



# Battle River School Division EXPENSE CLAIM FORM

**Name:** Holoiien, Rhae-Ann S [REDACTED]

**Location:** Div 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"/>		
				<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
12-Sep-2023	School Start Up Visit	Camrose to Bashaw	120	<input type="checkbox"/>	120.00	81.60	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
14-Sep-2023	School Start Up Visit	Camrose to Forestburg	180	<input type="checkbox"/>	180.00	122.40	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
21-Sep-2023	School Colony Visits	Camrose to Daysland	84	<input type="checkbox"/>	84.00	57.12	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
13-Sep-2023	School Colony Visits	Camrose to Viking	160	<input type="checkbox"/>	160.00	108.80	<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"/>
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	<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"/>
	<b>Subtotals</b>	656.00	446.08	0.00	0.00	0.00

**Totals**

For Office Use Only:

Total Subsistence GST Auto Calculation	21.24
Total Other Expense GST Entered	0.00
Grand Total GST	21.24

<b>Total Mileage</b>	<b>446.08</b>
<b>Total Subsistence</b>	<b>0.00</b>
<b>Total Other Expenses</b>	<b>0.00</b>
<b>Total Claim</b>	<b>446.08</b>

<b>GL Account Number</b>	<b>Taxes Included</b>	<b>Amount</b>	<b>Tax Code</b>	<b>Tax Amount</b>
13044000148000001		446.08	G	21.24
<b>Total Without Taxes:</b>				<b>424.84</b>
<b>Tax Total:</b>				<b>21.24</b>
<b>Total With Taxes:</b>				<b>446.08</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: 0000079983 - Created: 29-Sep-2023 12:05.42 PM - By: Rhae-Ann Holoien - Processed: 29-Sep-2023 12:07.25 PM - By: Rhae-Ann Holoien

Action Taken: No Objection

<b>GL Account Number</b>	<b>Taxes Included</b>	<b>Amount</b>	<b>Tax Code</b>	<b>Tax Amount</b>
13044000148000001		446.08	G	21.24
<b>Total Without Taxes:</b>				<b>424.84</b>
<b>Tax Total:</b>				<b>21.24</b>
<b>Total With Taxes:</b>				<b>446.08</b>

**Authorizer Comment:**

▼ FINAL AP SECTION


Task ID: 0000079983 - Created: 29-Sep-2023 12:07.25 PM - By: Rhae-Ann Holoien - Processed: 02-Oct-2023 04:08.22 PM - By: Charlene Fedyk

Action Taken: Approve Expense

**Fiscal Period:**202401

**Vendor Number:** [REDACTED] - Holoien, Rhae-Ann S

**Invoice Description:**  
EXP claim-mileage

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000148000001		446.08	G	21.24
<b>Total Without Taxes:</b>				<b>424.84</b>
<b>Tax Total:</b>				<b><u>21.24</u></b>
<b>Total With Taxes:</b>				<b>446.08</b>