

## Expense Form

Number of Uploaded Documents:  
Attached Documents

EXPENSE CLAIM FORM - WITH GL CODING

Task ID: 0000058259 - Created: 29-Apr-2022 11:46.00 AM - By: Rita Marler - Processed: 29-Apr-2022 02:20.02 PM - By: Rita Marler



# Battle River School Division EXPENSE CLAIM FORM

Name: Marler, Rita (10849)

Location: Division Office

Month: April

**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
12-Apr-2022	Admin = recoverable	Banff Springs	Accommodation at uLead	<input type="checkbox"/>	49.68	1081.41
10-Apr-2022	Admin - Supt Travel and u	Coyotes Banff	breakfast - S Jorgenson-Adam and R Marler	<input type="checkbox"/>	1.68	41.51
				<input type="checkbox"/>		
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**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: 0000058259 - Created: 29-Apr-2022 02:20.02 PM - By: Rita Marler - Processed: 29-Apr-2022 02:22.16 PM - By: Rita Marler

Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
1404400000101		1122.92	G	51.36
<b>Total Without Taxes:</b>				<b>1071.56</b>
<b>Tax Total:</b>				<b><u>51.36</u></b>
<b>Total With Taxes:</b>				<b>1122.92</b>

**Authorizer Comment:**

▼ FINAL AP SECTION


Task ID: 0000058259 - Created: 29-Apr-2022 02:22.16 PM - By: Rita Marler - Processed: 03-May-2022 04:13.36 PM - By: Michelle Chrystian

Action Taken: Approve Expense

**Fiscal Period:**202208

**Vendor Number:** EM10849 - Marler, Rita

**Invoice Description:**  
EXP CLAIM - MEAL/LODGING

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
1404400000101		1122.92	G	51.36
<b>Total Without Taxes:</b>				<b>1071.56</b>
<b>Tax Total:</b>				<b><u>51.36</u></b>
<b>Total With Taxes:</b>				<b>1122.92</b>