will be able to go forward in September.

Thank you for your consideration,

Jessica Smith

Assistant Principal

James Mowat Elementary

## Barb Aitken

---

**From:** Sheldon Bossert  
**Sent:** June-24-14 10:43 AM  
**To:** Barb Aitken  
**Cc:** Gale Katchur; Frank Garritsen  
**Subject:** Re: Funding request

I consent.

Sent from my iPhone

On Jun 24, 2014, at 10:28 AM, "Barb Aitken" <[BAitken@fortsask.ca](mailto:BAitken@fortsask.ca)> wrote:

Good morning,

I am requesting a cheque for \$225 comprising \$75 from each of you for the James Mowat SYNC Program as per your request. Please reply with your consent for the record.



CITY OF FORT SASKATCHEWAN

# VISA EXPENSE CLAIM FORM

Complete Yellow Shaded Areas

**COPY**

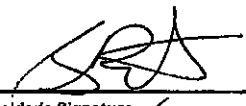
Sheldon Bossert

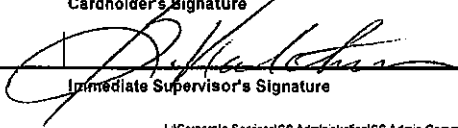
Cardholder Name:

All original receipts must be attached and submitted to Accounts Payable.  
On all meal receipts, list people in attendance and purpose of the meal (Policy FIN-012-C).  
If receipt is misplaced, attach a completed Employee Request for Reimbursement (located on the Intranet).

Claim Education / Academic reimbursement on Page 2 & submit as part of this claim

Transaction Date	Vendor Name	Expense Description	GL Code #-###-####	Total without GST & HST	GST Paid @ 8%	HST Paid	Visa Stmt Amt incl GST & HST	
June 19, 2014	Elected Officials Education Edmonton	Municipal Governance Seminar	1.2131.11213	580.00	\$ 29.00		\$ 609.00	
July 8, 2014	Eventbrite	2014 ReEnvision Housing Symposium	1.2131.11213	67.13	\$ 3.36		\$ 70.49	
							\$ -	
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	Education / Academic *	As per Page 2 detail					\$ -	
				<b>Totals</b>	\$ 647.13	\$ 32.36	\$ -	\$ 679.49

Councillor Sheldon Bossert  
 Print Name of Cardholder  Cardholder's Signature Date July 15/14

Mayor Gale Katchur  
 Print Name of Immediate Supervisor  Immediate Supervisor's Signature Date July 16/14

Total Purchase Price (green box) MUST = Visa Statement amount due (plus or minus \$0.01 due to GST rounding)

Sum Expense

From: [no-reply@eoep.skillbuilder.ca](mailto:no-reply@eoep.skillbuilder.ca) <[no-reply@eoep.skillbuilder.ca](mailto:no-reply@eoep.skillbuilder.ca)>

Sent: Thursday, June 19, 2014 2:45 PM

To: Sheldon Bossert

Subject: Purchase Receipt: Classroom Seminar (1)

Website: <http://www.eoep.ca>

Email: [registrar@eoep.ca](mailto:registrar@eoep.ca)

**Alberta Elected Officials Education Program**

Alberta Municipal Place  
300-8616 51 Ave  
EDMONTON AB T6E 6E6

---

**Purchase Receipt**

---

GST # [REDACTED]

Order #:	[REDACTED]
Invoice #:	[REDACTED]
Name:	Sheldon Bossert
Reg. No.:	[REDACTED]
Company:	City of Fort Saskatchewan
Purchase Date:	Thursday, June 19, 2014 2:44 PM
Payment Method:	Credit Card
Mailing Address:	[REDACTED]
Order Status:	Approved

Item	Quantity	Total
Sheldon Bossert Classroom Seminar Municipal Governance Seminar Oct 07, 2014 9:00 AM to 3:00 PM  AUMA 300, 8616 - 51 Ave Edmonton, Alberta  Price: \$580.00	1	\$580.00

SubTotal:	\$580.00
Gst:	\$29.00
Total:	\$609.00

Please print and bring this ticket with you.

Event

# 2014 ReEnvision Housing Symposium

envision  
HOUSING SYMPOSIUM 2014

Date+Time

Thursday, October 2, 2014 from  
7:30 AM to 4:30 PM (MDT)

Location

DoubleTree by Hilton™ West  
Edmonton  
16615 109 Ave NW  
Edmonton, AB T5P 4K8  
Canada

Name

Sheldon  
Bossert

Payment Status

Eventbrite  
Completed

Order Info

Order # [REDACTED] Ordered by Sheldon Bossert on July 7, 2014 9:04 AM

Type

Symposium Ticket \$64.29



314431475397456163001



Please print and bring your tickets to the event entrance.



314431475397456163001



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Start selling in minutes with Eventbrite!  
[www.eventbrite.com](http://www.eventbrite.com)



FORT SASKATCHEWAN

CITY OF FORT SASKATCHEWAN

Council Per Diem

Conferences/Seminars/Workshops/Meetings (CSWM)

COPY

Name: Sheldon Bossert

2-Jun-14

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
May 30/June 2,	FCM Conference	5	X	\$ 180.00	1.2041.11213	\$ 900.00
						Net Claim \$ 900.00

Signature:

Approved by:  
Mayor/Deputy Mayor

Date Submitted for Payment:

June 11 2014

Sam Evans