



Battle River School Division EXPENSE CLAIM FORM

Name: Walsh, Imogene I [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"/>		
				<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	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
16-Oct-2023	Boundary Review	New Norway	56	<input type="checkbox"/>	56.00	38.08	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
17-Oct-2023	Boundary Review	Ryley	144	<input type="checkbox"/>	144.00	97.92	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
18-Oct-2023	Boundary Review	Daysland	84	<input type="checkbox"/>	84.00	57.12	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
08-Nov-2023	Awards Night	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
05-Dec-2023	ASBOA/ARMIC	Nisku	150	<input type="checkbox"/>	150.00	102.00	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input checked="" 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"/>
	<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"/>
	Subtotals	500.00	340.00	0.00	0.00	23.50

Totals

For Office Use Only:		Total Mileage	340.00
Total Subsistence GST Auto Calculation	17.31	Total Subsistence	23.50
Total Other Expense GST Entered	0.00	Total Other Expenses	0.00
Grand Total GST	17.31	Total Claim	363.50

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000161000001		238.00	G	11.33
13824000161440001		125.50	G	5.98
			Total Without Taxes:	346.19
			Tax Total:	<u>17.31</u>
			Total With Taxes:	363.50

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: 0000084469 - Created: 19-Dec-2023 07:37.53 AM - By: Imogene Walsh - Processed: 20-Dec-2023 10:01.09 AM - By: Rhae-Ann Holoien

Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000161000001		238.00	G	11.33
13824000161440001		125.50	G	5.98
			Total Without Taxes:	346.19
			Tax Total:	<u>17.31</u>
			Total With Taxes:	363.50

Authorizer Comment:

▼ FINAL AP SECTION

Task ID: 0000084469 - Created: 20-Dec-2023 10:01.09 AM - By: Rhae-Ann Holoien - Processed: 09-Jan-2024 10:51.06 AM - By: Charlene Fedyk



Action Taken: Approve Expense

Fiscal Period:202404

Vendor Number: EM11076 - Walsh, Imogene I

Invoice Description:

EXP claim-mileage, meals

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000161000001		238.00	G	11.33
13824000161440001		125.50	G	5.98
Total Without Taxes:				346.19
Tax Total:				<u>17.31</u>
Total With Taxes:				363.50