



# Battle River School Division EXPENSE CLAIM FORM

**Name:** Holoien, Rhae-Ann S [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"/>		
				<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
11-Apr-2024	Math Night at Viking Scho	Camrose to Viking	160	<input type="checkbox"/>	160.00		<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
18-Apr-2024	Principal Evaluation	Camrose to Killam	146	<input type="checkbox"/>	146.00		<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
18-Apr-2024	Appeal	Camrose to Edmonton	200	<input checked="" type="checkbox"/>	100.00		<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
19-Apr-2024	Return	Camrose to Edmonton	200	<input checked="" type="checkbox"/>	100.00		<input checked="" type="checkbox"/> 11.00	<input checked="" type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
				<input type="checkbox"/>	0.00		<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50



**Authorizer Comment:**

▼ FINAL AP SECTION

Task ID: 0000090231 - Created: 19-Apr-2024 02:43.52 PM - By: Rhae-Ann Holoien - Processed: 22-Apr-2024 02:39.47 PM - By: Charlene Fedyk


Action Taken: Approve Expense

**Fiscal Period:**202408

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

**Invoice Description:**

EXP claim-mileage

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000148000001		380.20	G	18.11
<b>Total Without Taxes:</b>				<b>362.09</b>
<b>Tax Total:</b>				<b><u>18.11</u></b>
<b>Total With Taxes:</b>				<b>380.20</b>