

Robert W. Ward, President & CEO - 2014 4th Quarter Expense Report

Jan 1, 2015 to March 31, 2015

Date	Purpose	Cost
09-Feb-15	Registration fees for Seminar on Re-Inventing Criminal Justice: National Symposium on Jan 23-24, 2015 at Fairmont The Queen Elizabeth	
	Accommodation	\$0.00
	Hospitality	\$0.00
	Meals	\$0.00
	Transportation	\$0.00
	Other	\$517.38
	Total	\$517.38

Summary of Expenses

Accommodation	\$0.00
Hospitality	\$0.00
Meals	\$0.00
Transportation	\$0.00
Other	\$517.38
Total Expenses (Q4 - 2014/15)	\$517.38

Signature:

Date:

MONTHLY EXPENSE CLAIM

NAME	Robert Ward										
	DETAILED DESCRIPTION OF EXPENSE <small>(Include Purpose, Place, # of people, Names & Titles)</small>	EXP CODE	COST CENTRE	HOTEL	HOSPITALITY	MEALS	TRANSPORT	OTHER	KMS		AMOUNT
									S \$0.40	N \$0.41	
9-Feb-15	Re-Inventing Criminal Justice: National Symposium on Jan 23-24, 2015 at Fairmont The Queen Elizabeth - Registration Fee	61000	891000					517.38			517.38
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											0.00
											0.00
											0.00
								TOTAL KMS	0	0	0.00
								SUBTOTAL			517.38
								(LESS ADVANCE)			0.00
								TOTAL			517.38

**** 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.

FOR PROVINCIAL OFFICE USE

APPROVED

Feb 24/15

DATE

#243867

[Signature]

SIGNATURE

CHAIR

TITLE

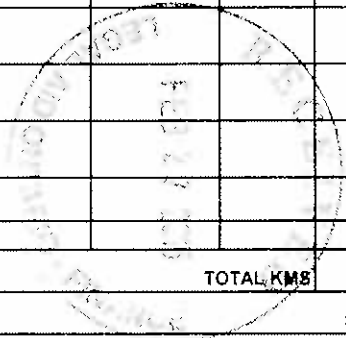
CERT [Redacted]

CLAIMANT'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE**

MAR 02 2015



INTERNET PURCHASE RECEIPT

Order Date: 11/19/2014 3:58:45 PM
Order Number: CriminalJustice-Ward
Bank Auth Number: 054011
Order Total: 517.38 CAD

Name on Card: Robert Ward
Email Address:

BILL TO:

Name:
Address Line 1:
Address Line 2:
City:
State/Province:
Zip/Postal Code:
Country:
Phone Number:

MERCHANT INFO:

Merchant Name: CACP
Address: [REDACTED]
City: Kanata
Province: ON
Postal Code: [REDACTED]
Country: CA
Phone Number: [REDACTED]

PRODUCT INFO:

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**RE-INVENTING CRIMINAL JUSTICE : THE SEVENTH NATIONAL SYMPOSIUM /
 REINVENTER LA JUSTICE PENALE : LE SEPTIEME SYMPOSIUM NATIONAL**
 Fairmont The Queen Elizabeth
 Montreal, QC
 January 23-24 janvier, 2015

Registration Fee: \$450 plus taxes (\$517.38) Fees include the Symposium program, 2 breakfasts, 1 lunch, 1 dinner and 3 refreshment breaks.	Frais d'inscription: 450 \$ plus taxes (517.38 \$) Les frais comprennent le programme, deux petits déjeuners, un déjeuner, un dîner et trois pauses nutritives.
<p align="center">Details/ Détails</p> Title/ Titre : _____	<p align="center">Payment/ Paiement</p> Amount/ Montant : \$ _____
Name/ Nom : _____	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Cheque
Company/ Entreprise : _____	Card Number/ Numéro de la carte : _____
Address/ Adresse : _____	Expiry Date/ Date d'expiration : _____
City/ Ville : Province : Postal Code :	_____
Phone/ Téléphone : _____	Cardholder Name/ Nom du titulaire de la carte : _____
Fax/ Télécopieur : _____	_____
Email/ Courriel : _____	_____
<p align="center">Accommodations/ Hébergement</p> Fairmont The Queen Elizabeth Hotel 900 Rene Levesque Blvd. W Montreal , QC H3B 4A5 Call: 1-800-441-1414 or 514-861-3511 Booking Reference: CACP0115 Guestroom Rate: \$165 plus taxes per night Guestrooms held until December 19, 2014 (prices are not guaranteed after this date) L'Hôtel Fairmont Le Reine Elizabeth 900 boul. René Lévesque O. Montréal (Québec) H3B 4A5 Composez le numéro : 1-800-441-1414 ou 514-861-3511 Référence de réservation : CACP0115 Tarif des chambres: 165 \$ plus taxes par nuitée. Des chambres sont pré-réservées jusqu'au 19 décembre 2014 (tarif non garanti par la suite)	Please make cheques payable to "CACP" and forward to/ Veuillez libeller votre chèque à l'ordre de l'ACCP et l'envoyer au : 300 Terry Fox Drive, Suite 100, Kanata, ON K2K 0E3 HST/ TVH 106842909RT0001 QST 1220079151 TQ0001 For catering purposes, check below if you will be attending the/ Afin d'aider à planifier les services de traiteur, veuillez indiquer si vous assisterez aux événements suivants : <input type="checkbox"/> Friday night Dinner / Le souper du vendredi soir Please identify any special needs (disability, dietary, allergy)/ Besoins spéciaux (incapacité, régime alimentaire, allergie) : _____ _____
<p align="center">Cancellation Policy/ Politique sur les annulations</p>	
<p align="center">Cancellations made on or before December 22, 2014 are subject to a \$75 + taxes (\$86.23) administration fee. There will be no refunds after December 22, 2014</p>	
<p align="center">Toute annulation doit être effectuée au plus tard le 22 décembre 2014 et est assujettie à des frais d'administration de 75 \$ plus taxes (86.23 \$). Aucun remboursement après le 22 décembre 2014.</p>	
<p align="center">SEND COMPLETED REGISTRATION TO/ VEUILLEZ FAIRE PARVENIR VOTRE FORMULAIRE À: Jane Li Wing Fax/ Télécopieur: (613) 383-0372 or/ ou Email/ Courriel: admin@cacp.ca</p>	