

PAYMENT DUE DATE: _____

COPY



CHEQUE REQUEST (TO BE USED ONLY WHEN THERE IS NO INVOICE)

PAYABLE TO: Lillian Ruptash

ADDRESS: Removed in accordance with FOIP

CONTACT/ PHONE: [REDACTED]

PURPOSE/REASON: Mileage to attend Board Retreat at The Crossing at Ghost River, Cochrane

SPECIAL INSTRUCTIONS: _____

Accounting Codes						
* Account	* Fund	* Dept. ID.	* Location	Analysis	Project	AMOUNT
Removed in accordance with FOIP						\$ 256.80
GST Number: #						GST \$
						TOTAL 256.8

AUTHORIZATION:

REQUESTED BY
PRINT NAME: Nicole Removed **SIGN:** [REDACTED] **DATE:** Sept. 14/15

APPROVED BY
PRINT NAME: Alan Skoreyko **SIGN:** [REDACTED] **DATE:** Sept 24/15.

* Mandatory Accounting Codes

Form version July 18, 2013

Board Expense Form

Name: Lillian RUPTASH Signature: Removed in accordance with FOIP Date: Aug 31/15

Details of Expenses
Please attach original detailed receipts - copies are not acceptable

Date mm/dd/yy	Type of Expense (Professional Development, travel or hosting)	Description	COST
08/23/15	Board Retreat	Wegemile to Fort River Crossing	208.80
	Travel Mileage	Edmonton	
08/25/15	Mileage	Edmonton to Wegemile	48.00
TOTAL			256.80

Removed in accordance with FOIP

Notes: *Lillian was provided a ride from Ghost River to Edmonton.

1. Hosting expenses require identification of the date, purpose of the event, and the name of all people in attendance
2. Detailed itemized receipts are required, not only the credit card receipt
3. Personal vehicle use is reimbursed at \$0.48/KM driven