

APRIL 2024 EXPENSES
DEPUTY SUPERINTENDENT

Amount

EXPENDITURES

210 Certified Salaries Regular	13,700.42
310 Certified Benefits	2,868.46
460 Travel/Subsistence	750.94
461 Mileage Exp	113.11
550 Dues & Fees	0.00

Total For EXPENDITURES	17,432.93

River Cree Resort & Casino

300 East Lapotac Blvd
PO Box 179
Enoch AB T7X3Y3
1-780-484-2121
GST - 859199432RT0002

reservations@rivercreeresort.com

Van Oers, Mr Daram
5031 50 St
Stettler, AB T0C 2L0

Confirmation Number: 78175380-1
Room Number: 2032
Room Type: GK
No. of Guests: 1

TAX ID	ARRIVAL	DEPARTURE	RATE PLAN	ACCOUNT
	03/03/2024	03/05/2024	GASSN	351020
DATE	CODE	DESCRIPTION	AMOUNT (CAD)	
03/03/2024	RMCH	Room Charge	189.00	
03/03/2024	RMF	Resort Marketing Fee	7.56	
03/03/2024	GST	GST	9.83	
03/03/2024	TL	Tourism Levy	7.86	
03/04/2024	RMCH	Room Charge	189.00	
03/04/2024	RMF	Resort Marketing Fee	7.56	
03/04/2024	GST	GST	9.83	
03/04/2024	TL	Tourism Levy	7.86	
03/05/2024	VISA	Visa *****8108	(428.50)	
Total Due:				<u>0.00</u>

TERMS:

SIGNATURE: _____

DATE: _____

FANTASYLAND HOTEL

17700 87 AVE
EDMONTON AB T5T 4V4

Van Oers , Mr & Mrs Daram

Box 157

Botha, AB t0c0n0

Confirmation Number: 82068743-1

Room Number: 937

Room Type: STWN

No. of Guests: 1

ARRIVAL	DEPARTURE	RATE PLAN
03/20/2024	03/22/2024	GROUP

DATE	CODE	DESCRIPTION	AMOUNT (CAD)
03/20/2024	RM	Room Charge	159.00
03/20/2024	RT	Alberta Tourism Levy	6.36
03/20/2024	GST	GST 845861368 RT	7.95
03/21/2024	RM	Room Charge	159.00
03/21/2024	RT	Alberta Tourism Levy	6.36
03/21/2024	GST	GST 845861368 RT	7.95
03/22/2024	VI	Visa *****8108	(346.62)

TOTAL DUE: 0

TERMS: If a credit card was provided upon check-in, a hold was placed on the card for the full amount to be owed to the hotel, plus estimated incidentals. This hold may display as pending for telephone or online banking portals and may not be released for 72 hours or longer after departure at the discretion of your card issuer.

EXPENSE CLAIM - 2018

Task ID: 0000064327 - Created: 30-Apr-2024 11:08.05 AM - By: Daram Van Oers - Processed: 30-Apr-2024 11:08.05 AM - By: Daram Van Oers

Clearview Public Schools EXPENSE CLAIM FORM

Name: Van Oers, Daram S
(10451)

Location: Central Office

Month: April

NOTE: Please enter information in the order it is scanned.

1. Other Expenses (Please Attach Receipts):

Date (YYYYMMDD)	Vendor	Particulars	Books	Enter GST on Invoice	Total Invoice Amount	Coding or Dept
1			<input type="checkbox"/>			
2			<input type="checkbox"/>			
3			<input type="checkbox"/>			
4			<input type="checkbox"/>			
5			<input type="checkbox"/>			
6			<input type="checkbox"/>			
7			<input type="checkbox"/>			
8			<input type="checkbox"/>			
9			<input type="checkbox"/>			
10			<input type="checkbox"/>			
Subtotals				0.00	0.00	

REGULAR BUSINESS EXPENSES

NOTE: Please enter information in the order it is scanned.

2. Mileage and Meal Information:

Date (YYYYMMDD)	Purpose	From/To Destination	Km's Round Trip	One Way Only	Total KMs	Total Mileage Expense	Breakfast \$11	Lunch \$16	Dinner \$24	Coding or Dept		
1	03-Apr-2024	Dual Credits - RDP	Stettler to Red Deer (Downtown)	167	<input type="checkbox"/>	167.00	0.70	116.90	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	461-02-029-99
2				\$	<input type="checkbox"/>	0.00		0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	
3				\$	<input type="checkbox"/>	0.00		0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	
4				\$	<input type="checkbox"/>	0.00		0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	
5				\$	<input type="checkbox"/>	0.00		0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	
6				\$	<input type="checkbox"/>	0.00		0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	
7				\$	<input type="checkbox"/>	0.00		0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	
8				\$	<input type="checkbox"/>	0.00		0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	
9				\$	<input type="checkbox"/>	0.00		0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	
10				\$	<input type="checkbox"/>	0.00		0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	
Subtotals						167.00		116.90	0.00	0.00	0.00	


For Office Use Only:		
Total Mileage	5.57	Total Mileage 116.90
GST Auto Calculation		
Total Subsistence	0.00	Total Subsistence 0.00
GST Auto Calculation		
Total Other Expense GST Entered	0.00	Total Other Expenses 0.00
Grand Total GST	5.57	Total Claim 116.90

Additional Comments:

I certify that the above expenses were paid by me in the course of my work for Clearview School Division No. 71. Note: Lodging expenses at cost of government or corporate rate for hotels. No charge accommodation (staying with a friend or relative) at \$40/night. Administrative Procedure 418 will reimburse all employee travel costs incurred while on authorized Board business, in accordance with the regulations. Click here to view Administrative Procedure 418.

GL DISTRIBUTION ENTRY WITH CODING

Task ID: 0000064327 - Created: 30-Apr-2024 11:08.05 AM - By: Daram Van Oers - Processed: 30-Apr-2024 02:09.31 PM - By: Malena Kieser

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
14610720699		116.90	1	5.57
Total Without Taxes:				111.33
Tax Total:				<u>5.57</u>
Total With Taxes:				116.90

Comment:

MILEAGE

GL DISTRIBUTION ENTRY WITH APPROVAL

Task ID: 0000064327 - Created: 30-Apr-2024 02:09.31 PM - By: Malena Kieser - Processed: 30-Apr-2024 02:50.54 PM - By: D. Scot Leys

Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
14610720699		116.90	1	5.57
Total Without Taxes:				111.33
Tax Total:				<u>5.57</u>
Total With Taxes:				116.90

Comment:

MILEAGE

FINAL APPROVAL SECTION


Task ID: 0000064327 - Created: 30-Apr-2024 02:50.54 PM - By: D. Scot Leys - Processed: 30-Apr-2024 03:40.38 PM - By: Malena Kieser

Action Taken: Approve Expense

Period: 202408

Vendor Number: EM10451 - Van Oers, Daram S

Invoice Number: EEW-APR/24

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
14610720699		116.90	1	5.57
Total Without Taxes:				111.33
Tax Total:				<u>5.57</u>
Total With Taxes:				116.90

Comment:
MILEAGE