

Staff Expense Claim

NAME: Cam Oulton

LOCATION: ADLC

DATE	PLACE OF ORIGIN	PLACE OF VISIT	FUNCTION	TRAVEL DISTANCE (KM)	PER KM RATE \$ 0.50	MEALS Breakfast Lunch or Supper	MISC EXPENSES DESCRIPTION	AMOUNT	EXPENSE TOTAL
Travel Within Jurisdiction									
September 30, 2016	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
Additional Mileage					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
Travel Outside Jurisdiction									
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
Additional Mileage					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
<b>Total</b>				0	\$ -			\$ -	\$ -

*NO CLAIM*

Budget Code: \_\_\_\_\_

DEDUCTIONS: (Please specify)	Amount
	\$ -
	\$ -
	\$ -
<b>TOTAL DEDUCTIONS:</b>	\$ -

**TOTAL EXPENSE CLAIM: \$ -**

Employee Signature: 

Supervisor Signature: \_\_\_\_\_

Staff Expense Claim

F3-08-A  
Received December 8, 2010

NAME: Cam Oulton

LOCATION: ADLC

DATE	PLACE OF ORIGIN	PLACE OF VISIT	FUNCTION	TRAVEL	PER KM RATE	MEALS	MISC EXPENSES	AMOUNT	EXPENSE TOTAL
				DISTANCE (KM)	\$ 0.50				
Travel Within Jurisdiction									
October 31, 2016	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
Additional Mileage									
no claim					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
Travel Outside Jurisdiction									
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
Additional Mileage									
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
Total				0	\$ -			\$ -	\$ -

Budget Code: \_\_\_\_\_

DEDUCTIONS: (Please specify)	Amount
	\$ -
	\$ -
	\$ -
<b>TOTAL DEDUCTIONS:</b>	<b>\$ -</b>
<b>TOTAL EXPENSE CLAIM:</b>	<b>\$ -</b>

Employee Signature: *Cam Oulton* 11 Nov. 16

Supervisor Signature: \_\_\_\_\_



Staff Expense Claim

F3-08-A  
Received December 8, 2010

NAME: Cam Oulton

LOCATION: ADLC

DATE	PLACE OF ORIGIN	PLACE OF VISIT	FUNCTION	TRAVEL	PER KM RATE	MEALS	MISC EXPENSES	AMOUNT	EXPENSE TOTAL
				DISTANCE (KM)	\$ 0.50				
Travel Within Jurisdiction									
November 30, 2016	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
Additional Mileage					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
Travel Outside Jurisdiction									
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
Additional Mileage					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
					\$ -			\$ -	\$ -
Total				0	\$ -			\$ -	\$ -

no claim

Budget Code:

DEDUCTIONS: (Please specify)	Amount
	\$ -
	\$ -
	\$ -
<b>TOTAL DEDUCTIONS:</b>	<b>\$ -</b>
<b>TOTAL EXPENSE CLAIM:</b>	<b>\$ -</b>

Employee Signature: 

Supervisor Signature: \_\_\_\_\_

NAME: Cam Oulton

LOCATION: ADLC

DATE	PLACE OF ORIGIN	PLACE OF VISIT	FUNCTION	TRAVEL	PER KM RATE	MEALS		MISC EXPENSES	AMOUNT	EXPENSE TOTAL	
				DISTANCE (KM)	\$ 0.50	Breakfast Lunch or Supper	B-10.00 L-15.00 S-25.00	DESCRIPTION			
Travel Within Jurisdiction											
	place	place		-	\$ -			\$ -		\$ -	
	place	place		-	\$ -			\$ -		\$ -	
	place	place		-	\$ -			\$ -		\$ -	
	place	place		-	\$ -			\$ -	\$ -	\$ -	
	place	place		-	\$ -			\$ -	\$ -	\$ -	
	place	place		-	\$ -			\$ -	\$ -	\$ -	
	place	place		-	\$ -			\$ -	\$ -	\$ -	
	place	place		-	\$ -			\$ -	\$ -	\$ -	
	place	place		-	\$ -			\$ -	\$ -	\$ -	
	place	place		-	\$ -			\$ -	\$ -	\$ -	
	place	place		-	\$ -			\$ -	\$ -	\$ -	
	place	place		-	\$ -			\$ -	\$ -	\$ -	
	place	place		-	\$ -			\$ -	\$ -	\$ -	
	place	place		-	\$ -			\$ -	\$ -	\$ -	
	place	place		-	\$ -			\$ -	\$ -	\$ -	
	place	place		-	\$ -			\$ -	\$ -	\$ -	
<b>Additional Mileage</b>											
					\$ -			\$ -	\$ -	\$ -	
					\$ -			\$ -	\$ -	\$ -	
					\$ -			\$ -	\$ -	\$ -	
					\$ -			\$ -	\$ -	\$ -	
Travel Outside Jurisdiction											
December 13, 2016	place	place		-	\$ -			\$ -	Fuel & Blade for ADLC Jeep	\$ 87.29	\$ 87.29
December 13, 2016	place	place		-	\$ -			\$ -	Car Wash for ADLC Jeep	\$ 14.00	\$ 14.00
December 14, 2016	place	place	Edmonton Meetings	-	\$ -			\$ -	Parking for ADLC Jeep	\$ 18.00	\$ 18.00
	place	place		-	\$ -			\$ -		\$ -	\$ -
	place	place		-	\$ -			\$ -		\$ -	\$ -
<b>Additional Mileage</b>											
					\$ -			\$ -		\$ -	\$ -
					\$ -			\$ -		\$ -	\$ -
					\$ -			\$ -		\$ -	\$ -
					\$ -			\$ -		\$ -	\$ -
					\$ -			\$ -		\$ -	\$ -
					\$ -			\$ -		\$ -	\$ -
<b>Total</b>				0	\$ -			\$ -		\$ 119.29	\$ 119.29

Budget Code: 5-10-000-03-40-000-460

DEDUCTIONS: (Please specify)	Amount
	\$ -
	\$ -
	\$ -
<b>TOTAL DEDUCTIONS:</b>	\$ -
<b>TOTAL EXPENSE CLAIM:</b>	<b>\$ 119.29</b>

Employee Signature: 

Supervisor Signature: \_\_\_\_\_