



# Battle River School Division EXPENSE CLAIM FORM

**Name:** Jorgenson-Adam, Shan (12551)      **Location:** Division Office      **Month:**

**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"/>		
				<input type="checkbox"/>		
<b>Subtotals</b>					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
16-Sep-2021	ELL Visit	Camrose to Killam	146	<input type="checkbox"/>	146.00	84.68	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
16-Sep-2022	ELL Visit	Camrose to Hay Lakes	66	<input type="checkbox"/>	66.00	38.28	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
23-Sep-2022	ELL Visit	Camrose to Viking	160	<input type="checkbox"/>	160.00	92.80	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
04-Oct-2022	IL Visit	Camrose to Daysland	84	<input type="checkbox"/>	84.00	48.72	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
05-Oct-2022	IL Visit	Camrose to Tofield	112	<input type="checkbox"/>	112.00	64.96	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
07-Oct-2022	IL Visit	Camrose to New Norway	56	<input type="checkbox"/>	56.00	32.48	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50



**Authorizer Comment:**

▼ FINAL AP SECTION



Task ID: 0000063856 - Created: 11-Oct-2022 11:45.00 AM - By: Rita Marler - Processed: 11-Oct-2022 03:00.05 PM - By: Michelle Girvan

Action Taken: Approve Expense

**Fiscal Period:**202302

**Vendor Number:** EM12551 - Jorgenson-Adam, Shan

**Invoice Description:**  
EXP CLAIM - MILEAGE

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
1404400000001		90.48	G	4.31
1310300000750		271.44	G	12.93
<b>Total Without Taxes:</b>				<b>344.68</b>
<b>Tax Total:</b>				<b><u>17.24</u></b>
<b>Total With Taxes:</b>				<b>361.92</b>