



# 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"/>		
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				<input type="checkbox"/>		
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				<input type="checkbox"/>		
<b>Subtotals</b>					0.00	0.00

## REGULAR BUSINESS EXPENSES



GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000148000001		155.04	G	7.38
<b>Total Without Taxes:</b>				<b>147.66</b>
<b>Tax Total:</b>				<b><u>7.38</u></b>
<b>Total With Taxes:</b>				<b>155.04</b>

Comments:


**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: 0000075185 - Created: 25-May-2023 07:44.40 AM - By: Rita Marler - Processed: 25-May-2023 07:45.23 AM - By: Rita Marler

Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000148000001		155.04	G	7.38
<b>Total Without Taxes:</b>				<b>147.66</b>
<b>Tax Total:</b>				<b><u>7.38</u></b>
<b>Total With Taxes:</b>				<b>155.04</b>

Authorizer Comment:

▼ FINAL AP SECTION

Task ID: 0000075185 - Created: 25-May-2023 07:45.23 AM - By: Rita Marler - Processed: 08-Jun-2023 08:30.05 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**

13044000148000001



155.04

G

7.38

**Total Without Taxes:**

**147.66**

**Tax Total:**

**7.38**

**Total With Taxes:**

**155.04**