



Battle River School Division EXPENSE CLAIM FORM

Name: Wilm, Natasha L (11584)

Location: Division Office

Month: October

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"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
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				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<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
24-Oct-2022	Aspiring Leaders	Camrose to Sedgewick (Natasha, Shan, Rita)	172	<input type="checkbox"/>	172.00	99.76	<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"/>

Authorizer Comment:

▼ FINAL AP SECTION

Task ID: 0000065322 - Created: 25-Oct-2022 10:05.38 PM - By: Rita Marler - Processed: 26-Oct-2022 08:25.48 AM - By: Michelle Girvan


Action Taken: Approve Expense

Fiscal Period:202302

Vendor Number: EM11584 - Wilm, Natasha L

Invoice Description:

EXP CLAIM - MILEAGE

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
1404400000001		99.76	G	4.75
			Total Without Taxes:	95.01
			Tax Total:	<u>4.75</u>
			Total With Taxes:	99.76