



Battle River School Division

EXPENSE CLAIM FORM

Name: Wilm, Natasha L [redacted] **Location:** Div Office **Month:** June

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"/>		
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
29-May-2024	Long Service	Camrose to Sedgewick	172	<input checked="" type="checkbox"/>	86.00	60.20	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
29-May-2024	Long Service	Sedgewick to Forestburg	104	<input checked="" type="checkbox"/>	52.00	36.40	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
29-May-2024	Long Service	Camrose to Forestburg	180	<input checked="" type="checkbox"/>	90.00	63.00	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
22-Jun-2024	CHSPS Farewell Ceremony	Camrose to Sedgewick	172	<input type="checkbox"/>	172.00	120.40	<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"/>

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000000000001		154.00	G	7.33
13043510000000011		56.00	G	2.67
13843000164000050		70.00	G	3.33
Total Without Taxes:				266.67
Tax Total:				<u>13.33</u>
Total With Taxes:				280.00

Authorizer Comment:

▼ FINAL AP SECTION

Task ID: 0000094150 - Created: 25-Jun-2024 06:04.13 PM - By: Rhae-Ann Holoien - Processed: 26-Jun-2024 09:28.15 AM - By: Lana Delorey

Action Taken: Approve Expense

Fiscal Period:202410

Vendor Number: [REDACTED] - Wilm, Natasha L

Invoice Description:

Mileage

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000000000001		154.00	G	7.33
13043510000000011		56.00	G	2.67
13843000164000050		70.00	G	3.33
Total Without Taxes:				266.67
Tax Total:				<u>13.33</u>
Total With Taxes:				280.00