



Battle River School Division EXPENSE CLAIM FORM

Name: Marler, Rita (10849)

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
30-Sep-2022	Intl Program	Taxibetrieb	Taxi from Bensheim to Frankfurt	<input type="checkbox"/>		154.36
03-Oct-2022	Intl Program	Taxibetrieb Belay Kraub	Taxi from Frankfurt hotel to airport	<input type="checkbox"/>		46.81
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
Subtotals					0.00	201.17

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
26-Sep-2022	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input checked="" type="checkbox"/> 23.50
27-Sep-2022	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input checked="" type="checkbox"/> 23.50
28-Sep-2022	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
30-Sep-2022	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input checked="" type="checkbox"/> 23.50
01-Oct-2022	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input checked="" type="checkbox"/> 23.50
02-Oct-2022	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input checked="" type="checkbox"/> 23.50

FINAL AP SECTION


Task ID: 000064413 - Created: 11-Oct-2022 11:53.20 AM - By: Rita Marler - Processed: 13-Oct-2022 08:41.16 AM - By: Michelle Girvan

Action Taken: Approve Expense

Fiscal Period:202302

Vendor Number: EM10849 - Marler, Rita

Invoice Description:
EXP CLAIM - TAXI/MEALS

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
1304700000051		436.17	G	20.77
Total Without Taxes:				415.40
Tax Total:				<u>20.77</u>
Total With Taxes:				436.17