



Battle River School Division EXPENSE CLAIM FORM

Name: Wilm, Natasha L [REDACTED]

Location: Div Office

Month: December

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"/>		
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				<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
07-Dec-2023	Travel to CASS Zone 4	Camrose to Red Deer	294	<input checked="" type="checkbox"/>	147.00	91.14	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
08-Dec-2023	Travel to CASS Zone 4	Camrose to Red Deer	294	<input checked="" type="checkbox"/>	147.00	91.14	<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"/>

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Subtotals	294.00	182.28	0.00	0.00	0.00

Totals

For Office Use Only:		Total Mileage 182.28
Total Subsistence GST Auto Calculation	8.68	Total Subsistence 0.00
Total Other Expense GST Entered	0.00	Total Other Expenses 0.00
Grand Total GST 8.68		Total Claim 182.28

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
1304400000000001		100.25	G	4.77
13043510000000011		36.46	G	1.74
13843000164000050		45.57	G	2.17
			Total Without Taxes:	173.60
			Tax Total:	8.68
			Total With Taxes:	182.28

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: 0000084267 - Created: 14-Dec-2023 12:59.22 PM - By: Natasha Wilm - Processed: 20-Dec-2023 10:00.08 AM - By: Rhae-Ann Holoién

Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
1304400000000001		100.25	G	4.77
13043510000000011		36.46	G	1.74
13843000164000050		45.57	G	2.17
Total Without Taxes:				173.60
Tax Total:				<u>8.68</u>
Total With Taxes:				182.28

Authorizer Comment:

▼ FINAL AP SECTION

Task ID: 0000084267 - Created: 20-Dec-2023 10:00.08 AM - By: Rhae-Ann Holoien - Processed: 09-Jan-2024 09:20.20 AM - By: Charlene Fedyk




Action Taken: Approve Expense

Fiscal Period:202404

Vendor Number: EM11584 - Wilm, Natasha L

Invoice Description:

EXP claim-mileage

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13044000000000001		100.25	G	4.77
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Total Without Taxes:				173.60
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