

AP:435 - Exhibit 2 - Employee Expense Form

Name:	Shawna Warren
Employee #:	

			EXPENSES Attach original receipt to report.			MILEAGE Rate: \$0.57/km				MEALS Rates: Breakfast \$13, Lunch \$18, Dinner \$28		
Date	Description of Expense	GL Account	Sub-total	GST	Total	KM's driven	Sub-total	GST	Total	B: \$13 L: \$		Total
19-Sep-2025	NAM to CO: Travel to CO after Meeting with Staff Member	426-400-501-000-22			\$0.00	21.00	\$11.40	\$0.57	\$11.97			\$0.0
26-Sep-2025	Travel To and From Elk Island Catholic School Division Office: CASS Zone 2/3	426-400-501-000-22			50.00	00.00	052.52	63.40	654.20			50.0
	Meeting				\$0.00	98.60	\$53.53	\$2.68	\$56.20			\$0.0
					\$0.00		\$0.00 \$0.00		\$0.00			\$0.4 \$0.4
								\$0.00			_	
					\$0.00		\$0.00		\$0.00		_	\$0.
					\$0.00		\$0.00	\$0.00	\$0.00			50.
					\$0.00		\$0.00					\$0.
					\$0.00		\$0.00	\$0.00	00.00		-	50.
					\$0.00		\$0.00	\$0.00	\$0.00		+	50.
					\$0.00		\$0.00	\$0.00	\$0.00		_	50.
					\$0.00		\$0.00	\$0.00	\$0.00			50.6
					\$0.00		\$0.00	\$0.00	\$0.00		_	\$0.
			-		\$0.00		\$0.00	\$0.00	\$0.00		_	50.
					\$0.00		\$0.00	\$0.00	\$0.00		_	\$0.
			-		\$0.00		\$0.00	\$0.00	\$0.00		-	50.
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.0
			-		\$0.00		\$0.00	\$0.00	\$0.00		_	\$0.0
					\$0.00		\$0.00	\$0.00	\$0.00		_	\$0.0
					\$0.00		\$0.00	\$0.00	\$0.00		_	\$0.0
					\$0.00		\$0.00	\$0.00	\$0.00		_	\$0.
					\$0.00		\$0.00	\$0.00	\$0.00		-	50.
					\$0.00		\$0.00	\$0.00	\$0.00		_	\$0.
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.0
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.4
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.6
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.0
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.0
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.0
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.0
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.0
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.6
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.0
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.0
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.0
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.0
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.0
					\$0.00		\$0.00	\$0.00	\$0.00			\$0.0
			\$0.00	\$0.00	\$0.00	119.60	\$64.93	\$3.25	\$68.17			\$0.00

TOTAL TO REIMBURSE: \$68.17

Certification: I hereby certify that the whole of the expenditures were for	Division Business and that amounts claimed have not been previously	y paid to me or on my behalf.
Central Office School/Location	Shawna Warren, Superintendent Employee Name	Sept 29, 2025
	Tasha Oatway-McLay, Chair Supervisor Name	Sep. 29, 2025

Last updated: Aug 29, 2025