

Expense Form

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▼ EXPENSE CLAIM FORM - WITH GL CODING

Task ID: 0000055875 - Created: 11-Mar-2022 04:19.25 PM - By: Natasha Wilm - Processed: 11-Mar-2022 04:19.25 PM - By: Natasha Wilm



Battle River School Division EXPENSE CLAIM FORM

Name: Wilm, Natasha L (11584)

Location: Division Office

Month: March

IMPORTANT: Expense claim must be submitted **WITHIN TWO MONTHS** from the end of the month the claim is for. Expenses submitted after this date will **NOT** be reimbursed.

Please ensure **ALL** receipts are attached to your claim.

Bus Drivers: Do **NOT** claim field trip expenses (claim on the applicable "Trip Report" form).

Other Expenses: (Please Attach Receipts)

Date	Department	Vendor	Particulars	Books	Enter GST on Invoice	Total Invoice Amount
				<input type="checkbox"/>		
				<input type="checkbox"/>		
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				<input type="checkbox"/>		

Subtotals 0.00 0.00

REGULAR BUSINESS EXPENSES

Mileage and Meal Information:

*Check this box if your mileage claim for the calendar year exceeds 5,000 KMS

Date (YYYYMMDD)	Purpose	From/To Destination	Km's Round Trip	One Way Only	Total KMs	Total Mileage Expense	Breakfast	Lunch	Dinner
02-Mar-2022	Colony Visits	Camrose - Wavy Lk - Holden Col - Daysland - Camose	200	<input type="checkbox"/>	200.00	116.00	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
04-Mar-2022	CASS Zone 4	Camrose to Red Deer	147	<input type="checkbox"/>	147.00	85.26	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
16-Mar-2022	School Review Visit	Camrose to Bashaw	120	<input type="checkbox"/>	120.00	69.60	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtotals					467.00	270.86	0.00	0.00	0.00

Totals

For Office Use Only:		Total Mileage 270.86
Total Subsistence GST Auto Calculation	12.90	Total Subsistence 0.00
Total Other Expense GST Entered	0.00	Total Other Expenses 0.00
Grand Total GST	12.90	Total Claim 270.86

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
1404400000001		270.86	G	12.90
Total Without Taxes:				257.96
Tax Total:				12.90
Total With Taxes:				270.86

Comments:

Submitting this expense claim certifies that the foregoing expenses were incurred for Battle River School Division business and are in compliance with School Division Administrative Procedure 115. Click here to view Administrative Procedure.

PLEASE MAKE SURE ALL OF YOUR RECEIPTS ARE ATTACHED AS A PDF. IF RECEIPTS ARE MISSING YOUR CLAIM WILL BE DELAYED.

GL DISTRIBUTION AND APPROVAL

Task ID: 0000055875 - Created: 11-Mar-2022 04:19.25 PM - By: Natasha Wilm - Processed: 11-Mar-2022 04:23.39 PM - By: Rita Marler

Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
1404400000001		270.86	G	12.90
Total Without Taxes:				257.96
Tax Total:				<u>12.90</u>
Total With Taxes:				270.86

Authorizer Comment:

FINAL AP SECTION

Task ID: 0000055875 - Created: 11-Mar-2022 04:23.39 PM - By: Rita Marler - Processed: 16-Mar-2022 11:21.27 AM - By: Michelle Chrystian

Action Taken: Approve Expense

Fiscal Period:202207

Vendor Number: EM11584 - Wilm, Natasha L

Invoice Description:
EXP CLAIM - MILEAGE

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
1404400000001		270.86	G	12.90
Total Without Taxes:				257.96
Tax Total:				<u>12.90</u>
Total With Taxes:				270.86