

▼ SUPINT EXPENSE CLAIM FORM - WITH GL CODING

Task ID: 0000076485 - Created: 26-Jun-2023 07:48.06 AM - By: Rita Marler - Processed: 26-Jun-2023 07:48.06 AM - By: Rita Marler



# Battle River School Division

## EXPENSE CLAIM FORM

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

**Location:** Division Office

**Month:** June

**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"/>		
<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
24-Jun-2023	Graduation	Sedgewick	172	<input type="checkbox"/>	172.00	116.96	<input type="checkbox"/> 9.20	<input type="checkbox"/> 11.60	<input type="checkbox"/> 20.75
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 9.20	<input type="checkbox"/> 11.60	<input type="checkbox"/> 20.75



Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000148000001		116.96	G	5.57
<b>Total Without Taxes:</b>				<b>111.39</b>
<b>Tax Total:</b>				<b><u>5.57</u></b>
<b>Total With Taxes:</b>				<b>116.96</b>

Authorizer Comment:

FINAL AP SECTION

Task ID: 0000076485 - Created: 26-Jun-2023 07:48.24 AM - By: Rita Marler - Processed: 26-Jun-2023 10:24.04 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		116.96	G	5.57
<b>Total Without Taxes:</b>				<b>111.39</b>
<b>Tax Total:</b>				<b><u>5.57</u></b>
<b>Total With Taxes:</b>				<b>116.96</b>