

Office of the Information and Privacy Commissioner of Alberta
 Jill Clayton, Commissioner
 Expenses Processed April 1, 2014 - May 31, 2014

Travel Expenses

Date Expenses Incurred	Destination	Description/Rationale	Transportation	Accommodation	Meals ¹	Other ^{1,2}	Total
			\$ -	\$ -	\$ -		\$ -
Total			\$ -	\$ -	\$ -	\$ -	\$ -

¹ Where receipts are not provided, per diem rates are claimed.

² "Other" includes conference fee, taxis, parking, telephone long distance and daily incidental per diem allowance.

Hospitality/Working Session Expenses

Date Expenses Incurred	Description/Rationale	Hospitality	Working Session	Total
Total		\$ -	\$ -	\$ -

Executive Vehicle Expenses

Date Expenses Incurred	Description/Rationale	Total
Apr 1 - May 31	Fleet vehicle lease - vehicle provided to Commissioner	\$ 966.00
Apr 1 - May 31	Gasoline/Maintenance	136.84
Total		\$1,102.84
Total Expenses		<u>\$1,102.84</u>

Lessee Code 4AB0
Invoice # MC1PFD
Invoice Date 4/26/2014
Due Date 5/31/2014

Description	Total	Business Unit	Fund
QTY: 56.700 VENDOR: PETRO CA PROV:AB CC#: 78253303225	61.58	006A	01
JE- 1898320 MTHLY TMS CHRGR	6.32	006A	01
Vehicle Total:	67.90		
Invoice Total:	67.90		

Original Signed by Expenditure Officer
 Date: May 2, 2014

Vendor # _____ Payment Amount
 _____ \$67.90

Account	Fund	Dept.	Program
_____	_____	_____	_____

Voucher # _____ Project Code _____

Remit To: ARI FINANCIAL SERVICES T46163
 PO BOX 46163
 POSTAL STATION A
 TORONTO ON M5W4K9

Mail To: GOVERNMENT OF ALBERTA
 MANUAL BILLING
 BONAVENTURE BUILDING
 12944 - 146 STREET NW
 EDMONTON AB T5L2H7

Lessee Code 4AB0
 Invoice # MC206N
 Invoice Date 5/27/2014
 Due Date 9/30/2014

Lessee Code	Vehicle #	Invoice #	Yr Month	Account Description	GL Code	Reference Date	Description	Total	Business Unit	Fund	Dept ID	Program Code	Project Code	Invoice Ref #	Vendor Name
4AB0		MC206N	201406	GASOLINE		4/10/2014	QTY: 53.100 VENDOR: RACE TRA PROV:AB CCR: 78253303225	62.6						60189629	RACE TRA
4AB0			201406	TMS		6/1/2014	JE-1911075 MTHLY TMS CHR	6.34						598068079	ARI
							Vehicle Total:	68.94							
							Invoice Total:	68.94							

Original Signed by Expenditure Officer *June 17/14*

Officer Approves *June 2/14*

Account	Vendor #	Payment Amount
		\$68.94
	Fund	Dept.
		Program
oucher #	Project Code	

AO APPROVED
 JUN 17/2014