



Battle River School Division EXPENSE CLAIM FORM

Name: Walsh, Imogene I [REDACTED]

Location: Div Office

Month: April

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"/>		
				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
04-Apr-2024	Staff & Parent Meeting	Camrose/Viking	160	<input type="checkbox"/>	160.00	112.00	<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"/>
				<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"/>
	<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	160.00	112.00	0.00	0.00	0.00

Totals

For Office Use Only:		Total Mileage	112.00
Total Subsistence GST Auto Calculation	5.33	Total Subsistence	0.00
Total Other Expense GST Entered	0.00	Total Other Expenses	0.00
Grand Total GST	5.33	Total Claim	112.00

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000161000001		112.00	G	5.33
Total Without Taxes:				106.67
Tax Total:				5.33
Total With Taxes:				112.00

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: 0000089667 - Created: 06-May-2024 06:55.21 AM - By: Imogene Walsh - Processed: 08-May-2024 03:05.39 PM - By: Rhae-Ann Holoien

Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000161000001		112.00	G	5.33
Total Without Taxes:				106.67
Tax Total:				5.33
Total With Taxes:				112.00

Authorizer Comment:

▼ FINAL AP SECTION

Task ID: 0000089667 - Created: 08-May-2024 03:05.39 PM - By: Rhae-Ann Holoien - Processed: 08-May-2024 03:46.22 PM - By: Cheryl Kropinske


Action Taken: Approve Expense

Fiscal Period:202409

Vendor Number: [REDACTED] - Walsh, Imogene I

Invoice Description:

Mileage

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000161000001		112.00	G	5.33
Total Without Taxes:				106.67
Tax Total:				<u>5.33</u>
Total With Taxes:				112.00