



Battle River School Division EXPENSE CLAIM FORM

Name: Wilm, Natasha L [REDACTED]

Location: Division Office

Month: August

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
02-Aug-2023	Instruction	Camrose Police Service	Criminal Record Check	<input type="checkbox"/>		50.00
06-Aug-2023	International	Air Canada	Flight to Frankfurt/Return from Madrid	<input type="checkbox"/>	1.75	3012.87
21-Aug-2023	Administration	Blackstone Mini-Golf	Planning Session	<input type="checkbox"/>		200.00
				<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					1.75	3262.87

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-Aug-2023	CASS Summer Conferece	Camrose to Red Deer	294	<input type="checkbox"/>	294.00	199.92	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
21-Aug-2023	Division LDSHP Planning	Camrose to Pigeon Lake	170	<input type="checkbox"/>	170.00	115.60	<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"/>

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000000000001		315.52	G	15.03
13943000000000050		50.00	G	0.00
13047000000000051		3012.87	G	1.75
13924000000000001		200.00	G	0.00
Total Without Taxes:				3561.61
Tax Total:				<u>16.78</u>
Total With Taxes:				3578.39

Authorizer Comment:

FINAL AP SECTION

Task ID: 0000077475 - Created: 29-Aug-2023 11:17.06 PM - By: Rhae-Ann Holoien - Processed: 30-Aug-2023 01:26.37 PM - By: Charlene Fedyk

Action Taken: Approve Expense

Fiscal Period:202312
Vendor Number: EM11584 - Wilm, Natasha L

Invoice Description:
 EXP claim-travel and record check

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000000000001		315.52	G	15.03
13943000000000050		50.00	G	2.38
13047000000000051		3012.87	G	1.75
13924000000000001		200.00	G	9.52
Total Without Taxes:				3549.71
Tax Total:				<u>28.68</u>
Total With Taxes:				3578.39