



# Battle River School Division EXPENSE CLAIM FORM

Name: Walsh, Imogene I

Location: Div Office

Month: October

**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"/>		
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				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
Subtotals					0.00	0.00




Total Other Expense GST Entered 0.00

Total Other Expenses 0.00

Grand Total GST 11.65

Total Claim 244.58

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000161000001		244.58	G	11.65
Total Without Taxes:				232.93
Tax Total:				<u>11.65</u>
Total With Taxes:				244.58

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: 0000101313 - Created: 21-Nov-2024 05:49.43 PM - By: Imogene Walsh - Processed: 22-Nov-2024 02:43.28 PM - By: Rhae-Ann Holoien

Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000161000001		244.58	G	11.65
Total Without Taxes:				232.93
Tax Total:				<u>11.65</u>
Total With Taxes:				244.58

Authorizer Comment:

FINAL AP SECTION

Task ID: 0000101313 - Created: 22-Nov-2024 02:43.28 PM - By: Rhae-Ann Holoien - Processed: 26-Nov-2024 08:37.24 AM - By: Lana Delorey


Action Taken: Approve Expense

Fiscal Period:202503

**Vendor Number:** [REDACTED] - Walsh, Imogene I

**Invoice Description:**

Mileage

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000161000001		244.58	G	11.65
			<b>Total Without Taxes:</b>	<b>232.93</b>
			<b>Tax Total:</b>	<b><u>11.65</u></b>
			<b>Total With Taxes:</b>	<b>244.58</b>