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BILINGUE

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

NAME		Jennifer Maccarone		JOB TITLE		Commissioner		MONTH		November	
								YEAR		2014	
EMPLOYER NO.				GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT			
DATE (Yr-Mo-Day) 2014-11-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	TRAVEL 302 Car/Mileage	302 Meals	302 OTHER	302 TRAVEL PIC	812 CONFERENCES	302 LODGING	302 MEALS	302 OTHER
	FROM	TO		KM	AMOUNT	\$	COST	COST	KM	AMOUNT	COST
2014-11-07	Home	Montreal		58	27.85		8.25	6.30			
2014-11-10	Home	Board	Meeting	41	19.88						
2014-11-12	Home	Board	Council	41	19.88						
2014-11-14	Home	Board	Governance Training	41	19.88						
2014-11-15	Home	Board	Governance Training	41	19.88						
2014-11-18	Home	Board	/Foundation	41	19.88						
2014-11-22	Home	Board	Training	41	19.88						
2014-11-24	Home	Laval	Event	15	7.20						
2014-11-25	Home	Laval	Lunch	8	3.84						
2014-11-28	Home	Board	Meeting	41	19.88						
GRAND TOTAL				\$	191.00	368	\$	176.45	\$	14.55	\$

BUDGET CODES		
TRAVEL	\$ 176.45	203-1-51110-302
MEALS	\$ -	203-1-51110-302
OTHER	\$ 14.55	203-1-51110-302
XXX		
XXX		
PIC - TRAVEL	\$ -	203-1-55500-302
PIC-CONFERENCES	\$ -	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	\$ 191.00	

☐ Mileage are calculated at \$0.45/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 following pay.
☐ Please complete this form electronically. This form is available on the Portal.

Immediate Supervisor

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

NAME Jennifer Maccarone		JOB TITLE Commissioner		MONTH January		YEAR 2015				
EMPLOYEE NO.		GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT				
DATE (Yr-Mo-Day) 2015-01-01	LOCATION	DESCRIPTION NATURE OF BUSINESS	TRAVEL 301 Commissions	302 MEALS	302 OTHER	302 TRAVEL PIC	812 CONFERENCES	302 LODGING	302 MEALS	302 OTHER
	FROM TO		AMOUNT	COST	COST	AMOUNT	COST	AMOUNT	COST	COST
2015-01-05	Home Board		41 19.88							
2015-01-07	Home Board	Special Council	41 19.88							
2015-01-12	Home Board	Executive Committee	41 19.88							
2015-01-13	Home Board		41 19.88							
2015-01-15	Home Laval		91 4.32							
2015-01-19	Home Board		41 19.88							
2015-01-20	Home Board	Parliamentary Committee	41 19.88							
2015-01-22	Home Laval		91 4.32							
2015-01-23	Home Laval		11 5.28							
2015-01-28	Home Laval	Breakfast	8 3.84	2.00	27.11					
GRAND TOTAL			\$ 182.96	\$ 135.84	\$ 27.11	\$ -	\$ -	\$ -	\$ -	\$ -

BUDGET CODES			* Commissions are calculated at 8% of net. * 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:
TRAVEL	\$ 135.84	203-1-51110-302		
MEALS	\$ 27.11	203-1-51110-302		
OTHER	\$ -	203-1-51110-302		
XXX				
XXX				
PIC - TRAVEL	\$ -	203-1-55500-302		
PIC - CONFERENCES	\$ -	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	\$ 182.96			

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

NAME	Jannifer Maccarone		JOB TITLE	Commissioner		MONTH	February			
EMPLOYEE NO.			GENERAL EXPENSES	PROFESSIONAL IMPROVEMENT						
DATE (Y-M-D)	LOCATION	DESCRIPTION NATURE OF BUSINESS	TRAVEL 302 Commissions	302 Meals	302 OTHER	302 TRAVEL PIC	812 CONFERENCES	302 LODGING	302 MEALS	302 OTHER
FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST
2015-02-02	Home	Laval	81	4.32						
2015-02-03	Home	Laval	9	4.32						
2015-02-05	Home	Laval	9	4.32						
2015-02-05	Home	Board	41	19.88						
2015-02-08	Home	Board	41	19.88	13	18.32				
					13	227.62				
2015-02-09	Home	Laval	9	4.32						
2015-02-10	Home	Laval	91	4.32						
2015-02-10	Home	Laval	22	10.56						
2015-02-11	Home	Laval	18	8.64						
2015-02-18	Home	Blainville	42	20.16						
2015-02-18	Home	Board	41	19.88						
2015-02-19	Home	Board	41	19.88						
2015-02-20	Home	St-Laurent	22	10.56						
2015-02-21	Home	Laval	81	3.84						
2015-02-23	Home	Morin Heights	122	58.56						
2015-02-23	Home	Board	41	19.88						
2015-02-25	Home	Board	41	19.88						
GRAND TOTAL			\$	495.94	525	\$	252.00	\$	243.84	\$ -

BUDGET CODES			REQUESTED BY:
TRAVEL	\$ 252.00	203-1-51110-302	[Redacted Signature]
MEALS	\$ 243.94	203-1-51110-302	
OTHER	\$ -	203-1-51110-302	
XXX			
XXX			
PIC - TRAVEL	\$ -	203-1-55500-302	
PIC - CONFERENCES	\$ -	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	\$ 495.94		

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

NAME	Jennifer Maccarone		JOB TITLE	Commissioner		MONTH	March					
						YEAR	2015					
EMPLOYEE NO.			GENERAL EXPENSES			PROFESSIONAL IMPROVEMENT						
DATE (Mth-Day) 2015-01-01	LOCATION		DESCRIPTION NATURE OF BUSINESS	TRAVEL 302 Standing Commissions	MEALS 302	OTHER 302	TRAVEL PIC 302	CONFERENCE 812	LODGING 302	MEALS 302	OTHER 302	
	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	COST
2015-03-05	Home	Laval	Conference	81	3.84							
2015-03-09	Home	Board		41	19.88							
2015-03-10	Home	Laval	Meeting	9	4.32							
2015-03-12	Home	Laval		28	13.44							
2015-03-13	Home	Rosemere		19	9.12	2.00	51.47					
2015-03-17	Home	Laval	Comité	12	5.76							
2015-03-17	Home	Board		41	19.88							
2015-03-18	Home	Board	Corporate Committee	41	19.88							
2015-03-19	Home	Board	Executive	41	19.88							
2015-03-19	Home	Laval		9	4.32							
2015-03-23	Home	Board		41	19.88							
2015-03-24	Home	Board		41	19.88							
2015-03-25	Home	Board	Exec & Council	41	19.88							
2015-03-29	Home	Laval		10	4.80							
2015-03-30	Home	Laval	Twin Oaks Elementary	15	7.20							
GRAND TOTAL				\$	242.03	397	\$ 190.56	\$ 51.47	\$ -	\$ -	\$ -	\$ -

ENTERED MAY 27 2015

Amount paid 242.03

JUN - 4 2015

Initials

BUDGET CODES

TRAVEL	\$ 190.56	203-1-51110-302
MEALS	\$ 51.47	203-1-51110-302
OTHER	\$ -	203-1-51110-302
	XXX	
	XXX	
P.C. - TRAVEL	\$ -	203-1-55500-302
PIC-CONFERENCE	\$ -	203-1-55500-812
PIC-LODGING	\$ -	203-1-55500-302
PIC-MEALS	\$ -	203-1-55500-302
PIC-OTHER	\$ -	203-1-55500-302
*ADVANCE		000-1-01603-000
TOTAL	\$ 242.03	-

0 Kilometers are calculated at 80.45/km.
 0 Attach ORIGINAL receipts to this form.
 0 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.

Immediate Supervisor

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

NAME		JENNIFER MACCARONO		JOB TITLE		Commissioner		MONTH		April		YEAR		2015					
EMPLOYEE NO.				GENERAL EXPENSES						PROFESSIONAL IMPROVEMENT									
DATE (MM-DD-YY) 2011-01-01	LOCATION		DESCRIPTION NATURE OF BUSINESS	302 TRAVEL Standing Committees		302 MEALS		302 OTHER		301 TRAVEL PIC		812 CONFERENCES		302 LODGING		302 MEALS		302 OTHER	
	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	DATE	AMOUNT	#	COST	COST			
2015-04-01	Home	Board	Ped Committee	41	19.88														
2015-04-02	Home	Laval		8	4.32														
2015-04-07	Home	Laval	Twin Oaks Ceremony	15	7.20														
2015-04-09	Home	Laval		9	4.32														
2015-04-09	Home							53.97											
2015-04-10	Home	Montreal		82	29.76			17.00											
2015-04-14	Home	Board	Corporate Committee	41	19.88														
2015-04-16	Home	Board	Foundation	41	19.88														
2015-04-17	Home	Lachute		105	50.40														
2015-04-17	Home	Montreal		38	18.24	1.00	250.00												
2015-04-18	Home	Laval		8	4.32														
2015-04-21	Home	Ottawa													1	232.78			
2015-04-22	Home	Board	Board Council	41	19.88														
2015-04-24	Home	Board		41	19.88														
2015-04-28	Home	Board	Meeting	41	19.88														
2015-04-30	Home	Laval		11	5.28														
GRAND TOTAL																			
				\$	796.67	504	\$	241.92		\$	250.00	\$	70.97	\$	-	\$	-	\$	232.78

BUDGET CODES		
TRAVEL	\$ 241.92	203-1-51110-302
MEALS	\$ 250.00	203-1-51110-302
OTHER	\$ 70.97	203-1-51110-302
	XXX	
	XXX	
PIC - TRAVEL	\$ -	203-1-55500-302
PIC - CONFERENCES	\$ -	203-1-55500-812
PIC - LODGING	\$ 232.78	203-1-55500-302
PIC - MEALS	\$ -	203-1-55500-302
PIC - OTHER	\$ -	203-1-55500-302
*ADVANCE		000-1-01603-000
TOTAL	\$ 796.67	

- Mileage is calculated at 22.68km.
- 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:



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NAME		JENNIFER MACCARONE		JOB TITLE		Commissioner		MONTH		May				
								YEAR		2015				
EMPLOYEE NO				GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT						
DATE	YR	LOCATION		DESCRIPTION / NATURE OF BUSINESS		TRAVEL	302 Standing	302 MEALS	302 OTHER	302 TRAVEL PIC	302 CONFERENCES	302 LODGING	302 MEALS	302 OTHER
		FROM	TO			KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	COST
2015-05-01		Home	Ste-Agathe			168	80.45							
2015-05-05		Home	Board			41	19.68							
2015-05-08		Home	Board	Corporate Committee		41	19.68							
2015-05-11		Home	St-Jerome	Mtg		42	20.16							
2015-05-11		St-Jerome	Board	prep		30	14.40							
2015-05-11		Board	Lechute			53	25.44							
2015-05-11		Lechute	Home			58	27.84							
2015-05-12		Home	Board	Exec / Ped		41	19.68							
2015-05-13		Home	St-Laurent			13	6.24							
2015-05-13									5.50					
2015-05-13									106.93					
2015-05-13									8.00					
2015-05-13														
2015-05-20		Home	Board	Council		41	19.68						15	190.40
2015-05-21		Home	Board			20	9.60							
2015-05-23								1.00	13.76					
2015-05-25		Home	Laval	AAA Award Ceremonies		12	5.76							
2015-05-26		Home	Board			41	19.68							
2015-05-27		Home	Board	planning		20	9.60							
2015-05-27		Board	Montreal			49	23.52							
2015-05-27		Montreal	Home			35	16.80		14.00					
GRAND TOTAL						\$ 705	\$ 338.21		\$ 13.76	\$ 134.43	\$ -	\$ -	\$ -	\$ 190.40

BUDGET CODES			REQUESTED BY:	
TRAVEL	\$ 338.21	203- 1- 51110 - 302	• All requests are submitted at 20:00 hrs. • 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 on Friday on the Wednesday of the week preceding a pay in order for it to be processed for the following day. • Please complete this form electronically. This form is available on the Portal.	APPROVED
MEALS	\$ 13.76	203- 1- 51110 - 302		
OTHER	\$ 134.43	203- 1- 51110 - 302		
	XXX			
	XXX			
PIC - TRAVEL	\$ -	203- 1- 55500 - 302		APPROVED
PIC-CONFERENCE	\$ -	203- 1- 55500 - 312		
PIC - LODGING	\$ -	203- 1- 55500 - 302		
PIC - MEALS	\$ 190.40	203- 1- 55500 - 302		
PIC - OTHER	\$ -	203- 1- 55500 - 302		
*ADVANCE		000-1-01503-000		
TOTAL	\$ 676.80			

Rec'd
Thurs Oct 1/2015

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

NAME		Jennifer Meccarone		JOB TITLE		Commissioner		MONTH		June		YEAR		2015							
EMPLOYEE NO.				GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT													
DATE (Mo-Day) 2011-01-01	(Yr-) 2011-01-01	LOCATION		DESCRIPTION NATURE OF BUSINESS		TRAVEL 302 Capitales		302 MEALS		302 OTHER		302 TRAVEL PIC		302 CONFERENCES		302 LODGING		302 MEALS		302 OTHER	
		FROM	TO			KM	AMOUNT	#	COST	COST		KM	AMOUNT	COST	KM	AMOUNT	#	COST	COST		
2015-08-01		Home	Laval		SWLSB Retirement Dinner	81	3.84														
2015-08-02		Home	Montreal			28	13.44														
2015-08-02		Montreal	Board			39	18.72														
2015-08-02		Board	Home			21	10.08														
2015-08-04		Home	Laval		Meeting	11	5.28														
2015-08-04		Home	Laval		Citizenship Ceremony	6	3.00														
2015-08-04		Laval	Board		Parents' Committee	41	19.68														
2015-08-05		Laval	Montreal			56	26.88														
2015-08-09		Home	Board			41	19.68														
2015-08-09		Home	Laval			14	6.72														
2015-08-10		Home	Montreal		Press Conference	49	23.52														
2015-08-10		Home	Board		Corporate Committee	41	19.68														
2015-08-11		Home	Laval		Laurier Foundation	8	3.84														
2015-08-15		Home	Laval		office	28	13.44														
2015-08-18		Home	St-Jerome			76	36.48														
2015-08-18		Home	Laval			6	3.00														
2015-08-20		Home	Montreal			51	24.48														
2015-08-22		Home	Laval		CDC Pont Vieu	17	8.16														
2015-08-23		Home	Board			41	19.68														
2015-08-26		Home	Board		/ Caucus	41	19.68	16	129.49												
2015-08-29		Home	Board		Exec/Council	41	19.68														
GRAND TOTAL						\$ 448.45	864	\$ 318.96	\$ 129.49	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

BUDGET CODES			REQUIREMENTS	
TRAVEL	\$ 318.96	203-1-51110-302	(Kilometers are calculated at 30.48/km. Ask ORIGINAL receipts to the form. This form must be signed by element and duly approved. Expense claims must be submitted by 4:30 pm on Fridays 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.	
MEALS	\$ 129.49	203-1-51110-302		
OTHER	\$ -	203-1-51110-302		
XXX XXX				
PIC - TRAVEL	\$ -	203-1-55500-302	APPROVED [Signature]	
PIC - CONFERENCES	\$ -	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	\$ 448.45			

Rec'd
Thurs Oct 1 / 2015

Revised 08/03/01

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

NAME	Jennifer Maccarone		JOB TITLE	Commissioner		MONTH	July	
						YEAR	2015	
EMPLOYEE NO.			GENERAL EXPENSES			PROFESSIONAL IMPROVEMENT		
DATE (MM-DD-YY) 2015-01-01	LOCATION		DESCRIPTION NATURE OF BUSINESS	TRAVEL 302 Car/Mileage	302 Meals	302 Other	302 Travel PIC	812 Conferences
	FROM	TO		AMOUNT	COST	COST	AMOUNT	COST
2015-07-10	Home	Deux-Montagnes	Movie in the Yard	261	12.48			
2015-07-15	Home	Laval		14	6.72			
2015-07-16	Home	Arundel	on	200	96.00			
2015-07-17			Cell phone repair			264.43		
GRAND TOTAL				\$	379.63	240	\$	115.20
				\$	-	\$	264.43	

Amount paid 379.63
OCT 22 2015
initialed
ENTERED OCT 1 - 2015

BUDGET CODES		
TRAVEL	\$ 115.20	203-1-61110-302
MEALS	\$ -	203-1-61110-302
OTHER	\$ 264.43	203-1-61110-302
	XXX	
	XXX	
PIC - TRAVEL	\$ -	203-1-65500-302
PIC-CONFERENCE	\$ -	203-1-65500-812
PIC-LODGING	\$ -	203-1-65500-302
PIC - MEALS	\$ -	203-1-65500-302
PIC - OTHER	\$ -	203-1-65500-302
*ADVANCE		000-1-01503-000
TOTAL	\$ 379.63	

- Mileage are calculated at 28.45/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 following pay.
- Please complete this form electronically. This form is available on the Portal.

REQUESTED BY:



APPROVED BY:

Immediate Supervisor

- ☐ Bonuses are calculated at \$0.48/hr.
- ☐ Car pooling privileges are calculated at \$0.53/hr.
- ☐ You must provide names of passengers in the descriptions line.
- ☐ Each OPAVA is limited to 10 days.
- ☐ The form must be signed by client and approved by your immediate supervisor
- ☐ This Travel and Representation expense claim form is not to be used for the purchasing of equipment and supplies for your school or department. The normal purchasing procedures must be followed.
- ☐ Expense claims must be submitted by 4.30 pm on Finance on the Wednesday of the week preceding a pay in order for it to be processed for the following pay. Prepaid, please send to Karen Morelle.
- ☐ Also complete this form electronically. This form is available on the Portal.

Rec'd
Thur OCT 1/2015

Revised 08/03/01

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

NAME		Jennifer Maccarone		JOB TITLE		Commissioner		MONTH		August									
								YEAR		2015									
EMPLOYEE NO.				GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT											
DATE MM-DD-YY 2015-09-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	TRAVEL		MEALS		OTHER		TRAVEL PIC		CONFERENCES		LODGING		MEALS		OTHER	
				302		302		302		302		302		302		302		302	
				Conditions		Cost		Cost		Cost		Cost		Cost		Cost		Cost	
	FROM	TO		KM	AMOUNT	\$	COST	COST		KM	AMOUNT	COST		AMOUNT	\$	COST	COST		
2015-08-06	Home	Laval		12	5.78														
2015-08-12	Home	Laval	SWLSB vs Laval elected	19	9.12														
2015-08-20	Home	CSSMI	Meeting	24	11.52														
2015-08-24	Home	Montreal	Presentation Brief	57	27.28			18.00											
2015-08-25	Home	Laval	St-Vincent Elementary	27	12.98														
2015-08-26	Home	Laval		8	3.84														
GRAND TOTAL				\$	88.46	147	\$	70.46	\$	18.00	\$	-	\$	-	\$	-	\$	-	

Amount paid 88.46

OCT 22 2015

Initials [Signature]

ENTERED OCT 1 2015

BUDGET CODES		
TRAVEL	\$ 70.46	203-1-51110-302
MEALS	\$ -	203-1-51110-302
OTHER	\$ 18.00	203-1-51110-302
XXX		
XXX		
PIC - TRAVEL	\$ -	203-1-55500-302
PIC - CONFERENCES	\$ -	203-1-55500-812
PIC - LODGING	\$ -	203-1-55500-302
PIC - MEALS	\$ -	203-1-55500-302
PIC - OTHER	\$ -	203-1-55500-302
*ADVANCE		000-1-01603-000
TOTAL	\$ 88.46	

RE: [Redacted]

AP: [Redacted]

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

NAME		Jennifer Maccarone		JOB TITLE		Commissioner		MONTH		September	
								YEAR		2015	
EMPLOYEE NO.				GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT			
DATE (Mo-Day) 2015-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	TRAVEL 302 Charges	302 MEALS	302 OTHER	302 TRAVEL PIC	812 CONFERENCES	262 LODGING	302 MEALS	302 OTHER
	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST
2015-09-01	Home	Montreal		41	19.88						
2015-09-03	Home	Laval		11	5.28						
2015-09-04	Home	Laval Junior	Inauguration	10	4.80						
2015-09-09	Home	LRHS		129	61.73						
2015-09-10	Home		Meeting 8 Presidents	70	33.60						
2015-09-11	Home			58	27.85						
2015-09-12	Home	Board	Strat Planning Session	42	20.18						
2015-09-12	Home		Strat Planning Session			30	496.36				
2015-09-14	Home	Laval		10	4.80						
2015-09-15	Home	Laval		14	6.72						
2015-09-15	Home	Board		42	20.18						
2015-09-16	Home	Montreal		40	19.20						
2015-09-16	Home	Board	Corporate Committee	42	20.18						
2015-09-17	Home	Montreal		41	19.88						
2015-09-23	Home	Board	Exec & Council	42	20.18						
2015-09-25	Home	St-Lambert		73	35.04						
2015-09-26	Home	St-Lambert		73	35.04						
2015-09-27	Home	Laval	Laurier Senior Grad	14	6.72						
2015-09-27	Home	Laval	LSA Inauguration	11	5.28						
2015-09-29	Home	Board	Finance Mtg	42	20.18						
GRAND TOTAL				\$	882.38	804	\$ 386.02	\$ 496.36	\$ -	\$ -	\$ -

BUDGET CODES			0. Reimburse are calculated at 82.40% 0. Attach ORIGINAL receipts to this form. 0. This form must be signed by element and duly approved. 0. Expenses claims must be submitted by 4:30 pm on Friday on the Wednesday of the week preceding a pay in order for it to be processed for the following pay. 0. Please complete this form electronically. This form is available on the Portal.	REQUESTED BY:
TRAVEL	\$ 386.02	203-1-51110-302		APPROVED BY:
MEALS	\$ 496.36	203-1-51110-302		
OTHER	\$ -	203-1-51110-302		
	XXXX			
	XXXX			
PIC - TRAVEL	\$ -	203-1-55500-302		
PIC - CONFERENCES	\$ -	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	\$ 882.38			

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

NAME		Jennifer Maccarone		JOB TITLE		Commissioner		MONTH		October	
EMPLOYEE NO.								YEAR		2015	
				GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT			
DATE MM-DD-YY 2015-10-01	LOCATION FROM TO	DESCRIPTION/ NATURE OF BUSINESS	TRAVEL 302 Conditions	Standing	302 MEALS	302 OTHER	302 TRAVEL PIC	812 CONFERENCES	302 LODGING	302 MEALS	302 OTHER
			KM	AMOUNT	\$	COST	COST	KM	AMOUNT	COST	COST
2015-10-01	Home Ile Perot		84	40.32							
2015-10-04	Home Laval	Laval Liberty Grad	81	3.84							
2015-10-07	Home Board	Ped Committee	42	20.16							
2015-10-08	Home Laval Junior	Phoenix Grad	10	4.80							
2015-10-13	Home Dorval	Debate	40	19.20							
2015-10-15	Home Board	Foundation	42	20.16							
2015-10-16	Home Board	Co-Travel	42	20.16		140.27					
2015-10-18	Home Montreal		44	21.12							
2015-10-21	Home Board		42	20.16							
2015-10-24	Home Board	Co-Travel - Joliette Grad	42	20.16							
2015-10-28	Home Montreal	Meeting	60	28.80							
2015-0-28	Home Laval		10	4.80							
2015-10-31	Home Montreal		48	23.04							
GRAND TOTAL			\$	386.99	514	\$	248.72	\$	-	\$	140.27

BUDGET CODES			REQUESTED BY:	
TRAVEL	\$ 248.72	203- 1- 51110 - 302	• Kilometers are calculated at \$0.68/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.	
MEALS	\$ -	203- 1- 51110 - 302		
OTHER	\$ 140.27	203- 1- 51110 - 302		
	XXX			
	XXX		NAME OF	
PIC - TRAVEL	\$ -	203- 1- 55500 - 302	APPROVED	
PIC - CONFERENCES	\$ -	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	\$ 386.99			

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

NAME		Jennifer Maccarone		JOB TITLE		Commissioner		MONTH		November				
EMPLOYEE NO				GENERAL EXPENSES		PROFESSIONAL IMPROVEMENT		YEAR		2015				
DATE	Mo-Day-Yr	LOCATION		DESCRIPTION/ NATURE OF BUSINESS		302 TRAVEL	302 Standing Commissions	302 MEALS	302 OTHER	302 TRAVEL PIC	812 CONFERENCES	302 LODGING	302 MEALS	302 OTHER
2011-01-01		FROM	TO			KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	COST
11-02-2015		Home	Board	Exec & Council		42	20.16							
11-18-2015		Home	Level			26	12.48							
11-18-2015		Home	Board	Corporate Committee		42	20.16							
11-19-2015		Home	Board	Foundation		42	20.16							
11-20-2015		Home	Board	Meeting		42	20.16							
11-25-2015		Home	Board	Exec & Council		42	20.16							
11-13-2015									50.00					
11-04-2015									28.73					
11-15-2015									12.64					
11-29-2015									44.68					
11-27-2015				Council meeting					15.00					
GRAND TOTAL				\$	364.33	236	\$	113.28	\$	-	\$	251.05	\$	-

BUDGET CODES			REQUESTED BY:	
TRAVEL	\$ 113.28	203- 1- 51110 - 302	Information are calculated at \$2.48/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. The form available on the Portal.	
MEALS	\$ -	203- 1- 51110 - 302		
OTHER	\$ 115.00	203- 1- 51110 - 800 811		
INT. (VT)	\$ 136.05	296- 1- 57230-302		
TOTAL			APPROVED:	
PIC - TRAVEL	\$ -	203- 1- 55500 - 302		
PIC-CONFERENCES	\$ -	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	\$ 364.33			

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

NAME	Jennifer Maccarone		JOB TITLE	Commissioner		MONTH	December	
EMPLOYEE NO						YEAR	2015	
DATE (MM-DD-YY) 2015-01-01	LOCATION		GENERAL EXPENSES			PROFESSIONAL IMPROVEMENT		
	FROM	TO	DESCRIPTION/ NATURE OF BUSINESS	TRAVEL 302 Commitment	302 Meals	302 Other	302 TRAVEL PIC	302 CONFERENCE
				KM	AMOUNT	#	COST	COST
12-06-2015			Council			100.00		
12-06-2015						30.00		
12-06-2015	Home	Board	Planning	✓42	20.16			
12-14-2015	Home	Board	Meeting	✓42	20.16			
12-16-2015	Home	Board	Exec & Council	✓42	20.16			
12-17-2015	Home	Board	Foundation	✓42	20.16			
12-18-2015	Home	Laval Senior						
12-10-2015	Home	Board	Council Caucus	✓42	20.16			
12-12-2015						2	✓20.04	
							✓32.66	
GRAND TOTAL				210	\$ 100.80		82.70	\$ 100.00

BUDGET CODES			REQUESTED BY:	
TRAVEL	\$ 100.80	203-1-51110-302	0 Kilometers are calculated at 30¢/km 0 Attach ORIGINAL receipts to this form. 0 This form must be signed by claimant and duly approved. 0 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. 0 Please complete this form electronically. This form is available on the Portal.	
MEALS	\$ 32.70	203-1-51110-302		
OTHER	\$ 106.10	2916-1-52730-302		
	XXX			
PIC - TRAVEL	\$ -	203-1-55500-302	NAME: _____ APPROV: _____	
PIC - CONFERENCE	\$ -	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	\$ 339.50			

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

NAME		Jennifer Maccarone		JOB TITLE		Commissioner		MONTH		January		
								YEAR		2016		
EMPLOYEE NO.				GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT				
DATE (Yr-Mon-Day)	LOCATION		DESCRIPTION / NATURE OF BUSINESS	TRAVEL 302	Standing 302	MEALS 302	OTHER 302	TRAVEL PIC 302	812 CONFERENCES	302 LODGING	302 MEALS	302 OTHER
2011-01-01	FROM	TO		KM	AMOUNT	#	COST	KM	AMOUNT	COST	#	COST
01-06-2016	Home	CSDL		✓17	8.16							
01-07-2016	Home	Board	School Fees Policy	✓42	20.16							
01-11-2016	Home	Arena	Inauguration Bleu Blanc	✓23	11.04							
01-12-2016	Home	Board	PC Meeting	✓42	20.16							
01-14-2016	Home	Board	Foundation	✓42	20.16							
01-19-2016	Home	Board		✓42	20.16							
01-19-2016	Home	Terry Fox	GB Meeting	✓25	12.00							
01-20-2016	Home	Board	Corporate Committee	✓42	20.16							
01-21-2016	Home		Meeting	✓51	3.00							
01-21-2016	Home		home / meeting	✓20	9.80							
01-21-2016	Home		Foundation Gala	✓8	3.84							
01-22-2016	Home	CDC Pont Viau	Visit	✓25	12.00							
01-27-2016	Home	LTM HS	GB Meeting	✓21	10.08							
01-27-2016	LTM HS	Rosemere HS	to home / GB meeting	✓40	19.20							
GRAND TOTAL			\$	189.72	394	\$	189.72	\$	-	\$	-	\$

Amount paid \$189.72
JUNE
JUL 15 2016
Initials [Signature]

BUDGET CODES			REQUESTED BY:	
TRAVEL	\$ 189.72	203-1-51110-302	[Redacted Signature Area]	
MEALS	\$ -	203-1-51110-302		
OTHER	\$ -	203-1-51110-302		
	XOLX			
	XOLX			
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	APPROVED BY:	
TOTAL	\$ 189.72			

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

NAME	Jennifer Maccarone		JOB TITLE	Commissioner		MONTH	February	
EMPLOYEE NO.					YEAR	2016		
DATE (Yr-Mth-Day)	LOCATION	DESCRIPTION/ NATURE OF BUSINESS	GENERAL EXPENSES			PROFESSIONAL IMPROVEMENT		
2011-01-01	FROM	TO	TRAVEL 302 Standing Committee	302 MEALS	302 OTHER	302 TRAVEL PIC	302 CONFERENCES	302 LODGING
			KM	AMOUNT	#	COST	COST	KM
02-01-2016	Home	Board	Meeting	✓ 42	20.16			
02-02-2016	Home			✓ 12	5.76			
02-03-2016	Home	Board	Special Council	✓ 42	20.16			
02-04-2016	Home	Board	PC	✓ 42	20.16			
02-08-2016	Home	LTM/RHS/		✓ 54	27.55			
02-09-2016	Home	Hillcrest		✓ 10	4.80			
02-10-2016	Home	Board	Pod Committee	✓ 42	20.16			
02-11-2016	Home		Meeting	✓ 10	4.80			
02-11-2016	Home		C	✓ 11	5.28			
02-11-2016	Home	LSA		✓ 11	5.28			
02-16-2016	Home	Vernon		✓ 26	11.52			
02-20-2016	Home	Board	Council Caucus	✓ 42	20.16			
02-24-2016	Home	Board	Council & Exec	✓ 42	20.16			
GRAND TOTAL				\$ 185.78	106.96	867	\$ -	\$ -

Amount paid 185.28
JUL 28 2016
Initials [Signature]
ENTERED JUL 8 2016

REC'D - RECEIVED
FINANCE
JUN 29 2016
C.B. S.F. WILFRID-LAURIGH
C.B. WILFRID-LAURIGH

BUDGET CODES			REQUESTED BY:
TRAVEL	185.78	\$ 106.96	203-1-51110-302
MEALS		\$ -	203-1-51110-302
OTHER		\$ -	203-1-51110-302
XXX			
XXX			
PIC - TRAVEL		\$ -	203-1-55500-302
PIC - CONFERENCES		\$ -	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	\$ 185.95	185.78	

• Kilometers are calculated at 80.462m.
 • 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: [Signature]
 APPROVED: [Signature]

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

NAME		Jennifer Maccarone		JOB TITLE		Commissioner		MONTH		March		YEAR		2016					
EMPLOYEE NO.				GENERAL EXPENSES						PROFESSIONAL IMPROVEMENT									
DATE (MM-DD-YY) 2011-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	302 TRAVEL Standing Commissioners		302 MEALS		302 OTHER		302 TRAVEL PIC		812 CONFERENCES		302 LODGING		302 MEALS		302 OTHER	
	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	EDAYS	AMOUNT	#	COST	COST			
03-10-2016	Home	Board	Meeting	✓42	20.16														
03-11-2016	Home	Board	Foundation/	✓42	20.16														
03-16-2016	Home		Mig	✓6	3.00														
03-18-2016	Calvi	Board	Meeting	✓40	19.20														
03-18-2016	Home	CSDM	Chairs Meeting	✓50	24.00														
03-18-2016	Home		Foundation Mtg	✓10	4.80														
03-21-2016	Home	Laval		✓10	4.80														
03-21-2016	Home	JHS		✓164	78.72														
03-22-2016	Home	Laval		✓15	7.20														
03-22-2016	Home	St Paul Elem		✓27	12.96														
03-23-2016	Home	JFK Elem		✓11	5.28														
03-24-2016	Home	LJA	Student Council Mtg	✓101	4.80														
03-24-2016	Home	Board	Meeting	✓42	20.16														
03-29-2016	Home	Laval		✓27	12.96														
03-30-2016	Home	Board	Meeting	✓42	20.16														
GRAND TOTAL				\$	258.36	538	\$	258.36	\$	-	\$	-	\$	-	\$	-	\$	-	\$

BUDGET CODES			REQUESTED BY: APPROVED:
TRAVEL	\$ 258.36	203-1-51110-302	
MEALS	\$ -	203-1-51110-302	
OTHER	\$ -	203-1-51110-302	
	XXXX		
	XXXX		
PIC - TRAVEL	\$ -	203-1-55500-302	
PIC - CONFERENCES	\$ -	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	\$ 258.36		

• Kilometers are calculated at \$0.48/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 on the Portal.

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2015-2016

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

NAME		JENNIFER MACCARONE		JOB TITLE		Commissioner		MONTH		April										
YEAR		2016																		
EMPLOYEE NO.				GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT												
DATE (Mth-Day) 2011-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	302 TRAVEL		302 MEALS		302 OTHER		302 TRAVEL PIC		812 CONFERENCES		302 LODGING		302 MEALS		302 OTHER		
	FROM	TO		KM	AMOUNT	#	COST	COST	COST	KM	AMOUNT	COST	DAYS	AMOUNT	#	COST	COST			
04-01-2016	Home	Board		✓42	20.16															
04-06-2016	Home	Board	Pub Committee	✓42	20.16															
04-07-2016	Home		Board Chair Press Conf	✓47	22.58															
04-15-2016	Home	RHS	Play	✓42	20.16															
04-18-2016	Home	Board	Council	✓42	20.16	13	✓	14.42	11.45											
04-17-2016	Home			✓10	4.80															
04-19-2016	Home	Board	Meeting	✓42	20.16															
04-20-2016	Home	Laval	Meeting	✓10	4.80	2	✓	30.00												
04-20-2016	Home	Board	Corporate Committee	✓42	20.16															
04-22-2016	Home			✓39	18.72															
04-23-2016	Home	LJA	Comariv Ninkh	✓10	4.80															
04-23-2016	Home			✓51	24.48															
04-24-2016	Home	Board	Meeting	✓42	20.16															
04-27-2016	Home	Board	Council & Exec	✓42	20.16															
04-29-2016	Home	QESBA		✓39	18.72	4.00	✓	19.49	✓64.29											
03-15-2016			Student			2.00	✓	17.27												
GRAND TOTAL				\$	401.22	402.63	✓42	\$	200.16	✓	\$	78.46	✓	\$	64.29					

BUDGET CODES

TRAVEL	280.16	203-1-51110-302
MEALS	78.46	203-1-51110-302
OTHER	64.29	203-1-51110-302
	XXX	
	XXX	
PIC - TRAVEL	\$ -	203-1-55500-302
PIC - CONFERENCES	\$ -	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	\$ -482.63	401.22

- Kilometers are calculated at \$0.48/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 on the Portal

REQUESTED BY:

NAME OF
APPROVED

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NAME		Jennifer Maccarone	JOB TITLE		Commissioner		MONTH		May 2016												
EMPLOYEE NO.				GENERAL EXPENSES					PROFESSIONAL IMPROVEMENT												
DATE (M-D-Y)		LOCATION		DESCRIPTION/ NATURE OF BUSINESS		TRAVEL		MEALS		OTHER		TRAVEL PIC		CONFERENCE		LOADING		MEALS		OTHER	
FROM		TO				KM	AMOUNT	#	COST	COST		KM	AMOUNT	COST		AMOUNT	#	COST	COST		
05-02-2016	Home			Annonce Laval bâtiment	✓ 43	20.64															
05-03-2016	Home	Board		Meeting	✓ 42	20.16															
05-04-2016	Home	Board		Caucus / Ped Cmtee	✓ 42	20.16															
05-10-2016	Home	St-Eustache		Press Conference Centre	✓ 41	19.68															
05-11-2016	Home	Board		Executive	✓ 42	20.16															
05-17-2016	Home	Laval		[REDACTED]	✓ 14	6.72															
05-18-2016	Home	Board		Corporate	✓ 42	20.16															
05-19-2016	Home	LJA		Student Council	✓ 10	4.80															
05-19-2016	Home	[REDACTED]		Retirement Dinner	✓ 8	3.84															
05-20-2016	Home	Grenville		School Visit	✓ 171	82.08															
05-24-2016	Home	Laval		Presentation	✓ 17	8.16															
05-24-2016	Home	LSA		Award Night	✓ 11	5.28															
05-25-2016	Home	Board		Council	✓ 42	20.16															
05-25-2016	Home	[REDACTED]		Laurier Gala	✓ 8	3.84															
05-27-2016	Home			Press Conference	✓ 32	15.36															
05-30-2016	Home	OLP		Annonce Laval bâtiment	14	6.72															
05-31-2016	Home	Board		Org Chart Mtg	✓ 42	20.16															
05-11-2016																					
GRAND TOTAL				\$	689.15	621	\$	298.08	X \$ -	\$	371.07	\$	-	\$	-	X \$ -	X \$ -	\$	-	\$ -	

BUDGET CODES			REQUESTED BY:	
TRAVEL	\$ 298.08	203- 1- 51110 - 302	1 Kilometers are calculated at \$2.46/km 2 Attach ORIGINAL receipts to this form. 3 This form must be signed by client and duly approved. 4 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. 5 Please complete this form electronically. This form is available on the Portal.	NAME OF CLIENT APPROVED BY NAME
MEALS	\$ -	203- 1- 51110 - 302		
OTHER	\$ 371.07	203- 1- 51110 - 302		
	XXXX			
	XXXX			
PIC - TRAVEL	\$ -	203- 1- 55500 - 302		
PIC-CONFERENCE	\$ -	203- 1- 55500 - 812		
PIC-LOGGING	\$ -	203- 1- 55500 - 302		
PIC - MEALS	\$ -	203- 1- 55500 - 302		
PIC - OTHER	\$ -	203- 1- 55500 - 302		
*ADVANCE		000-1-01503-000		
TOTAL	\$ 689.15			

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Figure 1. *Staphylococcus aureus* strains isolated from patients with MRSA.

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2015-2016

FOR COMMISSIONERS ONLY**

NAME		Jenniffer Maccarone		JOB TITLE		Commissioner		MONTH		June				
EMPLOYEE NO.				GENERAL EXPENSES		PROFESSIONAL IMPROVEMENT		YEAR		2016				
DATE	TIME	LOCATION	DESCRIPTION/ NATURE OF BUSINESS	TRAVEL	302 Standing Commuting	302 MEALS	302 OTHER	302 TRAVEL PIC	812 CONFERENCES	302 LODGING	302 MEALS	302 OTHER		
MM-DD-YY		FROM	TO	RM	AMOUNT	#	COST	COST	RM	AMOUNT	COST	#	COST	COST
06-01-2016		Home	Laval	Meeting	✓13	8.24								
06-02-2016		Home	Board	School Visit Bourdon College	✓42	20.16								
06-03-2016		Home	QESBA		✓37	17.76								
06-03-2016		Home		Gala Sports Laval	✓10	4.80								
06-04-2016		Home	Longueuil		✓85	40.80	✓	10.00						
06-06-2016		Home	Rosemere	McCaig, RHS, Board	✓42	20.16								
06-09-2016		Home		Laurier Lobster Fest	✓8	3.84								
06-14-2016		Home	LJA	Award Night	✓10	4.80								
06-15-2016		Home			✓37	17.76								
06-18-2016		Home	Board	Foundation	✓42	20.16								
06-21-2016		Home	Prevost	Mountainview HS Grad	✓102	48.96								
06-22-2016		Home	Board		✓21	10.08								
06-23-2016		Home	Agathe/Home	Sie Agathe Grad	✓10	4.80								
06-27-2016		Home	Board	CDC Vimont/Lachute Grad	✓42	20.16								
06-28-2016		Home	Board	Ped Cmtee	✓42	20.16								
06-29-2016		Home	Laval		✓16	7.68								
06-29-2016		Home	Board	Exec & Council	✓42	20.16								
06-30-2016		Home	Board	Meeting	✓42	20.16								
GRAND TOTAL					\$ 384.48		\$ 10.00							

BUDGET CODES				REQUESTED BY:
TRAVEL	\$394.48	203-1-51110-302	• Kilometers are calculated at \$0.48/km • Attach ORIGINAL receipts to this form. • This form must be signed by claimant and duly approved. • Expenses 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	APPROVED
MEALS	\$ -	203-1-51110-302		
OTHER	\$ 10.00	203-1-51110-302		
	XXX			
	XXX			
PIC - TRAVEL	\$ -	203-1-55500-302		
PIC-CONFERENCES	\$ -	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	\$ 394.48	407.64		

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

NAME Jennifer MacCarone		JOB TITLE Commissioner		MONTH July		YEAR 2018				
EMPLOYEE NO.		GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT				
DATE (Mth-Day) 2011-01-01	LOCATION FROM TO	DESCRIPTION NATURE OF BUSINESS	TRAVEL 302 Mileage 302 Commuting	MEALS 302 MEALS	OTHER 302 OTHER	TRAVEL PIC 302 TRAVEL PIC	CONFERENCES 302 CONFERENCES	LODGING 302 LODGING	MEALS 302 MEALS	OTHER 302 OTHER
07-04-2018	Home Board	Meeting	42	20.16						
07-27-2018		Phone			195.45					
GRAND TOTAL		\$ 215.61	42	\$ 20.16	\$ -	\$ 195.45	\$ -	\$ -	\$ -	\$ -

Amount paid \$215.61

DEC 15 2018

Initials

ENTERED DEC 05 2018

BUDGET CODES		
TRAVEL	\$ 20.16	203- 1- 51110 - 302
MEALS	\$ -	203- 1- 51110 - 302
OTHER	\$ 195.45	203- 1- 51110 - 302
	XXX	
	XXX	
PIC - TRAVEL	\$ -	203- 1- 55500 - 302
PIC - CONFERENCES	\$ -	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	\$ 215.61	

Kilometers are calculated at 80.45/km.
Attach ORIGINAL receipts to this form.
This form must be signed by claimant and 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:

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

NAME	Jennifer Maccarone		JOB TITLE	Commissioner		MONTH	August								
EMPLOYEE NO.						YEAR	2016								
			GENERAL EXPENSES			PROFESSIONAL IMPROVEMENT									
DATE (Mo-Day) 2011-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	TRAVEL 302 Commuting	302 Meals	302 Other	302 TRAVEL PIC	912 CONFERENCES	302 LODGING	302 MEALS	302 OTHER				
	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	AMOUNT	#	COST	COST
08-17-2016	Home	Board	Meeting	✓ 42	20.18										
08-18-2016	Home		Lunch	✓ 23	11.04										
08-22-2016	Home	Board	Welcome Back	✓ 42	20.18										
08-22-2016	Home		Softball Game	✓ 18	8.84										
08-23-2016	Home	Board		✓ 42	20.18										
08-24-2016	Home		Press Conference	✓ 22	12.96										
08-25-2016	Home		Meeting	✓ 11	5.28										
08-25-2016	Home	Board	Meeting	✓ 42	20.18										
08-30-2016	Home			✓ 17	8.16										
08-31-2016	Home	Board	Meeting	✓ 42	20.18										174.05
GRAND TOTAL				296	142.08										

ENTERED DEC 06 2016

BUDGET CODES		
TRAVEL	\$ 142.08	203-1-51110-302
MEALS	\$ 142.08	203-1-51110-302
OTHER	\$ -	203-1-51110-302
	\$ 174.05	203-1-51110-811
PIC - TRAVEL	\$ -	203-1-55500-302
PIC - CONFERENCES	\$ -	203-1-55500-812
PIC - LODGING	\$ -	203-1-55500-302
PIC - MEALS	\$ -	203-1-55500-302
PIC - OTHER	\$ 174.05	203-1-55500-302
*ADVANCE		000-1-01503-000
TOTAL	\$ 320.93	316.13

Kilometers are calculated at 30.48 km.
Attach ORIGINAL receipts to this form.
This form must be signed by claimant and duly authorized.
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.

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

NAME		Jennifer Maccarone		JOB TITLE		Commissioner		MONTH		September		
								YEAR		2016		
EMPLOYEE NO.				GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT				
DATE (MM-DD-YY)	LOCATION		DESCRIPTION NATURE OF BUSINESS	TRAVEL 302 Commissions	Standing 302	MEALS 302	OTHER 302	TRAVEL PIC 302	CONFERENCES 812	LODGING 302	MEALS 302	OTHER 302
2011-01-01	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	COST
09-07-2016	Home	Board	Ped Cmtee	✓42	20.16							
09-08-2016	Home	Board	Foundation	✓42	20.16							
09-14-2016	Home	Board	Corporate Cmtee	✓42	20.16							
09-15-2016	Home		Launch bus safety	✓17	8.16							
09-16-2016	Home	Board	Meeting	✓42	20.16							
09-19-2016	Home		LJA	✓28	13.44							
09-24-2016	Home	RHS	Grad	✓42	20.16							
09-28-2016	Home	Board	Exec/Council	✓42	20.16							
GRAND TOTAL				\$	142.56	297	\$	142.56	\$	-	\$	-

BUDGET CODES			REQUESTED BY:	
TRAVEL	\$ 142.56	203-1-51110-302	Amount paid 6142.56 DEC 15 2016 Initiale [Signature] ENTERED DEC 06 2016	
MEALS	\$ -	203-1-51110-302		
OTHER	\$ -	203-1-51110-302		
	XXXX			
	XXXX			
PIC - TRAVEL	\$ -	203-1-55500-302	Information are calculated at 20.45/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 in order for to be processed for the This form is	
PIC-CONFERENCES	\$ -	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	\$ 142.56			

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

NAME		Jennifer Maccarone		JOB TITLE		Commissioner		MONTH		October	
YEAR		2016									
EMPLOYEE NO				GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT			
DATE (Mth-Day) 2011-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	TRAVEL 302 Car/Mileage	Meals 302 Meals	OTHER 302 Other	TRAVEL PIC 302 Travel	CONFERENCES 812 Conferences	LODGING 302 Lodging	MEALS 302 Meals	OTHER 302 Other
FROM	TO		KM	AMOUNT	#	COST	KM	AMOUNT	#	COST	COST
10-02-2016	Home	LSA	Grad	✓ 11	5.28						
10-05-2016	Home	Board	Ped Cmtee	✓ 21	20.16						
10-06-2016	Home			✓ 5	3.00						
		St-Paul		✓ 20	9.60						
		St-Paul	Hillcrest	✓ 11	5.28						
		Hillcrest		✓ 8	3.84						
		Home		✓ 5	3.00						
		Home	Board	✓ 42	20.16						
10-08-2016	Home	LJA	T	✓ 10	4.80						
10-12-2016	Home		Laval Mobilized for Students	✓ 22	10.56						
10-16-2016	Home			✓ 10	4.80						
10-17-2016	Home	St-Jude	Blood Drive / Mountainview	✓ 26	12.48						
10-19-2016	Home	Board	Corporate	✓ 42	20.16						
10-20-2016	Home	Board	Foundation CFMB	✓ 42	20.16						
10-21-2016	Home		Meeting	✓ 10	4.80						
10-26-2016	Home	Board	Exec/Council	✓ 42	20.16						
10-27-2016	Home			✓ 19	9.12						
10-28-2016	Home	Lun		✓ 10	4.80						
GRAND TOTAL				347	182.16	476.32	389	476.92			

BUDGET CODES			APPROVE	
TRAVEL	\$ 476.92	203-1-51110-302	Commissioners are calculated at 80% of the original receipts to this form must be signed by the Commissioner and approved by the Finance on the Wednesday of the pay in order for it to be processed following day. Please complete this form electronically available on the Portal.	NAME APPROVE
MEALS	\$ 182.16	203-1-51110-302		
OTHER	\$ -	203-1-51110-302		
	XXX			
PIC - TRAVEL	\$ -	203-1-55500-302		
PIC-CONFERENCES	\$ -	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	\$ -476.32	182.16		

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

NAME	Jennifer Meccarone		JOB TITLE	Commissioner		MONTH	November	
EMPLOYEE NO.			GENERAL EXPENSES			YEAR	2016	
DATE (MM-DD-YY) 2011-21-21	LOCATION	DESCRIPTION NATURE OF BUSINESS	TRAVEL 302 Commuting	MEALS 302 MEALS	OTHER 302 OTHER	TRAVEL PIC 302 TRAVEL PIC	CONFERENCES 302 CONFERENCES	LODGING 302 LODGING
FROM	TO		AMOUNT	COST	COST	AMOUNT	COST	COST
11-02-2016	Home	JFK	✓ 11	5.28				
11-06-2016	Home	Remembrance Day	✓ 11	6.28	9.52			
11-07-2016	Home	Board Meeting	✓ 42	20.18				
11-08-2016	Home	Board Meeting	✓ 42	20.18				
11-11-2016	Home	Remembrance Day	✓ 63	30.24	2.00 ✓	33.37		
	MHES	LRHS	✓ 38	18.24				
	LRHS	Home	✓ 63	30.24				
11-16-2016	Home	Board Corporate	✓ 42	20.18				
11-17-2016	Home	Board Meeting	✓ 42	20.18				
11-21-2016	Home	Press Conference	✓ 12	5.78				
11-22-2016	Home	Consultation Presentation	✓ 12	5.78				
11-23-2016	Home	Board Exec/Council	✓ 42	20.18				
11-25-2016	Home		✓ 17	8.16				
GRAND TOTAL			\$ 246.97	\$ 209.78	\$ 33.37	\$ -	\$ -	\$ -

Amount paid 6246.97

Initials

ENTERED DEC 6 2016

BUDGET CODES			REQUESTED BY:
TRAVEL	\$ 246.97	203-1-51110-302	1. Mileages are calculated at \$0.48/mi. Attach ORIGINAL receipts to this form. This form must be signed by claimant and duly approved. Expenses 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.
MEALS	\$ 33.37	203-1-51110-302	
OTHER	\$ -	203-1-51110-302	
	XXX		
PIC - TRAVEL	\$ -	203-1-55500-302	NAME OF APPROVED
PIC-CONFERENCES	\$ -	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	\$ 246.97		

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

NAME	Jenniffer MacCarone		JOB TITLE	Commissioner		MONTH	December & January	
YEAR					2016 & 2017			
EMPLOYEE NO.			GENERAL EXPENSES			PROFESSIONAL IMPROVEMENT		
DATE (M-D-Y) 2011-01-01	LOCATION	DESCRIPTION/ NATURE OF BUSINESS	TRAVEL 302 Commissions	MEALS 302 MEALS	OTHER 302 OTHER	TRAVEL, PIC 302	CONFERENCES 302	LODGING 302
	FROM	TO	MS	AMOUNT	#	COST	COST	KM
								AMOUNT
								#
								COST
								COST
								COST
12-06-2016	Home	Twin Oaks	Photo	13	/	6.24		
12-06-2016	Home	Twin Oaks	Inauguration	13	/	6.24		
12-7-2016	Home	Board	Corporate	42	/	20.16		
12-14-2016	Home	LRHS	Pool Inauguration	130	/	62.21		
12-14-2016	Home	Board	Exec Council	42	/	20.16		
12-20-2016	Home	Board	Meeting	42	/	20.16		
12-22-2016	Home	LJALSA	Community	20	/	9.80		
01-04-2017	Home	Board	Interviews	42	/	20.16		
01-10-2017	Home			27	/	12.96		
01-11-2017	Home	Board	Ped	42	/	20.16		
01-16-2017	Home	Board	Meetings	42	/	20.16		
01-16-2017	Home	Board	Corporate	42	/	20.16		
01-19-2017	Home	MHES	CLC meeting	126	/	80.48		
01-23-2017	Home			13	/	6.24		
01-24-2017	Home	Crestview	Grant	7	/	3.36		
01-25-2017	Home	Board	Exec Council	42	/	20.16		
01-28-2017	Home		Gala	8	/	3.84		
01-31-2017	Home			13	/	6.24		
GRAND TOTAL			\$	339.65	708	\$	339.65	\$

BUDGET CODES		
TRAVEL	\$	339.65
MEALS	\$	339.65
OTHER	\$	-
	XXX	
	XXX	
PIC - TRAVEL	\$	-
PIC-CONFERENCES	\$	-
PIC-LODGING	\$	-
PIC - MEALS	\$	-
PIC - OTHER	\$	-
*ADVANCE		000-1-01503-000
TOTAL	\$	339.65

- 0. Amounts are calculated at \$1.00 per hour.
- 0. Attach ORIGINAL receipts to this form.
- 0. This form must be signed by claimant and duly approved.
- 0. Expense claims must be submitted by 4:30 pm to Finance on the Wednesday of the week preceding a pay to order for it to be processed for the following pay.
- 0. Please complete this form electronically. The form is available on the Portal.

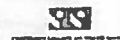
REQUESTED BY:

NAME OF CLAIMANT

APPROVED BY:

NAME OF

338.69

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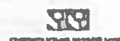
TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - ***FOR COMMISSIONERS ONLY***

NAME	Jennifer MacCarone		JOB TITLE	Commissioner		MONTH	February			
EMPLOYEE NO.			GENERAL EXPENSES		PROFESSIONAL IMPROVEMENT					
DATE (Mn-Day) 2017-01-01	LOCATION	DESCRIPTION/ NATURE OF BUSINESS	TRAVEL 302 Commissions	303 MEALS	304 OTHER	305 TRAVEL PIC	410 CONFERENCES	307 LODGING	308 MEALS	309 OTHER
			AMOUNT	AMOUNT	COST	AMOUNT	COST	AMOUNT	COST	COST
02-01-2017	Home		17	8.16						
02-02-2017	Home	Board	42	20.16						
02-07-2017	Home	Board	42	20.16						
02-08-2017	Home	Board	42	20.16						
02-09-2017	Home	MT	40	19.20						
02-10-2017	Home	Board	42	20.16						
02-13-2017	Home	Competences 2	22	10.56						
02-13-2017	Home	Blainville	47	22.56						
02-16-2017	Home	Board	42	20.16						
02-20-2017	Home	Hilcrest	10	4.80						
02-21-2017	Home	Crestview	3	2.04						
02-21-2017	Home	Board	42	20.16						
02-22-2017	Home	Board	42	20.16						
02-23-2017	Home	Rawdon	144	69.12						
02-23-2017	Home	LSA	5	2.40						
GRAND TOTAL			\$ 284.64	\$ 593.64	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

BUDGET CODES			REQUESTED BY:
TRAVEL	\$ 284.64	203-1-51110-302	1. Commission are calculated at \$5.45/hour. 2. Attach ORIGINAL receipts to this form. 3. This form must be signed by element and duly approved. 4. 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. 5. Please complete this form electronically. This form is available on the Portal.
MEALS	\$ -	203-1-51110-302	
OTHER	\$ -	203-1-51110-302	
XXX			
PIC - TRAVEL	\$ -	203-1-55500-302	NAME OF REQUESTER APPROVED BY DATE
PIC - CONFERENCES	\$ -	203-1-55500-812	
PIC - LODGING	\$ -	203-1-55500-302	
PIC - MEALS	\$ -	203-1-55500-302	
PIC - OTHER	\$ -	203-1-55500-302	
*ADVANCE		008-1-01503-000	
TOTAL	\$ 284.64		

Revised 06/03/01

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

NAME		Jennifer Maccarone		JOB TITLE		Commissioner		MONTH		March & April		
EMPLOYER NO.				GENERAL EXPENSES		PROFESSIONAL IMPROVEMENT		YEAR		2017		
DATE	TIME	LOCATION	DESCRIPTION NATURE OF BUSINESS	TRAVEL 302 Commuting	302 Standing	302 MEALS	302 OTHER	302 TRAVEL PIC	302 CONFERENCES	302 LODGING	302 MEALS	302 OTHER
03-01-2017		Home	Board	42	20.16	13	101.00					
03-03-2017		Home	Board	42	20.16							
03-13-2017		Home	MEALS	51	24.48							
03-15-2017		Home	Board	42	20.16							
03-16-2017		Home	CSDL	16	7.68							
03-20-2017		Home	Board	42	20.16							
03-21-2017		Home	Pinewood Elem	63	30.24							
03-22-2017		Home		8	3.84		30.00					
03-23-2017		Home		130	62.40							
03-24-2017		Home		14	6.72							
04-05-2017		Home	Board	42	20.16							
04-10-2017		Home	Board	42	20.16							
04-11-2017		Home	Souvenir	6	3.00							
04-12-2017		Home		15	7.20							
04-13-2017		Home		47	22.56							
04-18-2017		Home	Laval	15	7.20							
04-19-2017		Home	Board	42	20.16							
04-21-2017		Home	St-Paul Elem	27	12.96							
04-23-2017		Home	Volunteer Awards Laval	4	5.28							
04-26-2017		Home/Board		59	28.32							
04-28-2017		Home	Board	42	20.16							
GRAND TOTAL			\$ 514.16	798	\$ 383.16		\$ 101.00	\$ 30.00	\$ -	\$ -	\$ -	\$ -

Amount only \$514.16

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JUN 20 2017

FINANCE

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ENTERED JUN 19 2017

BUDGET CODES			REQUESTED BY:	
TRAVEL	\$ 383.16	203-1-51110-302	1. Receipts are calculated at \$1.48/km. 2. Attach ORIGINAL receipts to this form. 3. This form must be signed by claimant and duly approved. 4. Expense claims must be submitted by 4:30 pm on Friday on the Wednesday of the week preceding a pay in order for it to be processed for the following pay. 5. Please complete this form electronically. This form is available on the Portal.	
MEALS	\$ 101.00	203-1-51110-302		
OTHER	\$ 30.00	203-1-51110-302		
XXX				
PIC - TRAVEL	\$ -	203-1-55500-302	NAME APPROV	
PIC - CONFERENCES	\$ -	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	\$ 514.16			

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

NAME		JENNIFER MACCARONE		JOB TITLE		Commissioner		MONTH		May & June	
DATE		2017-01-01		YEAR		2017					
EMPLOYEE NO.				GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT			
DATE	LOCATION	DESCRIPTION/ NATURE OF BUSINESS	TRAVEL	MEALS	OTHER	TRAVEL PIC	CONFERENCE	LODGING	MEALS	OTHER	
FROM	TO		AMOUNT	COST	COST	AMOUNT	COST	AMOUNT	COST	COST	
05-03-2017	Home	Board	42	20.16							
05-04-2017	Home	Laval	15	7.20							
05-04-2017	Home	LJA	101	4.80							
05-09-2017	Home	Board	42	20.16							
05-10-2017	Home	RHS	42	20.16							
05-10-2017	Home	Board	42	20.16							
05-10-2017	Home	LSA	11	5.28							
05-13-2017	Home		25	13.44							
05-16-2017	Home	LJA	101	4.80							
05-17-2017	Home	Board	42	20.16							
05-23-2017	Home	Pinewood	63	30.24							
05-24-2017	Home	Board	42	20.16							
05-25-2017	Home	Spring Conference	216	107.52							
05-30-2017	Home	Board	42	20.16							
05-30-2017	Home	Young Authors	8	4.80							
05-30-2017	Home	Gala StarFest	81	3.84							
06-07-2017	Home	Interviews	15	7.20							
06-07-2017	Home	Board	42	20.16							
06-08-2017	Home	Lobster Gala	81	3.84							
06-12-2017	Home	LES	122	58.56							
06-13-2017	Home	Laval	14	6.72							
GRAND TOTAL			419.52	874	\$ 419.52						

BUDGET CODES			REQUESTED BY:	
TRAVEL	\$ 419.52	203-1-51110-302	• Amounts are calculated at \$2.00 per hour. • 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.	
MEALS	\$ -	203-1-51110-302		
OTHER	\$ -	203-1-51110-302		
	XXX			
PIC - TRAVEL	\$ -	203-1-55500-302	APPROVED BY:	
PIC-CONFERENCE	\$ -	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	\$ 419.52			

411.84

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Amount paid 374.88

Revised 08/03/01

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DEC 28 2017

Initials

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

NAME		Jennifer Maccarone		JOB TITLE		Commissioner		MONTH		July & August & Sept	
EMPLOYEE NO.								YEAR		2017	
DATE (Yr-Mth-Day) 2017-01-01		LOCATION		DESCRIPTION NATURE OF BUSINESS		TRAVEL 302 Standing 302 MEALS 302 OTHER		PROFESSIONAL IMPROVEMENT 302 TRAVEL PIC 302 CONFERENCES 302 LOGGING 302 MEALS 302 OTHER			
		FROM TO				KM AMOUNT # COST COST		KM AMOUNT COST # AMOUNT # COST COST			
2017-07-10		Home Head Office				42 20.16					
2017-08-22		Home Ste Adele		Management Welcome Back		126 60.48					
2017-08-23		Home				8 3.84					
2017-08-28		Home		meeting		31 14.88					
2017-08-29		Home		AEVT		8 3.84					
2017-08-31		Home OLP		Open House		13 6.24					
2017-09-01		Home Head Office		Council		42 20.16					
2017-09-06		Home Head Office		McCaig Playground		42 20.16					
2017-09-06		Home Head Office		Parliament Centre		42 20.16					
2017-09-07		Home Terry Fox				24 11.52					
2017-09-07		Home Head Office		Foundation		42 20.16					
2017-09-07		Home Head Office		Parents Committee		42 20.16					
2017-09-11		Home Head Office		FNMI		42 20.16					
2017-09-12		Home Head Office				42 20.16					
2017-09-13		Home Head Office		Corporate		42 20.16					
2017-09-18		Home				16 7.68					
2017-09-19		Home				9 4.32					
2017-09-20		Home Head Office		Meetings		42 20.16					
2017-09-22		Home Head Office		McCaig		42 20.16					
2017-09-23		Home Head Office		RHS Grad		42 20.16					
2017-09-25		Home Head Office				42 20.16					
GRAND TOTAL						374.88 781 \$ 374.88					

ENTERED DEC 11 2017

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WILFRIED LAURENCE

BUDGET CODES		
TRAVEL	\$ 374.88	203-1-51110-302
MEALS	\$ -	203-1-51110-302
OTHER	\$ -	203-1-51110-302
	XXX	
	XXX	
PIC - TRAVEL	\$ -	203-1-55500-302
PIC - CONFERENCES	\$ -	203-1-55500-812
PIC - LOGGING	\$ -	203-1-55500-302
PIC - MEALS	\$ -	203-1-55500-302
PIC - OTHER	\$ -	203-1-55500-302
*ADVANCE		000-1-01503-000
TOTAL	\$ 374.88	

Kilometers are calculated at 30.45/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
following pay.
Please complete this form electronically. This form is
available on the Portal.

REQUESTED BY:

APPROVED

Amount paid 170.40

Revised 08/03/01

DEC 28 2017

Initials 7

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

NAME	Jennifer Maccarone		JOB TITLE	Commissioner		MONTH	October			
EMPLOYEE NO.					YEAR	2017				
DATE (Tr-Mth-Day) 2017-01-01	LOCATION		DESCRIPTION NATURE OF BUSINESS		GENERAL EXPENSES		PROFESSIONAL IMPROVEMENT			
	FROM	TO	TRAVEL 303 Mileage Commute	MEALS 302 MEALS	OTHER 302 OTHER	TRAVEL PIC 302 TRAVEL PIC	CONFERENCES 812 CONFERENCES	LODGING 302 LODGING	MEALS 302 MEALS	OTHER 302 OTHER
2017-09-25	Home	LSA	10	4.80						
2017-09-26	Home	F	161	7.68						
2017-09-28	Home	CA	10	4.80						
2017-09-27	Home	Head Office	42	20.16						
2017-09-28	Home	LJA	10	4.80						
2017-10-04	Home	Head Office	42	20.16						
2017-10-05	Home	St Jerome	53	25.44						
2017-10-05	Home	Head Office	42	20.16						
2017-10-17	Home	Retirement Dinner	81	3.84						
2017-10-18	Home	Head Office	42	20.16						
2017-10-22	Home	Reception	13	6.24						
2017-10-25	Home	Head Office	42	20.16						
2017-10-26	Home	LTU	12	5.76						
2017-10-26	Home		13	6.24						
GRAND TOTAL			\$ 170.40	355	\$ 170.40	\$ -	\$ -	\$ -	\$ -	\$ -

ENTERED DEC 11 2017

REC'D DEC 11 17

OFFICE OF THE COMPTROLLER

BUDGET CODES

TRAVEL	\$ 170.40	203-1-51110-302
MEALS	\$ -	203-1-51110-302
OTHER	\$ -	203-1-51110-302
	XXXX	
	XXXX	
PIC - TRAVEL	\$ -	203-1-55500-302
PIC - CONFERENCES	\$ -	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	\$ 170.40	

- 1. Kilometers are calculated at \$0.48/km.
- 2. Attach ORIGINAL receipts to this form.
- 3. This form must be signed by claimant and duly approved.
- 4. 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.
- 5. Please complete this form electronically. This form is available on the Portal.

REQUESTED BY:

NAME

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

NAME	Jennifer MacCarone		OR TITLE	Commissioner		MONTH	October - November			
EMPLOYEE NO.					YEAR	2017				
DATE (Mth-Day) 2017-01-01			GENERAL EXPENSES		PROFESSIONAL IMPROVEMENT					
LOCATION	DESCRIPTION/ NATURE OF BUSINESS	TRAVEL 302 Corridors	Standings 302	MEALS 302	OTHER 302	TRAVEL PIC 302	CONFERENCES 302	LODGING 302	MEALS 302	OTHER 302
FROM	TO	AMOUNT	#	COST	COST	AMOUNT	COST	AMOUNT	#	COST
2017-09-17					164.37					
2017-10-06					106.92					
2017-10-11	Home		19	9.12						
2017-10-04	Home	Head Office	42	20.16						
2017-10-05	Home	Head Office	42	20.16						
2017-10-06	Home	LSA	11	5.28						
2017-10-17	Home		8	3.84						
2017-10-18	Home	Head Office	42	20.16						
2017-10-22	Home		13	6.24						
2017-10-25	Home	Head Office	42	20.16						
2017-10-26	Home	LTU	12	5.76						
2017-10-26	Home		13	6.24						
2017-10-30	Home	Head Office	42	20.16						
2017-11-08	Home	Head Office	42	20.16						
2017-11-14	Home	CSDL	16	7.68						
2017-11-14	Home	LSA	11	5.28						
2017-11-15	Home	Head Office	42	20.16						
2017-11-16	Home	LJA	10	4.80						
2017-11-20	Home	Head Office	42	20.16						
2017-11-22	Home	Head Office	42	20.16						
2017-11-28	Home	Head Office	42	20.16						
GRAND TOTAL		\$	536.13	533	\$	255.84	\$	280.29	\$	

ENTERED MAR 09 2018

BUDGET CODES			REQUESTED BY: APPROVED:
TRAVEL	\$ 255.84	203-1-51110-302	
MEALS	\$ -	203-1-51110-302	
OTHER: PARKING	\$ 9.00	203-1-51110-302	
	271.29	4283	
PIC - TRAVEL	\$ -	203-1-55500-302	
PIC - CONFERENCES	\$ -	203-1-55500-812	
PIC - LODGING	\$ -	203-1-55500-302	
PIC - MEALS	\$ -	203-1-55500-302	
PIC - OTHER	\$ -	203-1-55500-302	
*ADVANCE		000-01503-000	
TOTAL	\$ 536.13		

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

NAME		Jennifer Meccarone		JOB TITLE		Commissioner		MONTH		January - December		YEAR		2017								
EMPLOYEE NO.				GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT														
DATE	(Yr- Mth-Day) 2017-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS		TRAVEL 302 Committed		302 MEALS		302 OTHER		302 TRAVEL PC		302 CONFERENCE		302 LODGING		302 MEALS		302 OTHER		
		FROM	TO			KM	AMOUNT	#	CST	COST		KM	AMOUNT	COST	KM	AMOUNT	#	CST	COST			
2017-11-29		Home	LJA		Phoenix Grad	10	4.80	✓														
2017-12-05		Home			Sport Complex	25	12.00	✓														
2017-12-06		Home	LSA		LSA Music Concert	11	5.28	✓														
2017-12-06		Home	Head Office		Corporate Committee	42	20.16	✓														
2017-12-07		Home	Head Office		Parents' Committee	42	20.16	✓														
2017-12-08		Home	Head Office		Council	42	20.16	✓														
2017-12-13		Home	Head Office		Exec Council	42	20.16	✓														
2017-12-15		Home	LSA		Rock of Ages	11	5.28	✓														
2017-12-18		Home	Head Office			42	20.16	✓														
2017-12-21		Home	Laurentia		Christmas Concert	82	39.36	✓														
2017-12-22		Home	LJA-LSA-TOES		RHS - Christmas Breakfast	54	25.92	✓														
GRAND TOTAL						\$	192.96	403	\$	403.44	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-

ENTERED MAR 25 2018

BUDGET CODES			All amounts 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:	
TRAVEL	\$	499.44 - 203-1-51110-302			
MEALS	\$	192.96 - 203-1-51110-302			
OTHER	\$	- 203-1-51110-302			
	XXX				
	XXX				
	\$	- 203-1-55500-302			
	\$	- 203-1-55500-812			
	\$	- 203-1-55500-302			
	\$	- 203-1-55500-302			
	\$	- 203-1-55500-302			
		000-1-01503-000			
	\$	192.96			
	\$	403.44			

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

Amount paid 149.76

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NAME C.S. SIR-WILFRID LAURIER Jennife Maccarone		JOB TITLE Commissioner		MONTH MAY 22 2010		YEAR 2010					
EMPLOYEE NO.		GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT					
DATE (Mn-Day) 2011-01-01	LOCATION FROM TO	DESCRIPTION/ NATURE OF BUSINESS	TRAVEL 302 Car Mileage	302 Standing	302 MEALS	302 OTHER	302 TRAVEL PIC	302 CONFERENCE	302 LODGING	302 MEALS	302 OTHER
2018-01-08	Home	Head Office	Meeting	42	20.16						
2018-01-11	Home	Head Office	Foundation	42	20.16						
2018-01-12	Home	Head Office	Council	42	20.18						
2018-01-17	Home	Head Office	Corporate Committee	42	20.18						
2018-01-18	Home	Head Office	Mtg	15	7.20						
2018-01-19	Home	Head Office	Strat Planning	42	20.16						
2018-01-22	Home	CDC Pont View	Quebec	26	12.48						
2018-01-24	Home	Head Office	Exec Council	42	20.18						
2018-01-25	Home	Head Office	Foundation Gala	8	3.84						
2018-01-31	Home	Head Office		11	5.28						
GRAND TOTAL			\$	149.76	312	\$	149.76	\$	-	\$	-

ENTERED MAR 09 2010

BUDGET CODES:			1. Mileage is calculated at 30.42¢/km. Attach ORIGINAL receipts to this form. This form must be signed by client and duly approved. 2. Expense claims must be submitted (4-10 pm) to Finance on the Wednesday of the week preceding a pay in order for it to be processed the following day. 3. Please complete this form electronically. This form is available on the Portal.	REQUESTED BY:
TRAVEL	\$ 149.76	203-1-51110-302		
MEALS	\$ -	203-1-51110-302		
OTHER	\$ -	203-1-51110-302		
XXX				
XXX				
PIC - TRAVEL	\$ -	203-1-55500-302		
PIC - CONFERENCE	\$ -	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	APP:	
TOTAL	\$ 149.76			

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COMMISSION SCOLAIRE STE-WILFRED LAURIE
1400 RUE ST-JACQUES, 10E ETAGE
MONTREAL, QUEBEC H3T 1V6

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UN AVENIR
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COMMISSION SCOLAIRE SIR-WILFRID-LAURIER
SIR WILFRID LAURIER SCHOOL BOARD

FEB 22 2018

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Abstract

[illegible]

(Immediate Superior)

Amount paid 286.93

Revised 08/03/01

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JUN 28 2018

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

NAME		Jennifer Maccarone		JOB TITLE		Commissioner		MONTH		February - March								
								YEAR		2018								
EMPLOYEE NO.				GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT										
DATE (M-H-Day) 2011-01-01	LOCATION	DESCRIPTION/ NATURE OF BUSINESS	TRAVEL		MEALS		OTHER		TRAVEL PIC		CONFERENCE		LODGING		MEALS		OTHER	
			KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	DATE	AMOUNT	#	COST	COST			
2018-02-01	Home	LSA	Robotics	12	5.76	✓												
2018-02-01	Home	Head Office	Parents' Committee	40	19.20	✓												
2018-02-06	Home	LJA	Hooked on School Days	10	4.80	✓												
2018-02-11	Home	Laval Hockey	Hockey Classic	24	11.52	✓												
2018-02-12	Home	Brownsburg	Press Conference	✓138	66.24	1.00	7.09	✓										
2018-02-14	Home	JHS	Kindness Community Event	143	68.64													
2018-02-21	Home	Head Office	Corporate Committee	40	19.20	✓												
2018-02-22	Home	LJA	Governing Board	10	4.80	✓												
2018-02-23	Home	LSA	Hockey Day & Blue & Gold	12	5.76	✓												
2018-02-26	Home	Head Office	Exec & Council	40	19.20	✓												
2018-03-01	Home			12	5.76	✓												
2018-03-14	Home	Head Office	Meetings	40	19.20	✓												
2018-03-16	Home			12	5.76	✓												
2018-03-19	Home	LJA	Press Conference	10	4.80	✓												
2018-03-26	Home	Head Office	Community Consultation	40	19.20	✓												
GRAND TOTAL				\$	286.93	583	\$	279.84	\$	7.09	\$	-	\$	-	\$	-	\$	-

REC'D - RECEIVED
FINANCE
JUN 19 2018
C. J. SIR WILFRID LAURIER
SIR WILFRID LAURIER S.B.

ENTERED JUN 19 2018

BUDGET CODES			• Expenses 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. The form is available on the Portal.	REQUESTED BY:
TRAVEL	\$ 279.84	203-1-51110-302		
MEALS	\$ 7.09	203-1-51110-302		
OTHER	\$ -	203-1-51110-302		
	XXX			
	XXX			
PIC - TRAVEL	\$ -	203-1-55500-302		
PIC - CONFERENCES	\$ -	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	APPROVED:	
TOTAL	\$ 286.93			

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COMMISSION SCOLAIRE SIR-WILFRID-LAURIER
SIR WILFRID LAURIER SCHOOL BOARD

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Amount paid 1400.62

APR 05 2018

EXPENSES REIMBURSEMENT POLICY FORM - ALL EMPLOYEES

JE **المجلة**

March

2017-2018

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BILINGUE

Amount paid 619.79

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11th 28 2018

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

NAME		JOB TITLE		MONTH		YEAR															
Jennifer Maccarone		Commissioner		11th 28		2018															
EMPLOYEE NO.			GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT														
DATE MM-DD-YY 2011-01-01	LOCATION	DESCRIPTION/ NATURE OF BUSINESS	TRAVEL 302 Carroll/Bus	302 Standing MEALS	302 OTHER	302 TRAVEL PIC	302 CONFERENCES	302 LODGING	302 MEALS	302 OTHER											
	FROM	TO	KM	AMOUNT	#	COST	KM	AMOUNT	COST	COST											
2018-04-03	Home	Head Office	Meeting	40	19.20	✓															
2018-04-04	Home	Head Office		40	19.20	✓															
2018-04-04	Home	LJA	Community Consultation	10	4.80	✓															
2018-04-05	Home	Head Office	Meeting	40	19.20	✓															
2018-04-05	Home	LSA		12	5.76	✓															
2018-04-08						1.00	✓	34.88													
2018-04-23	Home	Laval		16	7.68	✓															
2018-04-24	Home	Head Office	Meetings	40	19.20	✓			✓	157.19											
2018-04-25	Home	Laval		12	5.76	✓															
2018-04-25	Home	Head Office	Council & Exec	40	19.20	✓			✓	123.60											
2018-05-02	Home	LJA	Student Council	10	4.80	✓															
2018-05-02	Home	Head Office	Pedagogical Committee	40	19.20	✓															
2018-05-09	Bromont	Office/Home	Executive Committee	142	68.16	✓															
2018-05-14	Home	Head Office	Meetings	40	19.20	✓															
2018-05-18	Home	Head Office	Council & Corporate	40	19.20	✓															
2018-05-23	Home	Head Office	Council	40	19.20	✓															
2018-05-29	Home	Head Office		40	19.20	✓															
2018-05-30	Home	Laval	Meeting GB Jules Verne	14	6.72	1.00		4.60	✓												
2018-05-31	Home		Laurier Gate StarFest	8	3.84	✓															
GRAND TOTAL			\$	619.79	624	\$	289.52	\$	39.48	\$	280.79	\$	-	\$	-	\$	-	\$	-	\$	-

ENTERED JUN 19 2018

RECU - RECEVEE
FINANCE

JUN 18 2018

G.D. SIF-WILFRID LAURIER
SIF-WILFRID LAURIER S.B

BUDGET CODES

TRAVEL	\$	289.52	203-1-51110-302
MEALS	\$	39.48	203-1-51110-302
OTHER	\$	280.79	203-1-51110-302
	XXX		
	XXX		
PIC - TRAVEL	\$	-	203-1-55500-302
PIC - CONFERENCES	\$	-	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	\$	619.79	

Calculations are calculated at \$0.48/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 on the Portal.

REQUESTED BY:

NAME

APPROVE

AN ENGLISH
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FUTURE



UNE
EDUCATION
EN ANGLAIS,
UN AVENIR
BILINGUE

Amount paid 87.84

Revised 08/03/01

OK
KV

JUN 28 2018

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

NAME		Jennifer Maccarone		JOB TITLE		Commissioner		MONTH		June		
EMPLOYEE NO.								YEAR		2018		
DATE (Yr-Mo-Day) 2011-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT				
	FROM	TO		TRAVEL 303 Cost/Rate	303 Meals	303 Other	303 Travel Pic	312 Conferences	303 Lodging	303 Meals	303 Other	
2018-06-01	Home	St-Eustache	Inauguration Centre	43	20.84	✓						
2018-06-07	Home	Head Office	Foundation	40	19.20	✓						
2018-06-07	Home	Head Office	Parents' Committee	40	19.20	✓						
2018-06-11	Home	Laval	Leadership Awards	12	5.76	✓						
2018-06-13	Home	Head Office	Pedagogical	40	19.20	✓						
2018-06-14	Home		Foundation Gala	8	3.84	✓						
GRAND TOTAL				\$	87.84	183	\$	87.84	\$	-	\$	-

ENTERED JUN 19 2018

REGU-RECEIVED
FINANCE

JUN 18 2018

C.S. SIR-WILFRID-LAURIER
SIR WILFRID LAURIER S.B.

BUDGET CODES			REQUESTED BY:	
TRAVEL	\$	87.84	203-1-51110-302	
MEALS	\$	-	203-1-51110-302	
OTHER	\$	-	203-1-51110-302	
	XXX			
	XXX			
PIC-TRAVEL	\$	-	203-1-55500-302	
PIC-CONFERENCES	\$	-	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	\$	87.84		

0 Kilometers are calculated at 40 km.
0 Attach ORIGINAL receipts to this form.
0 This form must be signed by claimant and duly approved.
0 Expenses 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.
0 Please complete this form electronically. This form is available on the Portal.

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UN AVENIR
BILINGUE

REVISED - 2015/03/25
Amount paid 616.19

OCT 04 2018

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EXPENSES REIMBURSEMENT POLICY FORM - ALL EMPLOYEES

NAME: <u>Jennifer Maccarone</u>		SCHOOL: <u>School Board</u>		PERIOD: <u>2018-2019</u>										
EMPL #:		PHONE #:		JOB TITLE: <u>Chairperson</u>										
DATE (Mo/Dy/Yr) (AA/DD/YY)	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	TRAVEL CENTRAL Principal & Management Advisory Meetings		REGULAR TRAVEL @ \$0.42/KM		CAR POOLING TRAVEL @ \$0.53/KM		MEALS		LODGING		OTHER
	FROM	TO		KM	AMOUNT	KM	AMOUNT	KM	COST	#	COST	# DAYS	COST	
06/18/18	Home	Laval			11	\$ 5.28								
06/19/18	Home	Head Office			41	\$ 19.49								
05/19/18	Home		Graduation Ceremony - Souvenir Elementary School		8	\$ 3.94								
06/20/18	Home	Head Office	Corporate		41	\$ 19.49								
06/26/18	Home	Head Office	Special Corporate-Audit Committee		41	\$ 19.49								
06/27/18	Home	Head Office	End of year post mortem		41	\$ 19.49								
07/05/18	Home	Head Office	Special Council meeting		41	\$ 19.49								221.90
07/26/18	Home	Head Office	Council Caucus		41	\$ 19.49								
07/26/18	Home	Laval	Council -		2	\$ 3.00				2	28.97			29.12
08/08/18	Home	Head Office	Council		41	\$ 19.68				2	73.27	40.00		
08/13/18	Home	Head Office	Council		41	\$ 19.49				2	50.20	40.00		
08/15/18	Home	Head Office	Special Council		41	\$ 19.49								68.40
GRAND TOTAL:						\$ -	387	\$ 187.80			\$ -	108.97		\$ 319.42

BUDGET CODES				PROJECT CODE
TRAVEL CENTRAL (PRINCIPALS ONLY)	\$			
TRAVEL (SCH GL)	\$	187.80	203-1-51110	302
LODGING/MEALS	\$	108.97	203-1-51110	302
CAR POOLING TRAVEL (SCH GL)	\$			
OTHER	\$	319.42	203-1-51110	302
OTHER				
OTHER				
OTHER				
TOTAL	\$	616.19		

IMPORTANT

- 1. Kilometers are calculated at \$0.42/km.
- 2. Car pooling kilometers are calculated at \$0.53/km.
- 3. You must provide names of passengers in the descriptions line.
- 4. Attach ORIGINAL receipts to this form.
- 5. This form must be signed by claimant and approved by your immediate supervisor.
- 6. This expense claim form is not to be used for the purchasing of equipment and supplies for your school or department. The normal purchasing procedures must be followed.
- 7. 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. Principals, please send to Manon Monette.
- 8. Please complete this form electronically. This form is available on the Portal.

