



Battle River School Division

EXPENSE CLAIM FORM

Name: Walsh, Imogene I (11076)

Location: Division Office

Month: November

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"/>		
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				<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
04-Nov-2022	Town of Hardisty Meeting	Camrose - Hardisty	234	<input type="checkbox"/>	234.00	135.72	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
27-Oct-2022	ARMIC Meetings	Camrose - Nisku	150	<input type="checkbox"/>	150.00	87.00	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
20-Nov-2022	ASBA FGM	Camrose - Edmonton	200	<input type="checkbox"/>	200.00	116.00	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
30-Nov-2022	ASBOA Issues Forum	Camrose - Calgary	576	<input type="checkbox"/>	576.00	334.08	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input checked="" type="checkbox"/> 23.50
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorizer Comment:

▼ FINAL AP SECTION


Task ID: 0000067013 - Created: 05-Dec-2022 10:09.17 AM - By: Rita Marler - Processed: 06-Dec-2022 11:09.13 AM - By: Michelle Girvan

Action Taken: Approve Expense

Fiscal Period:202303

Vendor Number: EM11076 - Walsh, Imogene I

Invoice Description:
EXP CLAIM - MILEAGE/MEAL

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
1404400000201		696.30	G	33.16
			Total Without Taxes:	663.14
			Tax Total:	<u>33.16</u>
			Total With Taxes:	696.30