25/02/01/25

APPLICANT COPY

CALGARY HEALTH REGION BOARD EXPENSE FORM

NAME:	Shelley v	mabbo	4	
FOR THE MONTH OF:	Shelley V	ary 20	400	s.17(1), 17(4)(g)(i)
)		
	EXPE	NSES	ENTE	RED FEB 1 3 2004
	•			01-71110300002
AIRFARE:	\$	<u> </u>		
CAR RENTAL:	S			
ACCOMMODATION:	· S			
MEALS:	\$			
PARKING:	Rs	10.0	00	62210000
TAXIS:	\$.			
OTHER (please describe):				
	\$ <u>.</u>			
	\$ <u></u>			
MILEAGE: 435 km	at .38¢ /km \$_	165.3	9	63310000
TOTAL EXPENSES:	₹	165.30	,	

Barany B

APPLICANT COPY

Calsary Habiti Rasin: Parkins Fas Rassint

Rept# 7772
01/23/04 15:37 L# 2 A# 11 Txn# 36090
01/23/04 08:43 In 01/23/04 15:37 Out
CRIMA 1 \$ 10.00
Total Fas \$ 10.00
CASH PAID \$ 10.00
Dash Tancer \$ 10.00
Change Dus \$ 0.00
Thenk-You!
58 #R107392537

FEB 04'04 09:40AM MABBOTT & COMPANY

LOCAL TRAVEL EXPERIES CLAIM

APPLICANT COPY

MILEAGE & PARKING

Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard
 E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.

ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.

Amounts under \$ 50.00 can be reimbursed from site cashier office who		
The same of the sa	are availat	ale.

EMPLOYEE NAME (PRINT)	CRHA E-MAIL ADDRESS		EMPLOYEE	NIMOSO
Shell	ey Mabbott			14CMBEL
I DEPARIMENT	SITE	PHONE #		DATE
Board				
DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
Jan 7	Cochrane Southport	90	nileage)	Allegiti
Janzo		90	1	
5, 23	Cochrane Rockyview	85		
Jan 28	Cochrane Relater	80		
Jan 29	Cochrane Rockyview Cochrane Belchter Cochrane Southpott	90		
		+10		-
		 		
		 		
·		-		
				·
			-	
			-	
		435	-50	
		435	- 38	

				1 I WALLE		
Ons	FINANCIAL CO	DE			20.12	14200
للـا	loyee Signature	Account 6 2 1 0 0 0		Mileage/Parking		\$ 165.30
			Date	TOTAL PAYABLE TO	EMPLOYEE	\$
Expe	nditure Officer Authorization		Authorizer's (Employee Number		Phone Number

JOETO CET

No. 6584 P. 4

12246

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME;	Shelley	mabbott
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FOR THE MONTH OF: A Pril - Sept 2004 s.17(1), 17(4)(g)(i)

EXPENSES

		01-71110300002
AIRFARE:	\$	_
CAR RENTAL:	\$	
ACCOMMODATION:	\$	
MEALS:	\$	
PARKING:	•	
TAXIS;	\$	
OTHER (please describe):		
	\$	
	\$	
	\$	
MILEAGE 720 km at .38¢ /km (Attach Local Travel Expense Claim form)	\$_ 273.60	62210000
TOTAL EXPENSES:	\$_273.60 \$_273.60	

Banany RB

X:\BOARD\Honoraria\Honoraria Forms.DOC

Revised: June 23, 2003

LOCAL TRANO. 6584(PEP. 35 CLAIM MILEAGE & PARKING

APPLICANT COPY

Payment will be Directly Deposited to your payroli designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.

ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.

	Amounts under t	100 00	4-		e cashier office where evaluable
-	A MINISTER OF THE PARTY OF THE	, ,,,,,,,	CEN DE	faimbursed from eit.	a seekles aft
_				LANISALOGGI II DILI BILL	s Cabiller Office Whare evaluation

EMPLOYEE NAME (PRINT)	out to tellinguised from site cashler	CRMA E-MAIL ADDRESS	·-·		
Shelley DEPARTMENT T	mabbott	CHARLANDIL ADDRESS		EMPLOYEE N	NUMBER
Board	SITE		PHONE #		DATE
DATE OF TRAVEL /EXPENSE	DETAILS		# OF KM	RATE	AMOUNT
# bc go	Cochrane C	ulgary	90	,38	34 20
may 6	11	9			21.00
7 09 11					
June 3					· ·
Juneilo					
Tune 29	II.				
5 00110	11				
3 P 7 18					
500120	+1				

		ĀŪŢ	HORI	ZATION & CO	DING		
Org	FINANCIAL (()	DF		44 T	GL Description	- 1/2 A ST	Amount
	Functional Centre	8 2 2 1 0 0	00		Mileage/Parking		(Including GST)
	e Signature	B	Date	c+ 11	TOTAL PAYABLE TO	EMPLOYEE	s 201 4
Expendit	ture Officer Authorization	1	Auth	orizer's Employ			Phone Number

No. 7163 P. 3

54578

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Shelley mabbolt

FOR THE MONTH OF: () (+ 04 - Apr 05

EXPENSES

s.17(1), 17(4)(g)(i)

01-71110300002

AIRFARE:	\$
CAR RENTAL:	\$
ACCOMMODATION:	\$
MEALS:	\$
PARKING:	\$
TAXIS:	\$
OTHER (please describe):	PAROTECE 05 11 2 0 05
	\$
	\$
80 V - 0	\$
MILEAGE: 6 40.5 ¢ /km (Attach Local Travel Expense Cisim form)	\$_ 243,20 <u>62210000</u>
TOTAL EXPENSES:	275.60
	R
	2 DeCento

<u>θ</u>	APPLICANT COPY	· -	- w
calgary health region	ACH FMC Southport PLC RGH Other		EXPENSE CLAIM & PARKING
Calgary Health F ORIGINAL REC	Directly Deposited to your payroll bank account. Notificate Region E-Mail address OR mailed to your home address EIPTS MUST BE ATTACHED FOR PARKING WHERI er S 100.00 can be reimbursed from site cashler	ation of deposit will be s if a valid E-Mail addr E POSSIBLE.	E-Mailed to your ess does not exist.
EMPLOYEE NAME (PI	of Shelley	EMPLOYEE NUM	IBER
DEPARTMENT	PHONE NUMBER	DATE	· · · · · · · · · · · · · · · · · · ·
DATE OF TRAVELY EXPENSE	DETAILS	# OF KM RATE (for mileage)	AMOUNT
Octs	Cochrane Calgary	90	
Dct 19	ų J	80	
Nou "	N.	30	1
01000	и	80	
Jan 13	Λ	80	
Jun 25	ч	80	
Feb 15	٧	80	
mar3	t 1	80	
Apr 28	11	80	
	Total	720	
CODING & AUTHO	ORIZATION		
		L DESCRIPTION	AMAINT
			AMOUNT (Including GST)
			273.60
EMPLOYEE SIGNATU		TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION	AUTHORIZER EMPLOYEE NUMB	ER AUTHORIZER I	PHONE NUMBER
00073			

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE