



# Battle River School Division EXPENSE CLAIM FORM

Name: Holoien, Rhae-Ann S [Redacted]

Location: Div Office

Month: February

**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"/>		
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				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<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
21-Feb-2024	School Visit/Principal Ea	Camrose to Viking Colony	208	<input checked="" type="checkbox"/>	104.00	72.80	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
20-Feb-2024	School Visit	Camrose to Iron Creek Colony	122	<input type="checkbox"/>	122.00	85.40	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
21-Feb-2024	School Visit	Vking Colony to Tofield	82	<input checked="" type="checkbox"/>	41.00	28.70	<input type="checkbox"/> 13.00	<input checked="" type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
21-Feb-2024	Facility Tour	Camrose to Tofield	112	<input checked="" type="checkbox"/>	56.00	39.20	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
27-Feb-2024	Council of School Council	Camrose to Daysland	84	<input type="checkbox"/>	84.00	58.80	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00

	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
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	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
	<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 13.00	<input type="checkbox"/> 17.00	<input type="checkbox"/> 27.00
	<b>Subtotals</b>	407.00	284.90	0.00	17.00	0.00

**Totals**

For Office Use Only:		<b>Total Mileage</b> 284.90
Total Subsistence GST Auto Calculation	<b>14.38;</b>	<b>Total Subsistence</b> 17.00
Total Other Expense GST Entered	<b>0.00</b>	<b>Total Other Expenses</b> 0.00
Grand Total GST	<b>14.38</b>	<b>Total Claim</b> 301.90

<b>GL Account Number</b>	<b>Taxes Included</b>	<b>Amount</b>	<b>Tax Code</b>	<b>Tax Amount</b>
13044000148000001		301.90	G	14.38
			<b>Total Without Taxes:</b>	<b>287.52</b>
			<b>Tax Total:</b>	<b><u>14.38</u></b>
			<b>Total With Taxes:</b>	<b>301.90</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: 0000087153 - Created: 04-Mar-2024 12:03.27 PM - By: Rhae-Ann Holoien - Processed: 04-Mar-2024 12:12.19 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		301.90	G	14.38
			<b>Total Without Taxes:</b>	<b>287.52</b>
			<b>Tax Total:</b>	<b><u>14.38</u></b>
			<b>Total With Taxes:</b>	<b>301.90</b>

**Authorizer Comment:**

▼ FINAL AP SECTION

Task ID: 0000087153 - Created: 04-Mar-2024 12:12.19 PM - By: Rhae-Ann Holoien - Processed: 04-Mar-2024 02:02.09 PM - By: Charlene Fedyk


Action Taken: Approve Expense

**Fiscal Period:**202406

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

**Invoice Description:**

EXP claim-mileage

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000148000001		301.90	G	14.38
<b>Total Without Taxes:</b>				<b>287.52</b>
<b>Tax Total:</b>				<b><u>14.38</u></b>
<b>Total With Taxes:</b>				<b>301.90</b>