



Battle River School Division EXPENSE CLAIM FORM

Name: Wilm, Natasha L [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
16-Nov-2023	International	Uber	Taxi - Hotel to Milan Airport	<input type="checkbox"/>		171.74
				<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	171.74

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
11-Nov-2023	International Recruitment	Camrose to YEG Airport	146	<input checked="" type="checkbox"/>	73.00	49.64	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
17-Nov-2023	International Recruitment	YEG Airport to Camrose	146	<input checked="" type="checkbox"/>	73.00	49.64	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
23-Nov-2023	Aspiring Leaders	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
				<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
13047000000000051		271.02	G	12.91
13044000000000001		109.96	G	5.24
13043510000000011		39.98	G	1.90
13843000164000050		49.98	G	2.38
Total Without Taxes:				448.51
Tax Total:				<u>22.43</u>
Total With Taxes:				470.94

Authorizer Comment:

FINAL AP SECTION

Task ID: 0000082737 - Created: 20-Dec-2023 09:59.42 AM - By: Rhae-Ann Holoien - Processed: 09-Jan-2024 08:27.14 AM - By: Charlene Fedyk

Action Taken: Approve Expense

Fiscal Period:202404

Vendor Number: EM11584 - Wilm, Natasha L

Invoice Description:

EXP claim-mileage, uber

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13047000000000051		271.02	G	12.91
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13043510000000011		39.98	G	1.90
13843000164000050		49.98	G	2.38
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