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BUDGET CODES		
TRAVEL	\$ 103.78	203-1-51110-302
MEALS	\$ -	203-1-51110-302
OTHER	\$ -	203-1-51110-302
	XXX	
	XXX	
PIC - TRAVEL	\$ -	203-1-55500-302
PIC-CONFERNCES	\$ -	203-1-55500-812
PIC-LODGING	\$ -	203-1-55500-302
PIC - MEALS	\$ -	203-1-55500-302
PIC - OTHER	\$ -	203-1-55500-302
*ADVANCE		000-1-01503-000
TOTAL	\$ 103.78	

IMPORTANT

- 1 - Attach original receipts to this form
- 2 - The form must be signed by claimant and duly approved.
- 3 - Kilometres are calculated at \$0.48/km for first 5,000 km and \$0.45 for each additional kilometer as of March 1st, 2008.

REQUESTED BY:

NAME OF CLASS _____

APPROVED BY

NAME (

*Note: If advance has been received and total is negative, this amount is to be reimbursed to the School Board.

Trial Expense Form - Commercial Entity - 11/01/00



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

NAME	Emilio Migliozi		JOB TITLE	Commissioner		MONTH	DEC 2014 - MAY 2015							
EMPLOYEE NO.	✓				YEAR									
DATE (Yr-Mth-Day) 2011-01-01	LOCATION		GENERAL EXPENSES			PROFESSIONAL IMPROVEMENT								
	FROM	TO	DESCRIPTION/ NATURE OF BUSINESS	302 TRAVEL Standing Committee	302 MEALS	302 OTHER	302 TRAVEL PIC	302 CONFERENCES	302 LODGING	302 MEALS	302 OTHER			
				KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	#	COST	COST
2014-12-03	Home	SWLSB	Corporate committee	36	17.28									
2015-01-14	Home	SWLSB	Pedagogical Meeting	38	17.28									
2015-03-18	Home	SWLSB	Corporate committee	36	17.28									
2015-04-01	Home	SWLSB	Pedagogical meeting	36	17.28									
2015-02-25	Home	SWLSB	Council meeting	36	17.28									
2015-04-22	Home	SWLSB	Council meeting	36	17.28									
2015-05-20	Home		Council meeting											
GRAND TOTAL				\$	103.68	216	\$	103.68	\$	-	\$	-	\$	-

Amount paid 103.68
JUL 30 2015
Initials *EM*

RECEIVED JUL 13 2015
FINANCE

RECEIVED JUL 13 2015
CASHIER

BUDGET CODES		
TRAVEL	\$ 103.68	203-1-51110-302
MEALS	\$ -	203-1-51110-302
OTHER	\$ -	203-1-51110-302
xxx		
xxx		
PIC - TRAVEL	\$ -	203-1-55500-302
PIC-CONFERNCES	\$ -	203-1-55500-812
PIC-LODGING	\$ -	203-1-55500-302
PIC-MEALS	\$ -	203-1-55500-302
PIC-OTHER	\$ -	203-1-55500-302
*ADVANCE		000-1-01503-000
TOTAL	\$ 103.68	

IMPORTANT
1- Attach original receipts to this form
2- The form must be signed by claimant and duly approved.
3- Kilometres are calculated at 30.45/km for first 5 000 km and 30.45 for each additional kilometer as of March 1st, 2008.

Do not write in this area

REQUIREMENTS

APPROVED

Signature of Commissioner

*Note: If advance has been received and total is negative, this amount is to be reimbursed to the School Board.

Immediate Supervisor



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

NAME	Emilio Migliozi		JOB TITLE	Commissioner		MONTH					
						YEAR					
EMPLOYEE NO.			GENERAL EXPENSES			PROFESSIONAL IMPROVEMENT					
DATE (YY-Mth-Day) 2011-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	302 TRAVEL Standing Conferences	302 MEALS	302 OTHER	302 TRAVEL PIC	812 CONFERENCES	302 LODGING	302 MEALS	302 OTHER
	FROM	T		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST
2015-12-09	Home	SWLSB	Strat plan	36	17.28						
2015-09-16	Home	SWLSB		36	17.28						
2015-09-23	Home	SWLSB	Council meeting	36	17.28						
2015-10-07	Home	SWLSB	Pedagogical meeting	36	17.28						
2015-10-21	Home	SWLSB	Corporate meeting	36	17.28						
2015-11-04	Home	SWLSB	Council-EXE meeting	36	17.28						
2015-11-18	Home	SWLSB	Corporate meeting	36	17.28						
2015-11-25	Home	SWLSB	Council meeting	36	17.28						
2015-12-09	Home	SWLSB	Council meeting	36	17.28						
2015-12-11	Home	SWLSB	Strat plan	36	17.28						
2015-12-16	Home	SWLSB	Council meeting	36	17.28						
GRAND TOTAL				\$	190.08	396	\$ 190.08	\$ -	\$ -	\$ -	\$ -

BUDGET CODES		
TRAVEL	\$ 190.08	203- 1- 51110 - 302
MEALS	\$ -	203- 1- 51110 - 302
OTHER	\$ -	203- 1- 51110 - 302
	XXX	
	XXX	
PIC - TRAVEL	\$ -	203- 1- 55500 - 302
PIC-CONFERNCES	\$ -	203- 1- 55500 - 812
PIC-LODGING	\$ -	203- 1- 55500 - 302
PIC - MEALS	\$ -	203- 1- 55500 - 302
PIC - OTHER	\$ -	203- 1- 55500 - 302

IMPORTANT

1 - Attach original receipts to this form
 2- The form must be signed by claimant and duly approved.
 3- Kilometres are calculated at \$0.47 for first 5,000 km and \$0.45 for each additional kilometer as of March 1st, 2008.

REQUESTED BY:

APPR

McGraw-Hill

Amount paid 1000.41 Revised 08/03/01

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BUDGET CODES			IMPORTANT		REQUESTED BY:	
TRAVEL	\$ 259.20	203- 1- 51110 - 302	0	Kilometers are calculated at \$0.48/km	NAME APPRO	DATE
MEALS	\$ -	203- 1- 51110 - 302	0	Attach ORIGINAL receipts to this form.		
OTHER	\$ 71.21	203- 1- 51110 - 302	0	This form must be signed by element and duly approved.		
	XXX		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.		
	XXX		0	Please complete this form electronically. This form is available on the Portal		
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				
TOTAL	\$ 1					

Amount paid 109.44
Revised 08/03/01

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UN AVENIR
BILINGUE

TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - ***FOR COMMISSIONERS ONLY*** Initials 9

NAME	Emilio Migliozzi		JOB TITLE	Commissioner		MONTH	sept-nov9-2018										
EMPLOYEE NO.			GENERAL EXPENSES					PROFESSIONAL IMPROVEMENT									
DATE (Yr-Mth-Day) 2011-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	302 TRAVEL Standing Committee		302 MEALS		302 OTHER	302 TRAVEL PIC		812 CONFERENCES	302 LODGING		302 MEALS		302 OTHER	
	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	#	AMOUNT	#	COST	COST	
26/09/2018	Laval	SWLSB	Meeting Council	38	18.24												
3/10/2018	Laval	SWLSB	Meeting PEO	38	18.24												
10/10/2018	Laval	SWLSB	Meeting Council	38	18.24												
17/10/2018	Laval	SWLSB	Meeting Corp.	38	18.24												
24/10/2018	Laval	SWLSB	Meeting Council	38	18.24												
9/11/2018	Laval	SWLSB	Meeting Council	38	18.24												
ENTERED NOV 20 2018																	
RECU - RECEIVED																	
GRAND TOTAL			\$	109.44	228	\$	109.44	\$	-	\$	-	\$	-	\$	-	\$	

BUDGET CODES		
TRAVEL	\$ 109.44	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	\$ 109.44	

1. Mileage are calculated at \$0.45/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:

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UN AVENIR
BILINGUE

Amount paid 273.81

Revised 08/03/01

FEB 07 2019

Initials G

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

NAME	Emilio Migliozi		JOB TITLE	Commissioner		MONTH	sept-nov-2018										
EMPLOYEE NO.					YEAR	2018											
DATE (Y-M-D) 2018-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS		GENERAL EXPENSES		PROFESSIONAL IMPROVEMENT										
	FROM	TO			302 TRAVEL Standing Committee	302 MEALS	302 OTHER	302 TRAVEL PIC	812 CONFERENCES	302 LODGING	302 MEALS	302 OTHER					
					KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	DAYS	AMOUNT	#	COST	COST
14/09/18	Laval	SWLSB	Meeting		38	18.24											
21/11/18	Laval	SWLSB	Meeting	coll	38	18.24											
28/11/18	Laval	SWLSB	Meeting	cancel	38	18.24											
14/01/19	Laval	SWLSB	Meeting	SEAC	38	18.24											
30/11/18	Laval	SWLSB			56	26.88											
31/11/18	Laval	SWLSB			56	26.88								165.41			
GRAND TOTAL					\$	273.81	22	100.48						\$	165.41		

BUDGET CODES	
MEALS	\$ 28.48 203-1-51110-302
OTHER LODGING	\$ 165.41 203-1-51110-302
	XXX
	XXX
PIC - TRAVEL	\$ - 203-1-55500-302
PIC-CONFERNCES	\$ - 203-1-55500-812
PIC-LODGING	\$ - 203-1-55500-302
PIC-MEALS	\$ - 203-1-55500-302
PIC-OTHER	\$ - 203-1-55500-302
*ADVANCE	000-1-01503-000
TOTAL	\$ 273.81

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

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Amount paid 644.01

Revised 08/03/01

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

JUN 13 2019

NAME	Emilio Miglozzi		JOB TITLE	Commissioner		MONTH	Initials		Mar-01-2019									
EMPLOYEE NO.						YEAR			2019									
			GENERAL EXPENSES			PROFESSIONAL IMPROVEMENT												
DATE (Yr-Mth-Day) 2019-01-01	LOCATION		DESCRIPTION NATURE OF BUSINESS		302 TRAVEL Standing Committees	302 MEALS	302 OTHER	302 TRAVEL PIC	812 CONFERENCES	302 LODGING	302 MEALS	302 OTHER						
	FROM	TO			KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	80125	AMOUNT	#	COST	COST	
23/05/19	Laval	Mont Tremblant			121	58.08												
25/05/19	Tremblant	Laval			121	58.08												
23/05/19								30.41										
23/05/19													2	497.44				
GRAND TOTAL					\$	644.01	242	\$	116.16	\$	30.41	\$	-	\$	-	\$	497.44	\$

ENTERED JUN 04 2019

BUDGET CODES		
TRAVEL	\$ 116.16	203- 1- 51110 - 302
MEALS	\$ 30.41	203- 1- 51110 - 302
OTHER	\$ -	203- 1- 51110 - 302
	XXX	
	XXX	
PIC - TRAVEL	\$ -	203- 1- 55500 - 302
PIC-CONFERNCES	\$ -	203- 1- 55500 - 812
PIC-LODGING	\$ 497.44	203- 1- 55500 - 302
PIC MEALS	\$ -	203- 1- 55500 - 302
PIC OTHER	\$ -	203- 1- 55500 - 302
*ADVANCE		000-1-01503-000
TOTAL	\$ 644.01	

0 Kilometers 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. This form is
available on the Portal.

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