AN ENGLISH EDUCATION, A BILINGUAL FUTURE

UNE EDUCATION EN ANGLAIS, UN AVENIR BILINGUE

TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - ***FOR COMMISSIONERS ONLY***

NAME	Sergio Di Marco	JOB TITLE	Commissioner	MONTH / YEAR	Nov-Jan 2014-2015
EMPLOYEE NO.	[redacted]				

				GENERAL EXPENSES					PROFESSIONAL IMPROVEMENT						
DATE (Yr-Mth-Day) 2011-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	302 TRAVEL Standing Committees		302 MEALS		302 OTHER	302 TRAVEL PIC		812 CONFERENCES	302 LODGING		302 MEALS		302 OTHER
	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	nights	AMOUNT	#	COST	COST
2014-11-12	Home	SWLSB Office	Council Meeting	11	5.23											
2014-11-12	Office	Home	Council Meeting	11	5.23											
2014-11-15	Home	SWLSB Office	Goverance Training	11	5.23											
2014-11-15	Office	Home	Goverance Training	11	5.23					104.64						
2014-11-22	Home	SWLSB Office	DISC Training	11	5.23											
2014-11-22	Office	Home	DISC Training	11	5.23											
2014-12-01	Home	SWLSB Office	Executive meeting	11	5.23											
2014-12-01	Office	Home	Executive meeting	11	5.23											
2014-12-03	Home	SWLSB Office	Corporate Meeting	11	5.23											
2014-12-03	Office	Home	Corporate Meeting	11	5.23											
2014-12-09	Home	SWLSB Office	PGB Meeting	11	5.23											
2014-12-09	Office	Home	PGB Meeting	11	5.23											
2014-12-10	Home	SWLSB Office	Council Meeting	11	5.23			ENTERED								
2014-12-10	Office	Home	Council Meeting	11	5.23											
2014-12-17	Home	SWLSB Office		11	5.23											
2014-12-17	Office	Home		11	5.23											
2015-01-05	Home	SWLSB Office		11	5.23											
2015-01-05	Office	Home		11	5.23											
2015-01-07	Home	SWLSB Office	Council Meeting	11	5.23											
2015-01-07	Office	Home	Council Meeting	11	5.23											
GRAND TOTAL			$ 104.64	√ 11	$ 104.64	><	$ -	$ -		$ -	$ -	><	$ -	><	$ -	$ -

BUDGET CODES		
TRAVEL	$ 104.64	203- 1- 51110 - 302
MEALS	$ -	203- 1- 51110 - 302
OTHER	$ -	203- 1- 51110 - 302
	XXX	
	XXX	
PIC - TRAVEL	$ -	203- 1- 55500 - 302
PIC-CONFERNCES	$ -	203- 1- 55500 - 812
PIC -LODGING	$ -	203- 1- 55500 - 302
PIC - MEALS	$ -	203- 1- 55500 - 302
PIC - OTHER	$ -	203- 1- 55500 - 302
*ADVANCE		000-1-01503-000
TOTAL	$ 104.64	

- Kilometers are calculated at 30.48/km
- Attach ORIGINAL receipts to this form.
- This form must be signed by claimant and duly approved.
- Expense claims must be submitted by 4:30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the following pay.
- Please complete this form electronically. This form is available online.

REQUESTED BY:

[redacted]

NAME OF CLA

APPROVED BY

NAME (

3 Travel Expenses Form _COMMISSIONERS_Regular rate 48 c

Revised 08/03/01

AN ENGLISH EDUCATION, A BILINGUAL FUTURE

UNE ÉDUCATION EN ANGLAIS, UN AVENIR BILINGUE

TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - ***FOR COMMISSIONERS ONLY***

NAME	Sergio Di Marco	JOB TITLE	Commissioner	MONTH	Jan-March
EMPLOYEE NO.	[redacted]			YEAR	2015

DATE (Y/-Mth-Day) 2011-01-01	LOCATION FROM	LOCATION TO	DESCRIPTION/ NATURE OF BUSINESS	GENERAL EXPENSES 302 TRAVEL Committees Standing KM	302 TRAVEL AMOUNT	302 MEALS #	302 MEALS COST	302 OTHER COST	PROFESSIONAL IMPROVEMENT 302 TRAVEL PIC KM	302 TRAVEL PIC AMOUNT	812 CONFERENCES COST	302 LODGING NIGHTS	302 LODGING AMOUNT	302 MEALS #	302 MEALS COST	302 OTHER COST
2015-01-20	Home	SWLSB Office	Pedagogical Meeting	11	5.23								47.98			
2015-01-20	Office	Home	Pedagogical Meeting	11	5.23											
2015-02-16	Home	SWLSB Office	Executive meeting	11	5.23											
2015-02-16	Office	Home	Executive meeting	11	5.23											
2015-02-25	Home	SWLSB Office	Council Meeting	11	5.23											
2015-02-25	Office	Home	Council Meeting	11	5.23											
2015-03-18	Home	SWLSB Office	Corporate Meeting	11	5.23											
2015-03-18	Office	Home	Corporate Meeting	11	5.23											
GRAND TOTAL			$ 41.86	11	$ 41.86		$ -	$ -		$ -	$ -		$ -		$ -	$ -

ENTERED APR 1 2015

BUDGET CODES

TRAVEL	$ 41.86	203- 1- 51110 - 302
MEALS	$ -	203- 1- 51110 - 302
OTHER	$ -	203- 1- 51110 - 302
	XXX	
	XXX	
PIC - TRAVEL	$ -	203- 1- 55500 - 302
PIC-CONFERNCES	$ -	203- 1- 55500 - 812
PIC -LODGING	$ -	203- 1- 55500 - 302
PIC - MEALS	$ -	203- 1- 55500 - 302
PIC - OTHER	$ -	203- 1- 55500 - 302
*ADVANCE		000-1-01503-000
TOTAL	$ 41.86	

--- IMPORTANT ---

Kilometers are calculated at 30.48/km.
Attach ORIGINAL receipts to this form.
This form must be signed by claimant and duly approved.
Expense claims must be submitted by 4:30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the following pay
Please complete this form electronically. This form is

REQUESTE

NAME OF

APPROVED

[redacted]

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AN ENGLISH EDUCATION, A BILINGUAL FUTURE

UNE EDUCATION EN ANGLAIS, UN AVENIR BILINGUE

TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - ***FOR COMMISSIONERS ONLY***

NAME	Sergio Di Marco	JOB TITLE	Commissioner	MONTH	March-June11
EMPLOYEE NO.	[redacted]			YEAR	2015

DATE (Yr-Mth-Day) 2011-01-01	LOCATION FROM	LOCATION TO	DESCRIPTION/ NATURE OF BUSINESS	GENERAL EXPENSES: 302 TRAVEL Conventions Standing KM	302 TRAVEL AMOUNT	302 MEALS #	302 MEALS COST	302 OTHER COST	PROFESSIONAL IMPROVEMENT: 302 TRAVEL PIC KM	302 TRAVEL PIC AMOUNT	812 CONFERENCES COST	302 LODGING RDAYS	302 LODGING AMOUNT	302 MEALS #	302 MEALS COST	302 OTHER COST
2015-03-25	Home	SWLSB Office	Council Meeting	11	5.23											
2015-03-25	Office	Home	Council Meeting	11	5.23											
2015-04-01	Home	SWLSB Office	Ped Meeting	11	5.23											
2015-04-01	Office	Home	Ped Meeting	11	5.23											
2015-04-14	Home	SWLSB Office	Corporate Meeting	11	5.23											
2015-04-14	Office	Home	Corporate Meeting	11	5.23											
2015-04-22	Home	SWLSB Office	Council Meeting	11	5.23											
2015-04-22	Office	Home	Council Meeting	11	5.23											
2015-05-20	Home	SWLSB Office	Council Meeting	11	5.23											
2015-05-20	Office	Home	Council Meeting	11	5.23											
2015-06-10	Home	SWLSB Office	Corporate Meeting	11	5.23											
2015-06-10	Office	Home	Corporate Meeting	11	5.23											
GRAND TOTAL			$ 62.78	11	$ 62.78		$ -	$ -		$ -	$ -		$ -		$ -	$ -

Amount paid 62.78

JUL 2 2015

Initials [redacted]

RECEIVED Jun 29 2015

BUDGET CODES

TRAVEL	$ 62.78	203- 1- 51110 - 302
MEALS	$ -	203- 1- 51110 - 302
OTHER	$ -	203- 1- 51110 - 302
	XXX	
	XXX	
PIC - TRAVEL	$ -	203- 1- 55500 - 302
PIC-CONFERNCES	$ -	203- 1- 55500 - 812
PIC -LODGING	$ -	203- 1- 55500 - 302
PIC - MEALS	$ -	203- 1- 55500 - 302
PIC - OTHER	$ -	203- 1- 55500 - 302
*ADVANCE		000-1-01503-000
TOTAL	$ 62.78	-

***** IMPORTANT *****

- Kilometers are calculated at 38.45/km
- Attach ORIGINAL receipts to this form.
- This form must be signed by claimant and duly approved.
- Expense claims must be submitted by 4.30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the followingpay
- Please complete this form electronically. This form is

REQUESTED BY

NAME OF CLAIM

APPROVED BY:

NAME (Pl

[redacted]

Revised 08/03/01

AN ENGLISH EDUCATION
A BILINGUAL FUTURE

BILINGUE

TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - ***FOR COMMISSIONERS ONLY***

NAME	Sergio Di Marco	JOB TITLE	Commissioner	MONTH	Sept-Dec
EMPLOYEE NO	[redacted]			YEAR	2015

DATE (Yr-Mth-Day) 2011-01-01	LOCATION FROM	LOCATION TO	DESCRIPTION NATURE OF BUSINESS	GENERAL EXPENSES: 302 TRAVEL Committees Boarding KM	302 TRAVEL AMOUNT	302 MEALS #	302 MEALS COST	302 OTHER COST	PROFESSIONAL IMPROVEMENT: 302 TRAVEL PIC KM	302 TRAVEL PIC AMOUNT	812 CONFERENCES COST	302 LODGING #DAYS	302 LODGING AMOUNT	302 MEALS #	302 MEALS COST	302 OTHER COST
2015-09-12	Home	SWLSB Office	Strategic Planning	11	5 23											
2015-09-12	Office	Home	Strategic Planning	11	5 23											
2015-09-16	Home	SWLSB Office	Corporate Meeting	11	5 23											
2015-09-16	Office	Home	Corporate Meeting	11	5 23											
2015-09-23	Home	SWLSB Office	Council Meeting	11	5 23											
2015-09-23	Office	Home	Council Meeting	11	5 23											
2015-10-07	Home	SWLSB Office	Ped Meeting	11	5 23											
2015-10-07	Office	Home	Ped Meeting	11	5 23											
2015-10-21	Home	SWLSB Office	Corporate Meeting	11	5 23											
2015-10-21	Office	Home	Corporate Meeting	11	5.23											
2015-11-04	Home	SWLSB Office	Council Meeting	11	5 23											
2015-11-04	Office	Home	Council Meeting	11	5 23											
2015-11-18	Home	SWLSB Office	Corporate Meeting	11	5 23											
2015-11-18	Office	Home	Corporate Meeting	11	5 28											
2015-11-04	Home	SWLSB Office	Council Meeting	11	5 28											
2015-11-04	Office	Home	Council Meeting	11	5.28											
2015-12-11	Home	SWLSB Office	Strategic Planning	11	5 28											
2015-12-11	Office	Home	Strategic Planning	11	5 28											
2015-12-16	Home	SWLSB Office	Council Meeting	11	5 28											
2015-12-16	Office	Home	Council Meeting	11	5 28											
	GRAND TOTAL		$ 105.02	11	$ 105 02		$ -	$ -		$ -	$ -		$ -		$ -	$ -

Amount paid 105.02

DEC 3 1 2015

Initials KD

ENTERED DEC 17 2015

BUDGET CODES		
TRAVEL	$ 105.02	203- 1- 51110 - 302
MEALS	$ -	203- 1- 51110 - 302
OTHER	$ -	203- 1- 51110 - 302
	xxx	
	xxx	
PIC - TRAVEL	$ -	203- 1- 55500 - 302
PIC-CONFERNCES	$ -	203- 1- 55500 - 812
P C -LODGING	$ -	203- 1- 55500 - 302
PIC - MEALS	$ -	203- 1- 55500 - 302
P C - OTHER	$ -	203- 1- 55500 - 302
*ADVANCE		000-1-01503-000
TOTAL	$ 105.02	

- Kilometers are calculated at $0.44/km
- Attach ORIGINAL receipts to this form.
- This form must be signed by claimant and duly approved.
- Expense claims must be submitted by 4:30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the following pay
- Please complete this form electronically. This form is [illegible]

REQUESTE

NAME OF

APPROVED

[redacted]

3 Travel Expenses Form_COMMISSIONERS Regular rate 40 cents 4 x x

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AN ENGLISH EDUCATION, A BILINGUAL FUTURE

UNE EDUCATION EN ANGLAIS, UN AVENIR BILINGUE

TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - ***FOR COMMISSIONERS ONLY***

NAME	Sergio Di Marco	JOB TITLE	Commissioner	MONTH	April-Sept
EMPLOYEE NO.	[redacted]			YEAR	2016

DATE (Yr-Mth-Day) 2011-01-01	LOCATION FROM	LOCATION TO	DESCRIPTION/ NATURE OF BUSINESS	GENERAL EXPENSES: 302 TRAVEL Committee Meeting KM	302 TRAVEL Committee Meeting AMOUNT	302 MEALS #	302 MEALS COST	302 OTHER COST	PROFESSIONAL IMPROVEMENT: 302 TRAVEL PIC KM	302 TRAVEL PIC AMOUNT	812 CONFERENCES COST	302 LODGING # DAYS	302 LODGING AMOUNT	302 MEALS #	302 MEALS COST	302 OTHER COST
2016-04-16	Home	SWLSB Office	Caucus Meeting	11	5.23											
2016-04-16	Office	Home	Caucus Meeting	11	5.23											
2016-04-20	Home	SWLSB Office	Corporate Meeting	11	5.23											
2016-04-20	Office	Home	Corporate Meeting	11	5.23											
2016-04-26	Home	SWLSB Office	Caucus Meeting	11	5.23											
2016-04-26	Office	Home	Caucus Meeting	11	5.23											
2016-04-27	Home	SWLSB Office	Council Meeting	11	5.23											
2016-04-27	Office	Home	Council Meeting	11	5.23											
2016-05-18	Home	SWLSB Office	Corporate Meeting	11	5.23											
2016-05-18	Office	Home	Corporate Meeting	11	5.23											
2016-05-25	Home	SWLSB Office	Council Meeting	11	5.23											
2016-05-25	Office	Home	Council Meeting	11	5.23											
2016-05-31	Home	SWLSB Office	Meeting	11	5.23											
2016-05-31	Office	Home	Meeting	11	5.23											
2016-08-31	Home	SWLSB Office	Meeting	11	5.23											
2016-08-31	Office	Home	Meeting	11	5.23											
2016-09-07	Home	SWLSB Office	PED Meeting	11	5.23											
2016-09-07	Office	Home	PED Meeting	11	5.23											
2016-09-14	Home	SWLSB Office	Corporate Meeting	11	5.23											
2016-09-14	Office	Home	Corporate Meeting	11	5.23											
2016-09-29	Home	SWLSB Office	Council Meeting	11	5.28											
GRAND TOTAL			$ 109.92	11	$ 109.92		$ -			$ -	$ -		$ -		$ -	$ -

ENTERED OCT 11 2016

REQU - RECEIVED FINANCE SEP 2016

Amount paid $109.92

OCT 20 2016

Initials

BUDGET CODES		
TRAVEL	$ 109.92	203- 1- 51110 - 302
MEALS	$ -	203- 1- 51110 - 302
OTHER	$ -	203- 1- 51110 - 302
	xxx	
	xxx	
PIC - TRAVEL	$ -	203- 1- 55500 - 302
PIC-CONFERNCES	$ -	203- 1- 55500 - 812
PIC -LODGING	$ -	203- 1- 55500 - 302
PIC - MEALS	$ -	203- 1- 55500 - 302
PIC - OTHER	$ -	203- 1- 55500 - 302
*ADVANCE		000-1-01503-000
TOTAL	$ 109.92	

Kilometers are calculated at 52.48/km
Attach ORIGINAL receipts to this form.
This form must be signed by claimant and duly approved.
Expense claims must be submitted by 4:30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the following pay
Please complete this form electronically. This form is

REQUES

NAME

APPROVE

[redacted]

3 Travel Expenses Form _COMMISSIONERS_Regular rate 48 cents 6 cts

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AN ENGLISH EDUCATION, A BILINGUAL FUTURE

UNE EDUCATION EN ANGLAIS, UN AVENIR BILINGUE

OK RN

TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - ***FOR COMMISSIONERS ONLY***

NAME	Sergio Di Marco	JOB TITLE	Commissioner	MONTH	Oct-Feb 2017
EMPLOYEE NO.	[redacted]			YEAR	2016-2017

DATE (Yr-Mth-Day) 2011-01-01	LOCATION FROM	LOCATION TO	DESCRIPTION/ NATURE OF BUSINESS	GENERAL EXPENSES: 302 TRAVEL Standing Committees KM	302 TRAVEL Standing Committees AMOUNT	307 MEALS #	307 MEALS COST	302 OTHER COST	PROFESSIONAL IMPROVEMENT: 302 TRAVEL PIC KM	302 TRAVEL PIC AMOUNT	812 CONFERENCES COST	302 LODGING DAYS	302 LODGING AMOUNT	302 MEALS #	302 MEALS COST	302 OTHER COST
2016-10-05	Home	SWLSB Office	PED Meeting	11	5.23											
2016-10-05	Office	Home	PED Meeting	11	5.23											
2016-10-19	Home	SWLSB Office	Corporate Meeting	11	5.23											
2016-10-19	Office	Home	Corporate Meeting	11	5.23											
2016-10-26	Home	SWLSB Office	Council Meeting	11	5.23											
2016-10-26	Office	Home	Council Meeting	11	5.23											
2016-11-16	Home	SWLSB Office	Corporate Meeting	11	5.23											
2016-11-16	Office	Home	Corporate Meeting	11	5.23											
2016-11-23	Home	SWLSB Office	Council Meeting	11	5.23											
2016-11-23	Office	Home	Council Meeting	11	5.23											
2016-12-14	Home	SWLSB Office	Council Meeting	11	5.23											
2016-12-14	Office	Home	Council Meeting	11	5.23											
2017-01-11	Home	SWLSB Office	PED Meeting	11	5.23											
2017-01-11	Office	Home	PED Meeting	11	5.23											
2017-01-18	Home	SWLSB Office	Corporate Meeting	11	5.23											
2017-01-18	Office	Home	Corporate Meeting	11	5.23											
2017-01-25	Home	SWLSB Office	Council Meeting	11	5.23											
2017-01-25	Office	Home	Council Meeting	11	5.23											
2017-02-08	Home	SWLSB Office	PED Meeting	11	5.28											
2017-02-08	Office	Home	PED Meeting	11	5.28											
2017-02-16	Home	SWLSB Office	~~Versa~~ CORPORATE	22	10.56											
GRAND TOTAL				$ 115.30	11 $ 115.30		$ -	$ -		$ -	$ -		$ -		$ -	$ -

Amount paid $115.30

Initials

ENTERED MAR 0 1 2017

BUDGET CODES		
TRAVEL	$ 115.30	203- 1- 51110 - 302
MEALS	$ -	203- 1- 51110 - 302
OTHER	$ -	203- 1- 51110 - 302
	XXX	
	XXX	
PIC - TRAVEL	$ -	203- 1- 55500 - 302
PIC-CONFERNCES	$ -	203- 1- 55500 - 812
PIC -LODGING	$ -	203- 1- 55500 - 302
PIC - MEALS	$ -	203- 1- 55500 - 302
PIC - OTHER	$ -	203- 1- 55500 - 302
*ADVANCE		000-1-01503-000
TOTAL	$ 115.30	

- Kilometers are calculated at 39.48/km.
- Attach ORIGINAL receipts to this form.
- This form must be signed by claimant and duly approved.
- Expense claims must be submitted by 4:30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the followingpay.
- Please complete this form electronically. This form is

RECEIVED BY:

NAME OF CLAIMANT (Please Print)

APPROVED BY:

Please

NAME (Please Print)

[redacted]

Revised 08/03/01

AN ENGLISH EDUCATION, A BILINGUAL FUTURE

UNE ÉDUCATION EN ANGLAIS, UN AVENIR BILINGUE

TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - ***FOR COMMISSIONERS ONLY***

NAME	Sergio Di Marco	JOB TITLE	Commissioner	MONTH	Sept-Nov 2017
EMPLOYEE NO.	[redacted]			YEAR	2017-2018

				GENERAL EXPENSES					PROFESSIONAL IMPROVEMENT							
DATE (Yr-Mth-Day) 2011-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	302 TRAVEL Standing Committees		302 MEALS		302 OTHER	302 TRAVEL PIC		812 CONFERENCES	302 LODGING		302 MEALS		302 OTHER
	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	HRS/X	AMOUNT	#	COST	COST
2017-09-06	Home	SWLSB Office	PED Meeting	11	5.23	✓										
2017-09-06	Office	Home	PED Meeting	11	5.23	✓										
2017-09-25	Home	SWLSB Office	School Organization	11	5.23	✓										
2017-09-25	Office	Home	School Organization	11	5.23	✓										
2017-09-27	Home	SWLSB Office	Council Meeting	11	5.23	✓										
2017-09-27	Office	Home	Council Meeting	11	5.23	✓										
2017-10-18	Home	SWLSB Office	Interview	11	5.23	✓										
2017-10-18	Office	Home	Interview	11	5.23	✓										
2017-10-18	Home	SWLSB Office	Corporate Meeting	11	5.23	✓										
2017-10-18	Office	Home	Corporate Meeting	11	5.23	✓										
2017-10-25	Home	SWLSB Office	Council Meeting	11	5.23	✓										
2017-10-25	Office	Home	Council Meeting	11	5.23	✓										
2017-11-02	Home	SWLSB Office	Parents Committee	11	5.23	✓										
2017-11-02	Office	Home	Parents Committee	11	5.23	✓										
2017-11-15	Home	SWLSB Office	Corporate Meeting	11	5.23	✓										
2017-11-15	Office	Home	Corporate Meeting	11	5.23	✓										
2017-11-22	Home	SWLSB Office	Council Meeting	11	5.23	✓										
2017-11-22	Office	Home	Council Meeting	11	5.23	✓										
	GRAND TOTAL		$ 94.18	11	$ 94.18	XX	$ -	$ -		$ -	$ -	XX	$ -	XX	$ -	$ -

ENTERED NOV 29 2017

RECEIVED NOV 27 2017 LAUPER

BUDGET CODES		
TRAVEL	$ 94.18	203- 1- 51110 - 302
MEALS	$ -	203- 1- 51110 - 302
OTHER	$ -	203- 1- 51110 - 302
	XXX	
	XXX	
PIC - TRAVEL	$ -	203- 1- 55500 - 302
PIC-CONFERNCES	$ -	203- 1- 55500 - 812
PIC -LODGING	$ -	203- 1- 55500 - 302
PIC - MEALS	$ -	203- 1- 55500 - 302
PIC - OTHER	$ -	203- 1- 55500 - 302
*ADVANCE		000-1-01503-000
TOTAL	$ 94.18	

IMPORTANT

- Kilometers are calculated at $0.43/km
- Attach ORIGINAL receipts to this form.
- This form must be signed by claimant and duly approved.
- Expense claims must be submitted by 4:30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the following pay.
- Please complete this form electronically. This form is available on the Portal.

REQUESTED BY:

[redacted]

NAME OF CLAIMANT

APPROVED BY:

NAME (Please

AN ENGLISH EDUCATION, A BILINGUAL FUTURE

UNE EDUCATION EN ANGLAIS, UN AVENIR BILINGUE

REQU - RECEIVED Revised 08/03/01
FINANCE
JUN 30 2017
C.S. SIR-WILFRID-LAURIER
SIR WILFRID LAURIER S.B.

OK KV

TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - ***FOR COMMISSIONERS ONLY***

NAME	Sergio Di Marco	JOB TITLE	Commissioner	MONTH	April-June 2017
EMPLOYEE NO	[redacted]			YEAR	2016-2017

DATE (Yr-Mth-Day) 2011-01-01	LOCATION FROM	LOCATION TO	DESCRIPTION/ NATURE OF BUSINESS	GENERAL EXPENSES: 302 TRAVEL Standing Committees KM	302 TRAVEL Standing Committees AMOUNT	302 MEALS #	302 MEALS COST	302 OTHER COST	PROFESSIONAL IMPROVEMENT: 302 TRAVEL PIC KM	302 TRAVEL PIC AMOUNT	812 CONFERENCES COST	302 LODGING NIGHTS	302 LODGING AMOUNT	302 MEALS #	302 MEALS COST	302 OTHER COST
2017-04-19	Home	SWLSB Office	Corporate Meeting	11	5.23											
2017-04-19	Office	Home	Corporate Meeting	11	5.23											
2017-04-26	Home	SWLSB Office	Council Meeting	11	5.23											
2017-04-26	Office	Home	Council Meeting	11	5.23											
2017-05-03	Home	SWLSB Office	PED Meeting	11	5.23											
2017-05-03	Office	Home	PED Meeting	11	5.23											
2017-05-10	Home	SWLSB Office	EXEC Meeting	11	5.23											
2017-05-10	Office	Home	EXEC Meeting	11	5.23											
2017-05-17	Home	SWLSB Office	Corporate Meeting	11	5.23											
2017-05-17	Office	Home	Corporate Meeting	11	5.23											
2017-05-24	Home	SWLSB Office	Council Meeting	11	5.23											
2017-05-24	Office	Home	Council Meeting	11	5.23											
2017-05-30	Home	SWLSB Office	Interviews	11	5.23											
2017-05-30	Office	Home	Interviews	11	5.23											
2017-06-20	Home	SWLSB Office	Interviews	11	5.23											
2017-06-20	Office	Home	Interviews	11	5.23											
2017-06-28	Home	SWLSB Office	Council Meeting	11	5.23											
2017-06-28	Office	Home	Council Meeting	11	5.23											
					5.23											
GRAND TOTAL			$ 94.18	11	$ 94.18		$ -	$ -		$ -	$ -		$ -		$ -	$ -

ENTERED JUL 05 2017

BUDGET CODES

TRAVEL	$ 94.18	203- 1- 51110 - 302
MEALS	$ -	203- 1- 51110 - 302
OTHER	$ -	203- 1- 51110 - 302
	XXX	
	XXX	
PIC - TRAVEL	$ -	203- 1- 55500 - 302
PIC-CONFERNCES	$ -	203- 1- 55500 - 812
PIC -LODGING	$ -	203- 1- 55500 - 302
PIC - MEALS	$ -	203- 1- 55500 - 302
PIC - OTHER	$ -	203- 1- 55500 - 302
*ADVANCE		000-1-01503-000
TOTAL	$ 94.18	

IMPORTANT

- Kilometers are calculated at $0.46/km.
- Attach ORIGINAL receipts to this form.
- This form must be signed by claimant and duly approved
- Expense claims must be submitted by 4.30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the following pay
- Please complete this form electronically. This form is available on the Portal

REQUESTED BY

NAME OF CLAIMANT

APPROVED BY

NAME

[redacted]

ECEIVED
NCE

AN ENGLISH EDUCATION, A BILINGUAL FUTURE

UNE EDUCATION EN ANGLAIS, UN AVENIR BILINGUE

Revised 08/03/01

Amount paid 104.93

MAY 17 2018

TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - ***FOR COMMISSIONERS ONLY***

NAME	Sergio Di Marco	JOB TITLE	Commissioner	MONTH	Dec 2017-May 2018
EMPLOYEE NO.	[redacted]			YEAR	2017-2018

DATE (Yr-Mth-Day) 2011-01-01	LOCATION FROM	LOCATION TO	DESCRIPTION/ NATURE OF BUSINESS	GENERAL EXPENSES: 302 TRAVEL Standing Committees KM	302 TRAVEL Standing Committees AMOUNT	302 MEALS #	302 MEALS COST	302 OTHER COST	PROFESSIONAL IMPROVEMENT: 302 TRAVEL PIC KM	302 TRAVEL PIC AMOUNT	812 CONFERENCES COST	302 LODGING #DAYS	302 LODGING AMOUNT	302 MEALS #	302 MEALS COST	302 OTHER COST
2017-12-07	Home	SWLSB Office	Parents Committee	11	5.23	✓										
2017-12-07	Office	Home	Parents Committee	11	5.23	✓										
2018-01-17	Home	SWLSB Office	Corporate Meeting	11	5.23	✓										
2018-01-17	Office	Home	Corporate Meeting	11	5.23	✓										
2018-01-24	Home	SWLSB Office	Council Meeting	11	5.23	✓										
2018-01-24	Office	Home	Council Meeting	11	5.23	✓										
2018-02-01	Home	SWLSB Office	Parents Committee	11	5.23	✓										
2018-02-01	Office	Home	Parents Committee	11	5.23	✓										
2018-02-21	Home	SWLSB Office	Corporate Meeting	11	5.23	✓										
2018-02-21	Office	Home	Corporate Meeting	11	5.23	✓										
2018-02-28	Home	SWLSB Office	Council Meeting	11	5.23	✓										
2018-02-28	Office	Home	Council Meeting	11	5.23	✓										
2018-04-04	Home	SWLSB Office	selection mtg	11	5.23	✓										
2018-04-04	Office	Home	selection mtg	11	5.23	✓										
2018-04-18	Home	Office	Corporate Committee	11	5.28	✓										
2018-04-18	Office	Home	Corporate Committee	11	5.28	✓										
2018-04-25	Home	Office	Council Meeting	11	5.28	✓										
2018-04-25	Office	Home	Council Meeting	11	5.28	✓										
2018-05-02	Home	Office	Ped Committee	11	5.28	✓										
2018-05-02	Office	Home	Ped Committee	11	5.28	✓										
GRAND TOTAL			$ 104.93	11	$ 104.93		$ -	$								

ENTERED MAY 08 2018

BUDGET CODES		
TRAVEL	$ 104.93	203- 1- 51110 - 302
MEALS	$ -	203- 1- 51110 - 302
OTHER	$ -	203- 1- 51110 - 302
	xxx	
	xxx	
PIC - TRAVEL	$ -	203- 1- 55500 - 302
PIC-CONFERNCES	$ -	203- 1- 55500 - 812
PIC -LODGING	$ -	203- 1- 55500 - 302
PIC - MEALS	$ -	203- 1- 55500 - 302
PIC - OTHER	$ -	203- 1- 55500 - 302
*ADVANCE		000-1-01503-000
TOTAL	$ 104.93	

IMPORTANT

- Kilometers are calculated at 30.48/km
- Attach ORIGINAL receipts to this form.
- This form must be signed by claimant and duly approved.
- Expense claims must be submitted by 4:30 pm to Finance on the Wednesday of the week preceding pay in order for it to be processed for the following pay
- Please complete this [illegible] This form is

REQU

APPR

[redacted]