



# Battle River School Division EXPENSE CLAIM FORM

**Name:** Marler, Rita (10849)

**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"/> |                      |                      |
|                  |            |        |             | <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"/> |                      |                      |
|                  |            |        |             | <input type="checkbox"/> |                      |                      |
|                  |            |        |             | <input type="checkbox"/> |                      |                      |
|                  |            |        |             | <input type="checkbox"/> |                      |                      |
|                  |            |        |             | <input type="checkbox"/> |                      |                      |
|                  |            |        |             | <input type="checkbox"/> |                      |                      |
|                  |            |        |             | <input type="checkbox"/> |                      |                      |
| <b>Subtotals</b> |            |        |             |                          | 0.00                 | 0.00                 |

**REGULAR BUSINESS EXPENSES**




**Submitting this expense claim certifies that the foregoing expenses were incurred for Battle River School Division business and are in compliance with School Division Administrative Procedure 115. Click here to view Administrative Procedure.**

**PLEASE MAKE SURE ALL OF YOUR RECEIPTS ARE ATTACHED AS A PDF. IF RECEIPTS ARE MISSING YOUR CLAIM WILL BE DELAYED.**

▼ GL DISTRIBUTION AND APPROVAL

Task ID: 0000076022 - Created: 13-Jun-2023 02:27.59 PM - By: Rita Marler - Processed: 13-Jun-2023 02:30.46 PM - By: Rita Marler

Action Taken: No Objection

| GL Account Number | Taxes Included  | Amount | Tax Code                    | Tax Amount         |
|-------------------|---|--------|-----------------------------|--------------------|
| 13047000000000051 |  | 102.00 | G                           | 4.86               |
|                   |   |        | <b>Total Without Taxes:</b> | <b>97.14</b>       |
|                   |   |        | <b>Tax Total:</b>           | <b><u>4.86</u></b> |
|                   |   |        | <b>Total With Taxes:</b>    | <b>102.00</b>      |

**Authorizer Comment:**

▼ FINAL AP SECTION


Task ID: 0000076022 - Created: 13-Jun-2023 02:30.46 PM - By: Rita Marler - Processed: 19-Jun-2023 09:45.23 AM - By: Charlene Fedyk

Action Taken: Approve Expense

**Fiscal Period:**202310

**Vendor Number:** EM10849 - Marler, Rita

**Invoice Description:**  
EXP claim-mileage

| GL Account Number | Taxes Included  | Amount | Tax Code                    | Tax Amount         |
|-------------------|---|--------|-----------------------------|--------------------|
| 13047000000000051 |  | 102.00 | G                           | 4.86               |
|                   |   |        | <b>Total Without Taxes:</b> | <b>97.14</b>       |
|                   |   |        | <b>Tax Total:</b>           | <b><u>4.86</u></b> |
|                   |   |        | <b>Total With Taxes:</b>    | <b>102.00</b>      |