

EXPENSE CLAIM FORM - WITH GL CODING

Task ID: 0000074436 - Created: 09-May-2023 08:01.31 AM - By: Imogene Walsh - Processed: 30-Jun-2023 10:20.59 AM - By: Imogene Walsh



Battle River School Division EXPENSE CLAIM FORM

Name: Walsh, Imogene I (11076)

Location: Division Office

Month: May

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"/>		
Subtotals					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
05-May-2023	Bus Driver Meeting	Camrose/Tofield	112	<input type="checkbox"/>	112.00	76.16	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
12-May-2023	Tofield Grad	Camrose/Tofield	112	<input type="checkbox"/>	112.00	76.16	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50

11-Jun-2023	ASBOA	Camrose/Calgary	576	<input type="checkbox"/>	576.00	391.68	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
21-Jun-2023	ARMIC	Camrose/Canmore	756	<input type="checkbox"/>	756.00	514.08	<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"/>
				<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"/>
				<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"/>
				<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"/>
				<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"/>
				<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"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtotals					1556.00	1058.08	0.00	0.00	0.00

Totals

For Office Use Only:		Total Mileage	1058.08
Total Subsistence	50.38	Total Subsistence	0.00
GST Auto Calculation		Total Other Expenses	0.00
Total Other Expense	0.00	Total Claim	1058.08
GST Entered			
Grand Total GST	50.38		

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13824000161440001		1058.08	G	50.39
Total Without Taxes:				1007.69
Tax Total:				50.39
Total With Taxes:				1058.08

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: 0000074436 - Created: 30-Jun-2023 10:21.00 AM - By: Imogene Walsh - Processed: 30-Jun-2023 10:29.18 AM - By: Rita Marler

Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13824000161440001		1058.08	G	50.39
Total Without Taxes:				1007.69
Tax Total:				<u>50.39</u>
Total With Taxes:				1058.08

Authorizer Comment:

▼ FINAL AP SECTION

Task ID: 0000074436 - Created: 30-Jun-2023 10:29.18 AM - By: Rita Marler - Processed: 30-Jun-2023 01:37.19 PM - By: Charlene Fedyk


Action Taken: Approve Expense

Fiscal Period:202310

Vendor Number: EM11076 - Walsh, Imogene I

Invoice Description:

EXP claim-mileage

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13824000161440001		1058.08	G	50.39
Total Without Taxes:				1007.69
Tax Total:				<u>50.39</u>
Total With Taxes:				1058.08