Date: 15-Sep-2022 10:40 **Battle River Sd #31** **Page: 1**

Expense Form

Number of Uploaded Documents:
Attached Documents

EXPENSE CLAIM FORM - WITH GL CODING

Task ID: 0000061585 - Created: 09-Aug-2022 07:32.49 AM - By: Rita Marler - Processed: 09-Aug-2022 07:32.49 AM - By: Rita Marler

Battle River School Division
EXPENSE CLAIM FORM

Name: **Marler, Rita (10849)** **Location:** **Division Office** **Month:** **July**

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
28-Jul-2022	International	Manulife Insurance - Vision	travel insurance for recruitment trip			131.00

Subtotals	0.00	131.00

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
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
				Subtotals	0.00	0.00	0.00	0.00	0.00

Totals

For Office Use Only:

Total Subsistence GST Auto Calculation	0.00
Total Other Expense GST Entered	0.00
Grand Total GST	0.00

Total Mileage	0.00
Total Subsistence	0.00
Total Other Expenses	131.00
Total Claim	131.00

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
1304700000051	✓	131.00	G	6.24

Total Without Taxes:	124.76
Tax Total:	6.24
Total With Taxes:	131.00

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: 0000061585 - Created: 09-Aug-2022 07:32.49 AM - By: Rita Marler - Processed: 09-Aug-2022 07:33.25 AM - By: Rita Marler

Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
1304700000051	✓	131.00	G	6.24
			Total Without Taxes:	**124.76**
			Tax Total:	**6.24**
			Total With Taxes:	**131.00**

Authorizer Comment:

FINAL AP SECTION

Task ID: 0000061585 - Created: 09-Aug-2022 07:33.25 AM - By: Rita Marler - Processed: 09-Aug-2022 08:14.48 AM - By: Michelle Girvan

Action Taken: Approve Expense

Fiscal Period: **202211**

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

Invoice Description:
EXP CLAIM - TRAVEL INSURANCE

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
1304700000051	✓	131.00	G	0.00
			Total Without Taxes:	**131.00**
			Tax Total:	**0.00**
			Total With Taxes:	**131.00**