

Staff Expense Claim

NAME: Cam Oulton

LOCATION: ADLC

DATE	PLACE OF ORIGIN	PLACE OF VISIT	FUNCTION	TRAVEL	PER KM RATE	MEALS	MISC EXPENSES	AMOUNT	EXPENSE TOTAL
				DISTANCE (KM)	\$ 0.50				
Travel Within Jurisdiction									
November 30, 2015	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
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	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
Additional Mileage								\$ -	\$ -
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Travel Outside Jurisdiction									
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
Additional Mileage								\$ -	\$ -
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Total				0	\$ -			\$ -	\$ -

no claim

Budget Code:

DEDUCTIONS: (Please specify)	Amount
	\$ -
	\$ -
	\$ -
TOTAL DEDUCTIONS:	\$ -
TOTAL EXPENSE CLAIM:	\$ -

Employee Signature: _____

Supervisor Signature:  _____

Staff Expense Claim

NAME: Cam Oulton

LOCATION: ADLC

DATE	PLACE OF ORIGIN	PLACE OF VISIT	FUNCTION	TRAVEL	PER KM RATE	Breakfast Lunch or Supper	MEALS	MISC EXPENSES	AMOUNT	EXPENSE TOTAL
				DISTANCE (KM)	\$ 0.50		B-10.00 L-15.00 S-25.00	DESCRIPTION		
Travel Within Jurisdiction										
December 31, 2015	place	place	<i>no claim</i>	-	\$ -		\$ -		\$ -	\$ -
	place	place		-	\$ -		\$ -		\$ -	\$ -
	place	place		-	\$ -		\$ -		\$ -	\$ -
	place	place		-	\$ -		\$ -		\$ -	\$ -
	place	place		-	\$ -		\$ -		\$ -	\$ -
	place	place		-	\$ -		\$ -		\$ -	\$ -
	place	place		-	\$ -		\$ -		\$ -	\$ -
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	place	place		-	\$ -		\$ -		\$ -	\$ -
	place	place		-	\$ -		\$ -		\$ -	\$ -
	place	place		-	\$ -		\$ -		\$ -	\$ -
	place	place		-	\$ -		\$ -		\$ -	\$ -
	place	place		-	\$ -		\$ -		\$ -	\$ -
Additional Mileage					\$ -		\$ -		\$ -	\$ -
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					\$ -		\$ -		\$ -	\$ -
					\$ -		\$ -		\$ -	\$ -
Travel Outside Jurisdiction										
	place	place		-	\$ -		\$ -		\$ -	\$ -
	place	place		-	\$ -		\$ -		\$ -	\$ -
	place	place		-	\$ -		\$ -		\$ -	\$ -
	place	place		-	\$ -		\$ -		\$ -	\$ -
	place	place		-	\$ -		\$ -		\$ -	\$ -
Additional Mileage					\$ -		\$ -		\$ -	\$ -
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					\$ -		\$ -		\$ -	\$ -
Total				0	\$ -		\$ -		\$ -	\$ -

Budget Code:

DEDUCTIONS: (Please specify)	Amount
	\$ -
	\$ -
	\$ -
TOTAL DEDUCTIONS:	\$ -
TOTAL EXPENSE CLAIM:	\$ -

Employee Signature: _____

Supervisor Signature:  _____

Staff Expense Claim

NAME: Cam Oulton

LOCATION: ADLC

DATE	PLACE OF ORIGIN	PLACE OF VISIT	FUNCTION	TRAVEL	PER KM RATE	MEALS	MISC EXPENSES	AMOUNT	EXPENSE TOTAL
				DISTANCE (KM)	\$ 0.50				
Travel Within Jurisdiction									
January 31, 2016	place	place	<i>no claim</i>	-	\$ -	-	-	\$ -	\$ -
	place	place		-	\$ -	-	-	\$ -	\$ -
	place	place		-	\$ -	-	-	\$ -	\$ -
	place	place		-	\$ -	-	-	\$ -	\$ -
	place	place		-	\$ -	-	-	\$ -	\$ -
	place	place		-	\$ -	-	-	\$ -	\$ -
	place	place		-	\$ -	-	-	\$ -	\$ -
	place	place		-	\$ -	-	-	\$ -	\$ -
	place	place		-	\$ -	-	-	\$ -	\$ -
	place	place		-	\$ -	-	-	\$ -	\$ -
	place	place		-	\$ -	-	-	\$ -	\$ -
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	place	place		-	\$ -	-	-	\$ -	\$ -
	place	place		-	\$ -	-	-	\$ -	\$ -
Additional Mileage								\$ -	\$ -
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Travel Outside Jurisdiction									
	place	place		-	\$ -	-	-	\$ -	\$ -
	place	place		-	\$ -	-	-	\$ -	\$ -
	place	place		-	\$ -	-	-	\$ -	\$ -
	place	place		-	\$ -	-	-	\$ -	\$ -
	place	place		-	\$ -	-	-	\$ -	\$ -
Additional Mileage								\$ -	\$ -
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Total				0	\$ -			\$ -	\$ -

Budget Code:

DEDUCTIONS: (Please specify)	Amount
	\$ -
	\$ -
	\$ -
TOTAL DEDUCTIONS:	\$ -
TOTAL EXPENSE CLAIM:	\$ -

Employee Signature: _____

Supervisor Signature: *CB*

Staff Expense Claim

NAME: Cam Oulton

LOCATION: ADLC

DATE	PLACE OF ORIGIN	PLACE OF VISIT	FUNCTION	TRAVEL	PER KM RATE	MEALS	MISC EXPENSES	AMOUNT	EXPENSE TOTAL
				DISTANCE (KM)	\$ 0.50				
Travel Within Jurisdiction									
February 29, 2016	place	place	no claim	-	\$ -	Breakfast Lunch or Supper	B-10.00 L-15.00 S-25.00	\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
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	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
Additional Mileage					\$ -			\$ -	\$ -
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Travel Outside Jurisdiction									
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
Additional Mileage					\$ -			\$ -	\$ -
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Total				0	\$ -			\$ -	\$ -

Budget Code:

DEDUCTIONS: (Please specify)	Amount
	\$ -
	\$ -
	\$ -
TOTAL DEDUCTIONS:	\$ -
TOTAL EXPENSE CLAIM:	\$ -

Employee Signature: _____

Supervisor Signature:  _____

Staff Expense Claim

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LOCATION: ADLC

DATE	PLACE OF ORIGIN	PLACE OF VISIT	FUNCTION	TRAVEL DISTANCE (KM)	PER KM RATE \$ 0.50	MEALS Breakfast Lunch or Supper	MISC EXPENSES DESCRIPTION	AMOUNT	EXPENSE TOTAL
Travel Within Jurisdiction									
March 31, 2015	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
	place	place		-	\$ -			\$ -	\$ -
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	place	place		-	\$ -			\$ -	\$ -
Additional Mileage					\$ -			\$ -	\$ -
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Travel Outside Jurisdiction									
	place	place		-	\$ -			\$ -	\$ -
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Additional Mileage					\$ -			\$ -	\$ -
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Total				0	\$ -			\$ -	\$ -

no claim

Budget Code:

DEDUCTIONS: (Please specify)	Amount
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TOTAL DEDUCTIONS:	\$ -
TOTAL EXPENSE CLAIM:	\$ -

Employee Signature: _____

Supervisor Signature: *OB*

Staff Expense Claim

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DATE	PLACE OF ORIGIN	PLACE OF VISIT	FUNCTION	TRAVEL	PER KM RATE	Breakfast Lunch or Supper	MEALS	MISC EXPENSES	AMOUNT	EXPENSE TOTAL
				DISTANCE (KM)	\$ 0.50		B-10.00 L-15.00 S-25.00	DESCRIPTION		
Travel Within Jurisdiction										
April 30, 2016	place	place		-	\$ -		\$ -		\$ -	\$ -
	place	place		-	\$ -		\$ -		\$ -	\$ -
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Additional Mileage					\$ -		\$ -		\$ -	\$ -
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Travel Outside Jurisdiction										
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Additional Mileage					\$ -		\$ -		\$ -	\$ -
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Total				0	\$ -		\$ -		\$ -	\$ -

no claim

Budget Code:

DEDUCTIONS: (Please specify)	Amount
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	\$ -
	\$ -
TOTAL DEDUCTIONS:	\$ -
TOTAL EXPENSE CLAIM:	\$ -

Employee Signature: 

Supervisor Signature: _____