



# Battle River School Division EXPENSE CLAIM FORM

**Name:** Walsh, Imogene I (11076)

**Location:** Division Office

**Month:** December

**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
15-Dec-2022	Admin Mtg CWS/Hardisty	Camrose/Hardisty/Tofield/Camrose	303	<input type="checkbox"/>	303.00	175.74	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
19-Dec-2022	Admin Mtg Killam/Bawlf	Camrose/Killam	146	<input type="checkbox"/>	146.00	84.68	<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"/>



FINAL AP SECTION


Task ID: 0000067843 - Created: 21-Dec-2022 03:04.45 PM - By: Rita Marler - Processed: 05-Jan-2023 02:57.08 PM - By: Michelle Girvan

Action Taken: Approve Expense

Fiscal Period:202304

Vendor Number: EM11076 - Walsh, Imogene I

Invoice Description:  
EXP CLAIM - MILEAGE

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000161000001		260.42	G	12.40
<b>Total Without Taxes:</b>				<b>248.02</b>
<b>Tax Total:</b>				<b><u>12.40</u></b>
<b>Total With Taxes:</b>				<b>260.42</b>