

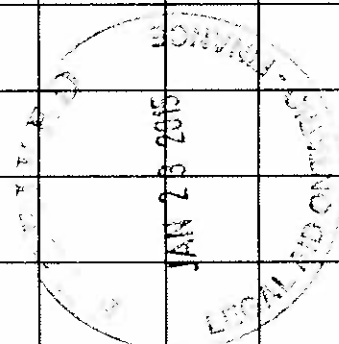
Aly N. Alibhai, (Board Member) - 2014/15 4th Quarter Expense Report
 January 1, 2015 to March 31, 2015

Date	Purpose	Cost
20-Jan-15	Taxi fare to and from home to Governance Training for Public Appointees	
	Accommodation	\$0.00
	Hospitality	\$0.00
	Meals	\$0.00
	Transportation	\$64.00
	Other	\$0.00
	Total	\$64.00
05-Feb-15	Taxi to Justice for Children & Youth. Taxi to and from Board of Directors Dinner Meeting.	
	Accommodation	\$0.00
	Hospitality	\$0.00
	Meals	\$0.00
	Transportation	\$106.00
	Other	\$0.00
	Total	\$106.00
06-Feb-15	Travel from home to LAO Offices for Board of Directors Meeting and back to home.	
	Accommodation	\$0.00
	Hospitality	\$0.00
	Meals	\$0.00
	Transportation	\$79.00
	Other	\$0.00
	Total	\$79.00
25-Feb-15	Travel from home to LAO Offices for LAO Audit and Finance Committee Meeting and back to home.	
	Accommodation	\$0.00
	Hospitality	\$0.00
	Meals	\$0.00
	Transportation	\$65.00
	Other	\$0.00
	Total	\$65.00
31-Mar-15	Travel to attend LAO Offices for French Language Services Advisory Committee and travel back to home.	
	Accommodation	\$0.00
	Hospitality	\$0.00
	Meals	\$0.00
	Transportation	\$52.00
	Other	\$0.00
	Total	\$52.00

Summary of Expenses	
Accommodation	\$0.00
Hospitality	\$0.00
Meals	\$0.00
Transportation	\$366.00
Other	\$0.00
Total Expenses (Q4 - 2014/15)	\$366.00

MONTHLY EXPENSE CLAIM

NAME	Aly N. Alibhai	DATE	DETAILED DESCRIPTION OF EXPENSE (Include Purpose, Place, # of people, Names & Titles)	EXPENSE CODE	COST CENTRE	PROJECT	PROGRAM	DUTY COUNSEL CODE	HOTEL	HOSPITALITY	MEALS	TRANSPORT	OTHER	KMS		AMOUNT
														S \$0.40	N \$0.41	
20-Jan-15			To attending Governance Training for public appointees hosted by Public Appointments Secretariat													375.00 0.00
20-Jan-15			Taxi fare from home to Governance Training for Public Appointees													64.00 0.00
January 24			Taxi Fare from Governance Training to Home													33.00 0.00
																0.00
			65710 - \$375.00		892000											0.00
			61110 \$ 64.00													0.00
																0.00
																0.00
																0.00
																0.00



** By signing this expense claim it is understood that the supervisor and/or manager who approves this claim have read and understands Legal Aid Ontario's Travel, Meal and Hospitality Expenses Policy. The supervisor and/or manager acknowledges that by signing this expense claim it is in compliance with the policy.
NOTE: PLEASE ATTACH ALL ORIGINAL RECEIPTS WITH YOUR CLAIM BY THE 15th OF MONTH FOLLOWING THE MONTH THE EXPENSES WERE INCURRED.

\$ 241320

SUBTOTAL 439
~~0.00~~

(LESS ADVANCE)

TOTAL 439
~~0.00~~

FOR PROVINCIAL OFFICE USE

APPROVED
Jan 22/15
DATE

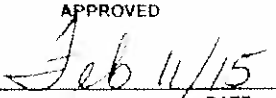

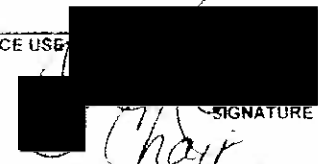

SIGNATURE
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TITLE

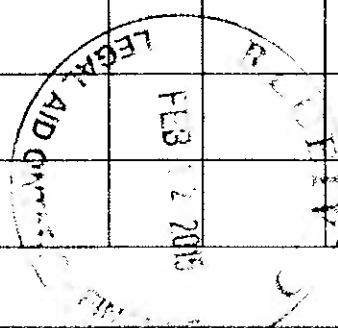
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CLAIMANT'S SIGNATURE

SUPERVISOR'S SIGNATURE**

MONTHLY EXPENSE CLAIM

NAME	Aly N. Alibhai											KMS		AMOUNT	
	DATE	DETAILED DESCRIPTION OF EXPENSE (Include Purpose, Place, # of people, Names & Titles)	EXPENSE CODE	COST CENTRE	PROJECT	PROGRAM	DUTY COUNSEL CODE	HOTEL	HOSPITALITY	MEALS	TRANSPORT	OTHER	S \$0.40		N \$0.41
4-Feb-15	To reviewing materials for Board of Directors Meetings													375	0.00
5-Feb-15	To attending at Board of Directors Education Session at Justice for Children and Youth													187	0.00
5-Feb-15	To attending Board of Directors Dinner Meeting													187	0.00
6-Feb-15	To attending Board of Directors Meeting													375	0.00
5-Feb-15	Taxi to Justice for Children and Youth													59	0.00
5-Feb-15	Taxi from Board of Directors Dinner Meeting to Home													37	0.00
6-Feb-15	Taxi from Home to LAO Offices for Board of Directors Meeting													50	0.00
6-Feb-15	Taxi from LAO Offices to Home following Board of Directors Meeting													39	0.00
5-Feb-15	Dinner at Board of Directors Dinner Meeting													40	0.00
															0.00
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														0.00	
													(LESS ADVANCE)	1	
														1310	
														0.00	
FOR PROVINCIAL OFFICE USE											CERTIFIED CORRECT				
APPROVED											CLAIMANT'S SIGNATURE				
 DATE											 SIGNATURE				
 TITLE											 DATE				
											SUPERVISOR'S SIGNATURE**				



MONTHLY EXPENSE CLAIM

DATE	DETAILED DESCRIPTION OF EXPENSE (Include Purpose, Place, # of people, Names & Titles)	EXPENSE CODE	COST CENTRE	PROJECT	PROGRAM	DUTY COUNSEL CODE	HOTEL	HOSPITALITY	MEALS	TRANSPORT	OTHER	KMS		AMOUNT
												S \$0.40	N \$0.41	
24-Feb-15	To review of Audit & Finance Committee Meeting Materials in advance of meeting on 25 February 2015												1	375 375.00
25-Feb-15	Taxi from home to LAO Offices for LAO Audit and Finance Committee Meeting												1	33 33.00
25-Feb-15	Taxi Fare - LAO Offices to Home												1	32 32.00
25-Feb-15	To attending LAO Audit and Finance Committee Meeting on 25 February 2015												1	375 375.00
														0.00
	65710 - \$ 750.00			892000										0.00
	61110 - \$ (65.00)													0.00
														0.00
														0.00
														0.00

MAR 19 2015

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242048

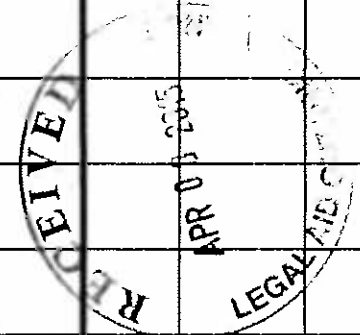
815
SUBTOTAL
(LESS ADVANCE)
TOTAL 815

FOR PROVINCIAL OFFICE USE
APPROVED
Mar 4 2015
DATE
Chair
TITLE

CERTIFIED CORRECT
DATE
SUPERVISOR'S SIGNATURE**
KC Mar 4 15

MONTHLY EXPENSE CLAIM

NAME	Aly N. Alibhai	DATE	DETAILED DESCRIPTION OF EXPENSE (Include Purpose, Place, # of people, Names & Titles)	EXPENSE CODE	COST CENTRE	PROJECT	PROGRAM	DUTY COUNSEL CODE	HOTEL	HOSPITALITY	MEALS	TRANSPORT	OTHER	KMS		AMOUNT
														S \$0.40	N \$0.41	
30-Mar-15			To reviewing materials for French Language Services Advisory Committee to LAO Board of Directors													\$187.50
31-Mar-15			Taxi to LAO Offices for meeting of French Language Services Advisory Committee to the LAO Board of Directors													\$16.00
31-Mar-15			To attending meeting of the French Language Services Advisory Committee to the LAO Board of Directors													\$187.50
31-Mar-15			Taxi from LAO offices to Home following meeting of the French Language Services Advisory Committee to the LAO Board of Directors													\$36.00
																0.00
			65710 - \$315.00													0.00
			61110 - 52.00													0.00
																0.00
																0.00
																0.00



APR 10 2015

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\$2469.45

\$427.50

SUBTOTAL 0.00

(LESS ADVANCE) -

TOTAL 427.50

FOR PROVINCIAL OFFICE USE

CERTIFIED CORRECT

APPROVED

April 2/15
DATE

Chair
TITLE

CLAIMANT'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE**

Signature:

Date:

64
106
79
65
52
366