



# Battle River School Division EXPENSE CLAIM FORM

Name: Holoien, Rhae-Ann S [REDACTED]

Location: Div Office

Month:

**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"/>		
				<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
05-Jan-2024	School Visit/Principal Ev	Camrose to 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
16-Jan-2024	Grade 7 Project Visit	Camrose to 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
15-Jan-2024	School Visit	Camrose to Daysland	84	<input type="checkbox"/>	84.00	57.12	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
17-Jan-2024	School Visit/Evaluation	Killam		<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
17-Jan-2024	School Visit	Camrose to Sedgewick	172	<input type="checkbox"/>	172.00	116.96	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50



**Authorizer Comment:**

▼ FINAL AP SECTION

Task ID: 0000085115 - Created: 16-Feb-2024 02:46.17 PM - By: Rhae-Ann Holoien - Processed: 16-Feb-2024 03:07.23 PM - By: Charlene Fedyk

**Fiscal Period:**202406

**Vendor Number:** EM13518 - Holoien, Rhae-Ann S

**Invoice Description:**

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000148000001		716.44	G	34.12
<b>Total Without Taxes:</b>				<b>682.32</b>
<b>Tax Total:</b>				<b><u>34.12</u></b>
<b>Total With Taxes:</b>				<b>716.44</b>

▼ EXPENSE CLAIM FORM - WITH GL CODING

Task ID: 0000085115 - Created: 16-Feb-2024 03:07.23 PM - By: Charlene Fedyk - Processed: 16-Feb-2024 03:15.04 PM - By: Charlene Fedyk



# Battle River School Division EXPENSE CLAIM FORM

**Name:** Holoien, Rhae-Ann S [REDACTED]      **Location:** Div Office      **Month:**

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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
05-Jan-2024	School Visit/Principle Ev	Camrose to New Norway	56 km @ .70	<input type="checkbox"/>	1.86	39.20
16-Jan-2024	Grade 7 Project Visit	Camrose to New Norway	56 km @ .70	<input type="checkbox"/>	1.86	39.20
15-Jan-2024	School Visit	Camrose to Daysland	84 km @ .70	<input type="checkbox"/>	2.80	58.80
17-Jan-2024	School Visit/Evaluation	Camrose to Sedgewick	172 km @ .70	<input type="checkbox"/>	5.73	120.40
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		



Subtotals 12.25 257.60

REGULAR BUSINESS EXPENSES

Mileage and Meal Information:

\*Check this box if your mileage claim for the calendar year exceeds 5,000 KMS

Table with columns: Date (YYYYMMDD), Purpose, From/To Destination, Km's Round Trip, One Way Only, Total KMs, Total Mileage Expense, Breakfast, Lunch, Dinner. Includes a Subtotals row at the bottom of the table.

Totals

For Office Use Only:
Total Subsistence GST 22.20
Total Other Expense 12.25
Grand Total GST 34.45

Total Mileage 466.20
Total Subsistence 0.00
Total Other Expenses 257.60
Total Claim 723.80

Table with columns: GL Account Number, Taxes Included, Amount, Tax Code, Tax Amount. Includes sub-totals for Total Without Taxes, Tax Total, and Total With Taxes.

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.**

FINAL AP SECTION

Task ID: 0000085115 - Created: 16-Feb-2024 03:15.04 PM - By: Charlene Fedyk - Processed: 16-Feb-2024 04:08.49 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		723.80	G	34.47
<b>Total Without Taxes:</b>				<b>689.33</b>
<b>Tax Total:</b>				<b><u>34.47</u></b>
<b>Total With Taxes:</b>				<b>723.80</b>