expense | monthly tracking report

claimant | Weipert, Ken

position | Education Director

level | Director

reporting period | January 1 to February 29, 2025

date of report | Friday, April 4, 2025



Description Date		Details and/or Rationale	Amount (CDN\$)	Category	Expense Type	
	(mm/dd/yyyy)					
Cell Phone	1/16/2025	Monthly service fee	\$50.09	other disclosed	telecom/cell phone	
Cell Phone	2/16/2025	Monthly service fee	\$35.18	other disclosed	telecom/cell phone	
Mileage	2/25/2025	Business Travel Lethbridge Polytechnic	\$204.00	travel	BUS mileage	



Invoice Summary January 2025



Subscriber: KEN WEIPERT

Account Detail	
Assignment	Ken Weipert
Contract Detail	\$ 44.20
Contract Name	
Options Charges	\$ 3.50
Calgary BoE Cimpl Bundle	\$ 3.50
Voice Charges	\$ 0.00
Charges for Additional Minutes Peak Minutes Off Peak Minutes Total Airtime Minutes	\$ 0.00
Data Charges	\$ 0.00
Data Volume (MB) Browser Charge	\$ 0.00 \$ 0.00
Text Messages	\$ 0.00
Text Messages	\$ 0.00
Long Distance Charges	\$ 0.00
Long Distance Charges	\$ 0.00
Roaming Charges	\$ 0.00
Voice Charges Data Charges	\$ 0.00 \$ 0.00
Other Fees	\$ 0.00
411 Service Monthly Access Fees Discount	\$ 0.00 \$ 0.00 \$ 0.00
Other Charges and Credits	\$ 0.00
Other Charges and Credits	\$ 0.00
Taxes	\$ 2.39
Total	\$ 50.09

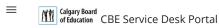






Subscriber: KEN WEIPERT

Account Detail		
Assignment	Ken Weipert	
Contract Detail		\$ 30.00
		¥ 56150
Contract Name		
Options Charges		\$ 3.50
Calgary BoE Cimpl Bundle		\$ 3.50
Voice Charges		\$ 0.00
Charges for Additional Minutes		\$ 0.00
Peak Minutes		
Off Peak Minutes Total Airtime Minutes		
		4000
Data Charges		\$ 0.00
Data Volume (MB)		\$ 0.00
Browser Charge		\$ 0.00
Text Messages		\$ 0.00
Text Messages		\$ 0.00
Long Distance Charges		\$ 0.00
Long Distance Charges		\$ 0.00
Roaming Charges		\$ 0.00
Voice Charges		\$ 0.00
Data Charges		\$ 0.00
Other Fees		\$ 0.00
411 Service		\$ 0.00
Monthly Access Fees		\$ 0.00
Discount		\$ 0.00
Other Charges and Credits		\$ 0.00
Other Charges and Credits		\$ 0.00
Taxes		\$ 1.68
Total		\$ 35.18







: Travel and Subsistence Expense Report

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This request must be completed upon return for all travel conducted on behalf of CBE, regardless of source of funding.



Details Notes (0) Attachments (1) Activity History



Who is the Request for?

Ken Weipert



Position



Education Director



Username

Travel Authorization Information

Have they completed a Travel Authorization Request?

Yes

Travel Authorization Information

Select the corresponding Travel Authorization Request

Fields below will populate with your Travel Authorization (Staff) request details.

If you select the incorrect ticket, please select a different corresponding ticket number.

Event Date - Start

February 2025

Event Date - End

February 2025











Departure Date

February 2025



Return Date



February 2025



Location(s) Travelled to



Lethbridge



Type of Event

Meetings

Traveller Information

Who would be approving this Travel and Subsistence Expense Report?

Michael Nelson

example: Principal, Supervisor, School Improvement Director (Languages PIF)

Position

Superintendent School Improve

Username

Traveller's Street Address

Reimbursement cheques, when applicable, will be mailed to the traveller's address.

Traveller's Postal Code

Description of Expenses All travel costs must be entered in Canadian Dollars (CAD) and include taxes
All travel costs must be entered in Canadian Dollars (CAD) and include taxes
Would you like to use the same Alias or Long Code for all Expenses submitted on this reque where applicable?
Not Applicable
Registration/Conference Fees
Airfare
Ground Transportation
Taxi/Shuttle Bus/Car Rental Total
\$0
Personal Vehicle km @ 55¢/km (submit on Kilometer Payment Log to Payroll)
400
Kilometer Travel Log
Amount Paid by CBE for Ground Transportation
\$204
Amount Paid by CBE by either Invoice or a P-Card
Amount Paid by Claimant for Ground Transportation
\$0
Out of Pocket Expenditures

=	Calgary Board of Education CBE Service Desk Portal
~	Total Ground Transportation Paid
	\$204
•	
○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
44	Parking
Q	Amount Paid by CBE for Parking
	\$0
	Amount Paid by CBE by either Invoice or a P-Card
\rightarrow	Amount Paid by Claimant for Parking
	\$0
	Out of Pocket Expenditures
	Total Parking Paid
	\$0
	Accomodations at Single Rate
	Meals
	Do not include meals covered by conference or others. If you are using the per-diem, you are not required to submit your receipts for meals. For meals purchased on PCard, please attach all receipts.
	Telecommunication Expenses
	Other Expenses

Telecommunication Expenses
Other Expenses
Summary.
Summary
Total Amount Paid by CBE
\$204
Amount Paid by CBE by either Invoice or a P-Card
Total Amount Paid by Claimant
\$0
Out of Pocket Expenditures
Did you receive funding from another source?
No
Total Expenses Paid
\$204
Total Amount Paid by CBE + Total Amount Paid by Claimant - (minus) Total Amount of funding from another source
I certify that the above claim is correct

Attach receipts for all expenses reported above





Kilometre Travel Log

Directions: Complete this form to track kilometres travelled. To receive payment, please enter the total weekly kilometres into your timesheet in PeopleSoft, and then submit a hardcopy of the Kilometre Travel Log form to your Manager or Principal. You may wish to retain a copy for your own records. **Subs and Casuals:** Refer to Substitute Teacher/Casual Employee Travel Log

Section 1: Your Employee Information To be completed by Employee									
Employee ID:*			First Name:*			Last Na	ame:*		
Section 2: Trip Details: To be completed by Employee									
	e, pur	oose, beginning	and ending locatio	ns, and	distance of each tr	ip on a se	parate row.		
Date DD-MM-YY		Purpose for Trip			Trip Starts From		Trip Ends At		Distance in km
The total week	The total weekly km must be entered into the timesheet in PeopleSoft. Total Kilometres								
PeopleSoft Tir	me Ap	prover							
Combo Code entered into PeopleSoft									
Section 3: To be completed by Employee and Approver The approver must create a PDF copy of the completed Travel Log and send to: cbeincoming@wcdconnect.com									
Employee Signature:*					Time Approver N	ame:*			
Employee Phone:*					Time Approver Signature:		*		
Date DD-MM-YY: *			Time Appr Phone:*	over			Date DD-MM-YY:		

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