



Battle River School Division EXPENSE CLAIM FORM

Name: Holoien, Rhae-Ann S [REDACTED]

Location: Div Office

Month: November

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
21-Nov-2023	13044000148000001	Westin Hotel	ASBA Fall General Meeting with Trustees	<input type="checkbox"/>	50.15	526.64
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
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				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				Subtotals	50.15	526.64

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
10-Nov-2023	Remembrance DAY	Camrose to Tofield	112	<input type="checkbox"/>	112.00	76.16	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
19-Nov-2023	Travel To ASBA	Camrose to Edmonton for ASBA return 21st	200	<input type="checkbox"/>	200.00	136.00	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input checked="" type="checkbox"/> 23.50
27-Nov-2023	Colony School Visit	Camrose to Holden Colony	120	<input type="checkbox"/>	120.00	81.60	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
29-Nov-2023	Evaluation Visit	Camrose to Hay Lakes	66	<input type="checkbox"/>	66.00	44.88	<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"/>

Authorizer Comment:

▼ FINAL AP SECTION

Task ID: 0000082416 - Created: 29-Nov-2023 09:32.03 AM - By: Rhae-Ann Holoien - Processed: 30-Nov-2023 11:05.37 AM - By: Charlene Fedyk


Action Taken: Approve Expense

Fiscal Period:202403

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

Invoice Description:

EXP claim-mileage, hotel

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000148000001		888.78	G	40.43
Total Without Taxes:				848.35
Tax Total:				<u>40.43</u>
Total With Taxes:				888.78