

Fort McMurray Catholic Board of Education

9809 Main Street, Fort McMurray, Alberta, T9H 1T7 Phone: (780) 799-5700

DATE	DESCRIPTION	REFERENCE	AMOUNT
02/13/13	CGA MEMBERSHIP	V72296	981.73
VENDOR NUMBER () -1547		CHEQUE NUMBER 58737	TOTAL AMOUNT 981.73

Fort McMurray Catholic Board of Education

9809 Main Street, Fort McMurray, Alberta, T9H 1T7 Phone: (780) 799-5700

58737

Province of Alberta - Treasury Branch
Fort McMurray, Alberta

DATE 0 2 2 1 2 0 1 3
M M D D Y Y Y Y

PAY THE SUM OF EXACTLY \$981 DOLLARS 73 CENTS
TO THE ORDER OF

\$ *****981.73

FRANCOIS GAGNON
193 BACON PL
FORT MCMURRAY AB T9K 1Z7

Chairman

Tracy McKinnon

Secretary-Treasurer

Ann Ham

⑈058737⑈ ⑆08479⑆ 219⑆ 3600351⑆ 24⑈



Fort McMurray Catholic Schools Expense Claim

Employee Name Francois Gagnon		Facility CEL	
Date		Destination	
Purpose of meeting for function Professional Association Membership			
Leave Fort McMurray Date		Arrive Fort McMurray Date	
Time		Time	
AM / PM		AM / PM	

				AMOUNT CLAIMED
Prov. Vehicle Usage	No. of KM.	Rate per KM \$ 0.44		
*Air/Rail/Bus Fare	Mode of Transportation			
Per Diem	No. of 24 hr. Periods	Per Diem Rate		
*Hotel Accommodations	No. of Nights	Rate Deducted Pers, Expenses	Amount	
Breakfast	Lunch	Dinner		
No. Rate \$9.20	No. Rate \$11.60	No. Rate \$20.75		
Registration Fees				
Taxis/Busses/Parking				
Honorarium				
Other expenses (provide details)	CGA Membership Dues			981.73

I Certify that the above is a true statement of my expenses and that all expenditures were incurred on district business.

Employee Signature

Additional Information: _____

Sub-Total \$
 Less Advance \$
 Amount Claimed \$ **981.73**

General Ledger Account #	Amount
4,950,730.80	981 73

Approval Superintendent or Designate
FEB 27/13
Date

For Finance Department use ONLY:
 Expenditure office verification: Date: _____

NOTE: *Attach ALL receipts. Adjustment may be made without notification for calculation errors

ENTERED FEB 21 2013

Membership Dues Receipt

Date: Feb 13, 2013

Member #: ~~100701402~~

Membership Dues for July 1, 2012 - June 30, 2013 paid in the calendar year 2012.

Francois Gagnon, CGA
~~100 Bassin Place~~
Fort McMurray Alberta T9K 1Z7

CGA Membership Dues	\$934.98
GST (#R106904287)	\$46.75
Total Dues	\$981.73

PAID

OFFICIAL RECEIPT FOR INCOME TAX PURPOSES - ATTACH THIS COPY TO YOUR INCOME TAX RETURN

Official Donation Receipt For Income Tax Purposes

CGA Alberta Research and Education Foundation
Suite 100, 325 Manning Rd NE, Calgary, Alberta, T2E 2P5
BN# 896125903RR0001

Date: Feb 13, 2013
Date Donation Received: 2012
Eligible amount of gift for tax purposes: \$0.00

Francois Gagnon, CGA
~~100 Bassin Place~~
Fort McMurray Alberta T9K 1Z7

John S. Carpenter MBA FCGA
Chief Executive Officer

For information on all registered charities in Canada under the Income Tax Act please contact:
Canada Revenue Agency www.cra.gc.ca/charities

Membership Dues Receipt

Date: Feb 13, 2013

Member #: ~~100701402~~

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~~100 Bassin Place~~
Fort McMurray Alberta T9K 1Z7

CGA Membership Dues	\$934.98
GST (#R106904287)	\$46.75
Total Dues	\$981.73

PAID

OFFICIAL RECEIPT FOR INCOME TAX PURPOSES - PLEASE RETAIN FOR YOUR RECORDS

Fort McMurray Catholic Board of Education
 9809 Main Street, Fort McMurray, Alberta, T9H 1T7 Phone: (780) 799-5700

DATE	DESCRIPTION	REFERENCE	AMOUNT
09/08/12	Trav Exp CPC Meeting	V71463	477.82
10/04/12	Trav Exp CPC Wind Projet Present	V71465	512.19
VENDOR NUMBER		CUSTOMER NUMBER	CHEQUE NUMBER
() -1547			58079
			TOTAL AMOUNT
			990.01

Fort McMurray Catholic Board of Education

9809 Main Street, Fort McMurray, Alberta, T9H 1T7 Phone: (780) 799-5700

58079

Province of Alberta - Treasury Branch
 Fort McMurray, Alberta

DATE 1 2 2 1 2 0 1 2
 M M D D Y Y Y Y

PAY THE SUM OF EXACTLY \$990 DOLLARS 01 CENTS
 TO THE ORDER OF

\$ *****990.01

FRANCOIS GAGNON

Chairman

Geraldine Barbey

Secretary-Treasurer

Francois Gagnon

⑈058079⑈ ⑆08479⑈ 219⑆ 3600351⑈ 24⑈



Fort McMurray Catholic Schools Expense Claim

Employee Name <u>Francois Gagnon</u>		Facility <u>CFC</u>	
Date <u>7-8 September</u>		Destination <u>Calgary</u>	
Purpose of meeting for function <u>CPC Meeting Wind Project Meeting</u>			
Leave Fort McMurray Date <u>7 Sep</u>		Arrive Fort McMurray Date <u>8 Sep</u>	
Time <u>6</u>		Time <u>9</u>	
		AM/PM <u>(AM)</u>	

			AMOUNT CLAIMED
Prov. Vehicle Usage	No. of KM. <u>882 km x 2</u>	Rate per KM <u>\$0.44</u>	^{GST} <u>776.16</u> ✓
*Air/Rail/Bus Fare	Mode of Transportation		
Per Diem	No. of 24 hr. Periods	Per Diem Rate	
*Hotel Accommodations	No. of Nights <u>1</u>	Rate Deducted Pers, Expenses	Amount <u>97.01</u> ✓
Breakfast	No. <u>1</u> Rate \$9.20	Lunch	No. <u>1</u> Rate \$11.60
		Dinner	No. <u>1</u> Rate \$20.75
Registration Fees			^{GST} <u>1.54</u> <u>32.35</u> ✓
Taxis/Busses/Parking			
Honorarium			
Other expenses (provide details)			
<u>mileage less reimbursement by Hockey Alberta to attend meeting in Red Deer during week</u>			^{GST} <u>20.37</u> <u>(427.70)</u>

I Certify that the above is a true statement of my expenses and that all expenditures were incurred on district business.

[Signature]
Employee Signature

Additional Information:

Sub-Total \$ 477.82 ✓

Less Advance \$ _____

Amount Claimed \$ 477.82

General Ledger Account #	Amount
<u>70 6-460-9502-90</u>	<u>477 82</u>

[Signature]
Approval Superintendent or Designate
Dec 21/12
Date

For Finance Department use ONLY:
Expenditure office verification: [Signature] Date: _____

NOTE: *Attach ALL receipts. Adjustment may be made without notification for calculation errors

Francols Gagnon CA	Folio No.	: 158080	Room No.	: 220
	A/R Number	:	Arrival	: 09-07-12
	Group Code	:	Departure	: 09-07-12
	Company	: Commission Junction	Conf. No.	: 64074786
	Membership No.	:	Rate Code	: IMCGV
	Invoice No.	:	Page No.	: 1 of 1

Date	Description	Charges	Credits
09-07-12	Accommodation Day use	89.00	
09-07-12	GST	4.45	
09-07-12	Tourism Levy	3.56	
09-07-12	*Accommodation	119.99	
09-07-12	GST	6.00	
09-07-12	Tourism Levy	4.80	
09-07-12	Accommodation-Adj	-119.99	
09-07-12	GST-Adj	-6.00	
09-07-12	Tourism Levy-Adj	-4.80	
09-07-12			97.01

Thank you for staying at the Holiday Inn 67 Street Red Deer. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit www.priorityclub.com. We look forward to welcoming you back soon.

Total	97.01	97.01
Balance	0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.



EXPENSE CLAIM

(PLEASE PRINT & PLEASE ATTACH ALL RECEIPTS)

THE CONTACT INFORMATION BELOW IS:

NEW OLD

Name: Francois Gagnon

Date: 19 September 2012

Address:

Ph: 780-799-5700

Fax: 780-799-5706

Email: Zone2HA@gmail.com

PROGRAM: Leadership
SUBCODE: 2245

DATE: Sept 7-9, 2012
LOCATION: Sylvan Lake, AB

FOR OFFICE USE ONLY:

EXPENSE **G.S.T.**
 5000-10 - Exempt
 5010-10 - Non Exempt

<u>EXPENSES:</u>	<u>AMOUNT:</u>	<u>SUBCODE:</u>
MEALS: (B) \$10.00 (L) \$12.00 (D) \$16.00	\$ _____	5080-10
ACCOMMODATIONS:	\$ _____	5085-10
TRAVEL: 1,222 kms (\$.35 /km)	\$ <u>427.70</u>	5090-10
HONORARIA:	\$ _____	5095-10
FACILITY:	\$ _____	5100-10
EQUIPMENT:	\$ _____	5105-10
INCIDENTALS (ADMIN):	\$ _____	5110-10

TOTAL AMOUNT:

\$427.70

Total Expenses _____

SIGNATURE: _____

FOR HOCKEY ALBERTA USE ONLY:

HOCKEY ALBERTA APPROVAL: _____

CHEQUE NO: _____

DATE: _____



Fort McMurray Catholic Schools Expense Claim

Employee Name <u>Francis Seguin</u>		Facility <u>CTC</u>	
Date <u>1 - 4 October 2012</u>		Destination <u>Grande Prairie & Heduc & Red Deer</u>	
Purpose of meeting for function <u>CPC wind Project Presentations</u>			
Leave Fort McMurray Date <u>1 OCT</u>		Arrive Fort McMurray Date <u>4 OCT</u>	
Time <u>5</u> AM/PM		Time <u>10</u> AM/PM	

Prov. Vehicle Usage	No. of KM.	Rate per KM	AMOUNT CLAIMED
*Air/Rail/Bus Fare	Mode of Transportation	\$ 0.44	
Per Diem	No. of 24 hr. Periods	Per Diem Rate	
*Hotel Accommodations	No. of Nights <u>3</u>	Rate Deducted Pers, Expenses	Amount <u>\$ 127.60</u>
Breakfast	Lunch	Dinner	
No. <u>1</u> Rate \$9.20	No. <u>4</u> Rate \$11.60	No. <u>4</u> Rate \$20.75	<u>382.79</u>
Registration Fees			<u>616 129.40</u>
Taxis/Busses/Parking			
Honorarium			
Other expenses (provide details)			

I Certify that the above is a true statement of my expenses and that all expenditures were incurred on district business.

Francis Seguin
Employee Signature

Additional Information: _____

Sub-Total
\$ 512.19

Less Advance
\$ _____

Amount Claimed
\$ 512.19

General Ledger Account #	Amount
<u>7, 6, 460, 9502, 80</u>	<u>512 19</u>

Francis Seguin
Approval Superintendent or Designate
Dec. 21/12
Date

For Finance Department use ONLY:
 Expenditure office verification: JS Date: _____

NOTE: *Attach ALL receipts. Adjustment may be make without notification for calculation errors



10-02-12

Francois Gagnon	Folio No. :		Room No. :	321
	A/R Number :		Arrival :	10-01-12
	Group Code :		Departure :	10-02-12
	Company :	DND	Conf. No. :	61277778
	Membership No. :	PC 500297336	Rate Code :	IMCGV
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
10-01-12	*Accommodation	115.99	
10-01-12	GST 806941001RT0001 5%	5.80	
10-01-12	Tourism Levy 4%	4.64	
Total		126.43	0.00
Balance		126.43	

Thank you for staying at the Holiday Inn Express & Suites Whitecourt. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit www.priorityclub.com. We look forward to welcoming you back soon.

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Owned by 3G Equity Inc. Operated by APX Hospitality.

Holiday Inn Express & Suites Whitecourt
 4721 49th St.
 Whitecourt, AB T7S 1N5
 Telephone: (780) 778-2512 Fax: (780) 778-2516



10-03-12

Francois Gagnon	Folio No.	:		Room No. :	324
	A/R Number	:		Arrival :	10-02-12
	Group Code	:		Departure :	10-03-12
	Company	:	Leisure	Conf. No. :	62213670
	Membership No.	:	PC 500297336	Rate Code :	IMCGV
	Invoice No.	:		Page No. :	1 of 1

Date	Description	Charges	Credits
10-02-12	*Accommodation		
10-02-12	G.S.T.	115.00	
10-02-12	Tourism Levy	5.75	
10-03-12	Manual -	4.60	
			125.35
	Total	125.35	125.35
	Balance	0.00	

Thank you for staying at the Holiday Inn Express Edmonton Airport. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit www.priorityclub.com. We look forward to welcoming you back soon.

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.



Holiday Inn

10-04-12

Francois Gagnon	Folio No. :		Room No. :	518
	A/R Number :		Arrival :	10-03-12
	Group Code :		Departure :	10-04-12
	Company :		Conf. No. :	61278999
	Membership No. :	PC 500297336	Rate Code :	IMCGV
			Page No. :	1 of 1

Date	Description	Charges	Credits
10-03-12	*Accommodation	119.00	
10-03-12	DMF	1.19	
10-03-12	AB Tourism Levy	4.81	
10-03-12	GST #896932449 RT0001	6.01	
10-04-12			131.01
Total		131.01	131.01
Balance		0.00	

Thank you for staying at the Holiday Inn City Center. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit www.priorityclub.com. We look forward to welcoming you back soon.

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Conference Centre
 4485 Gateway Blvd NW
 Edmonton, AB T6H 5C3
 Telephone: (780) 431-1100 Fax: (780) 437-3455
 GST# 896932449 RT0001

Owned and Operated by Fortis Properties Inc.