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▼ TRUSTEE APPROVAL SECTION

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Task ID: 0000097556 - Created: 30-Sep-2019 08:02.47 PM - By: Judy Lefebvre - Processed: 01-Oct-2019 05:45.04 PM - By: Mabel Wang

Action Taken: Approve Expense

Comment:

Pee-library meeting = Pre-library meeting



Expense Reimbursement Authorization



Receipts



Review all sections of the form and then complete the last section at the bottom of the page.

▼ TRUSTEE TIMESHEET

Task ID: 0000101110 - Created: 21-Oct-2019 06:01.24 PM - By: Judy Lefebvre - Processed: 30-Oct-2019 03:33.40 PM - By: Judy Lefebvre



# TRUSTEE REMUNERATION

Name: LEFEBVRE, JUDY

Month: October

Meeting Date	Event Description	Daily Rate	Portion of Day/Allowance	# km	SUBSISTENCE ALLOWANCE (Please select all that apply)			RECEIPT DESCRIPTION Description	TOTAL RECEIPT Amount
					TRAVEL Regular	Breakfast	Lunch		
	MONTHLY STIPEND	\$485.00							
	CHAIR ALLOWANCE	0.00							
	INTERNET ALLOWANCE		INTERNET				INTERNET ALLOWANCE	40.00	
	CELLPHONE ALLOWANCE		LEFEBVRE				CELLPHONE ALLOWANCE	20.00	
(YYYYMMDD)	MEETINGS - LOCATION								
21-Oct-2019	Policy Committee Meeting	216.00	4 - 8 Hrs	3					
23-Oct-2019	Board Meeting Pibroch Colony	216.00	4 - 8 Hrs	57					
25-Oct-2019	ASBA Zone 2/3 meeting Edmonton	216.00	4 - 8 Hrs	260					
30-Oct-2019	Board Planning meeting Barrhead	108.00	< 4 Hrs	3					
		0.00							

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# TRUSTEE REMUNERATION

Name: LEFEBVRE, JUDY

Month: December

				TRAVEL Regular	SUBSISTENCE ALLOWANCE (Please select all that apply)			RECEIPT DESCRIPTION	TOTAL RECEIPT
Meeting Date	Event Description	Daily Rate	Portion of Day/Allowance	# km	Breakfast	Lunch	Supper	Description	Amount
	MONTHLY STIPEND	\$485.00							
	CHAIR ALLOWANCE	0.00							
	INTERNET ALLOWANCE		INTERNET					INTERNET ALLOWANCE	40.00
	CELLPHONE ALLOWANCE		LEFEBVRE					CELLPHONE ALLOWANCE	20.00
(YYYYMMDD)	MEETINGS - LOCATION								
02-Dec-2019	Ward review meeting	108.00	< 4 Hrs	3					
02-Dec-2019	BCHS School Council meeting	108.00	< 4 Hrs	3					
04-Dec-2019	PHSD and Barrhead Public Library meeting	108.00	< 4 Hrs	3					
11-Dec-2019	Board Meeting at Dunstable	216.00	4 - 8 Hrs	33					
		0.00							
		0.00							
		0.00							
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DEDUCTIONS

(Enter Credit for Deductions)

(Enter Credit for Deductions)

Submitting this expense claim certifies that the foregoing expenses were incurred for Pembina Hills Regional Division Schools business and are in compliance with School District Policy and

SUB-TOTAL	42.00	0.00	0.00	0.00	0.00	
RATES	0.50	10.00	15.00	25.00		
<b>TOTAL \$</b>	<b>21.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>60.00</b>

	Total Payroll Guidelines Honoraria	1025.00		Total Km	. Total Subsistence .		Total Other
	Shaded area payable through Payroll	\$ 1025.00				White area payable through Accounts Payable	\$ 81.00
Trustee claims are made in accordance with Board Policy P7 - 10							





# TRUSTEE REMUNERATION

**Name:** LEFEBVRE, JUDY

**Month:** January

				TRAVEL Regular	SUBSISTENCE ALLOWANCE (Please select all that apply)			RECEIPT DESCRIPTION	TOTAL RECEIPT
Meeting Date	Event Description	Daily Rate	Portion of Day/Allowance	# km	Breakfast	Lunch	Supper	Description	Amount
	MONTHLY STIPEND	\$485.00							
	CHAIR ALLOWANCE	0.00							
	INTERNET ALLOWANCE		INTERNET					INTERNET ALLOWANCE	40.00
	CELLPHONE ALLOWANCE		LEFEBVRE					CELLPHONE ALLOWANCE	20.00
(YYYYMMDD)	MEETINGS - LOCATION								
15-Jan-2020	Board Meeting Barrhead	216.00	4 - 8 Hrs	3					
17-Jan-2020	Ed Services Long Service Awards Barrhead	108.00	< 4 Hrs	3					
		0.00							
		0.00							
		0.00							
		0.00							
		0.00							
		0.00							
		0.00							





**Expense Reimbursement Authorization**

Attached Documents

Review all sections of the form and then complete the last section at the bottom of the page.

▼ TRUSTEE TIMESHEET

Task ID: 0000110689 - Created: 14-Mar-2020 05:20.13 PM - By: Judy Lefebvre - Processed: 31-Mar-2020 04:26.34 PM - By: Judy Lefebvre



# TRUSTEE REMUNERATION

Name: LEFEBVRE, JUDY

Month: March

Meeting Date	Event Description	Daily Rate	Portion of Day/Allowance	TRAVEL	SUBSISTENCE ALLOWANCE			RECEIPT DESCRIPTION	TOTAL RECEIPT
				Regular	(Please select all that apply)				
				# km	Breakfast	Lunch	Supper	Description	Amount
	MONTHLY STIPEND	\$485.00							
	CHAIR ALLOWANCE	0.00							
	INTERNET ALLOWANCE		INTERNET					INTERNET ALLOWANCE	40.00
	CELLPHONE ALLOWANCE		LEFEBVRE					CELLPHONE ALLOWANCE	20.00
(YYYYMMDD)	MEETINGS - LOCATION								
13-Mar-2020	Early Learning Long Service Awards - BES	108.00	< 4 Hrs	3					
18-Mar-2020	Board Meeting (by VC)	216.00	4 - 8 Hrs						
		0.00							
		0.00							
		0.00							
		0.00							
		0.00							



**Comment:**

▲ TRUSTEE EXPENSE CLAIM-PAYROLL SECTION

▲ GL DISTRIBUTION FINAL APPROVAL (AP) (TRUSTEES)



compliance with School District Policy and Guidelines.			<b>TOTAL \$</b>	0.00	0.00	0.00	0.00		60.00
	Total Payroll Honoraria	1025.00		Total Km	. Total Subsistence .				Total Other
	Shaded area payable through Payroll	\$ 1025.00						White area payable through Accounts Payable	\$ 60.00
		Trustee claims are made in accordance with Board Policy P7 - 10							

▼ TRUSTEE APPROVAL SECTION

Task ID: 0000111633 - Created: 04-May-2020 04:53.10 PM - By: Judy Lefebvre - Processed: 05-May-2020 07:57.01 AM - By: Tracy Leigh

Action Taken: Approve Expense

Comment:

▼ TRUSTEE EXPENSE CLAIM-PAYROLL SECTION

Task ID: 0000111633 - Created: 05-May-2020 07:57.01 AM - By: Tracy Leigh - Processed: 05-May-2020 08:03.21 AM - By: Veronica Lindquist

This expense form is being routed to you as the Trustee has entered honoraria or a per diem allowance.

Please print the expense form for processing of payment and as backup documentation.


▼ GL DISTRIBUTION FINAL APPROVAL (AP) (TRUSTEES)

Task ID: 0000111633 - Created: 05-May-2020 07:57.01 AM - By: Tracy Leigh - Processed: 05-May-2020 09:19.46 AM - By: Mary Doris

Action Taken: Approve Expense

Period: 202009

Vendor Number: EM10510 - Lefebvre, Judy

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
5700000669000442		60.00	G	2.86
<b>Total Without Taxes:</b>				<b>57.14</b>
<b>Tax Total:</b>				<b><u>2.86</u></b>
<b>Total With Taxes:</b>				<b>60.00</b>

Comment:

APRIL 2020 INTERNET/CELL





# TRUSTEE REMUNERATION

Name: LEFEBVRE, JUDY

Month: May

Meeting Date	Event Description	Daily Rate	Portion of Day/Allowance	TRAVEL	SUBSISTENCE ALLOWANCE			RECEIPT DESCRIPTION	TOTAL RECEIPT
				Regular	(Please select all that apply)				
				# km	Breakfast	Lunch	Supper	Description	Amount
	MONTHLY STIPEND	\$485.00							
	CHAIR ALLOWANCE	0.00							
	INTERNET ALLOWANCE		INTERNET					INTERNET ALLOWANCE	40.00
	CELLPHONE ALLOWANCE		LEFEBVRE					CELLPHONE ALLOWANCE	20.00
(YYYYMMDD)	MEETINGS - LOCATION								
08-May-2020	BES Citizenship Awards	108.00	< 4 Hrs	3					
12-May-2020	Council of School Councils	108.00	< 4 Hrs						
13-May-2020	Board Meeting	108.00	< 4 Hrs						
21-May-2020	Board Planning	108.00	< 4 Hrs						
27-May-2020	Board Meeting	216.00	4 - 8 Hrs						
		0.00							
		0.00							
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	<b>DEDUCTIONS</b>								
								(Enter Credit for Deductions)	
								(Enter Credit for Deductions)	
			<b>SUB-TOTAL</b>	<b>3.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
Submitting this expense claim certifies that the foregoing expenses were incurred for Pembina Hills Regional Division Schools business and are in compliance with School District Policy and Guidelines.			<b>RATES</b>	<b>0.50</b>	<b>10.00</b>	<b>15.00</b>	<b>25.00</b>		
			<b>TOTAL \$</b>	<b>1.50</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>60.00</b>
	Total Payroll Honoraria	1133.00		Total Km.	Total Subsistence.				Total Other
	Shaded area payable through Payroll	\$ 1133.00						White area payable through Accounts Payable	\$ 61.50
Trustee claims are made in accordance with Board Policy P7 - 10									



# TRUSTEE REMUNERATION

**Name:** LEFEBVRE, JUDY

**Month:** June

Meeting Date	Event Description	Daily Rate	Portion of Day/Allowance	TRAVEL	SUBSISTENCE ALLOWANCE			RECEIPT DESCRIPTION	TOTAL RECEIPT
				Regular	(Please select all that apply)				
				# km	Breakfast	Lunch	Supper	Description	Amount
	MONTHLY STIPEND	\$485.00							
	CHAIR ALLOWANCE	0.00							
	INTERNET ALLOWANCE		INTERNET					INTERNET ALLOWANCE	40.00
	CELLPHONE ALLOWANCE		LEFEBVRE					CELLPHONE ALLOWANCE	20.00
(YYYYMMDD)	MEETINGS - LOCATION								
03-Jun-2020	Policy Committee	108.00	< 4 Hrs						
10-Jun-2020	Board Meeting	216.00	4 - 8 Hrs						
24-Jun-2020	Board Meeting	108.00	< 4 Hrs						
		0.00							
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	<b>DEDUCTIONS</b>									
								(Enter Credit for Deductions)		
								(Enter Credit for Deductions)		
			<b>SUB-TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>			
	Submitting this expense claim certifies that the foregoing expenses were incurred for Pembina Hills Regional Division Schools business and are in compliance with School District Policy and Guidelines.		<b>RATES</b>	<b>0.50</b>	<b>10.00</b>	<b>15.00</b>	<b>25.00</b>			
			<b>TOTAL \$</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>60.00</b>	
		<b>Total Payroll Honoraria</b>	<b>917.00</b>		<b>Total Km</b>	<b>Total Subsistence</b>				<b>Total Other</b>
	Shaded area payable through Payroll	<b>\$ 917.00</b>						White area payable through Accounts Payable	<b>\$ 60.00</b>	
		Trustee claims are made in accordance with Board Policy P7 - 10								



# TRUSTEE REMUNERATION

Name: LEFEBVRE, JUDY

Month: July

Meeting Date	Event Description	Daily Rate	Portion of Day/Allowance	TRAVEL	SUBSISTENCE ALLOWANCE			RECEIPT DESCRIPTION	TOTAL RECEIPT
				Regular	(Please select all that apply)			Description	Amount
				# km	Breakfast	Lunch	Supper		
	MONTHLY STIPEND	\$485.00							
	CHAIR ALLOWANCE	0.00							
	INTERNET ALLOWANCE		INTERNET					INTERNET ALLOWANCE	40.00
	CELLPHONE ALLOWANCE		LEFEBVRE					CELLPHONE ALLOWANCE	20.00
(YYYYMMDD)	MEETINGS - LOCATION								
02-Jul-2020	Special Board Meeting	108.00	< 4 Hrs						
		0.00							
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	<b>DEDUCTIONS</b>									
								(Enter Credit for Deductions)		
								(Enter Credit for Deductions)		
			<b>SUB-TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>			
	Submitting this expense claim certifies that the foregoing expenses were incurred for Pembina Hills Regional Division Schools business and are in compliance with School District Policy and Guidelines.		<b>RATES</b>	<b>0.50</b>	<b>10.00</b>	<b>15.00</b>	<b>25.00</b>			
			<b>TOTAL \$</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>60.00</b>	
		<b>Total Payroll Honoraria</b>	<b>593.00</b>		<b>Total Km</b>	<b>Total Subsistence</b>			<b>Total Other</b>	
	Shaded area payable through Payroll	<b>\$ 593.00</b>						White area payable through Accounts Payable	<b>\$ 60.00</b>	
			Trustee claims are made in accordance with Board Policy P7 - 10							