



# Battle River School Division EXPENSE CLAIM FORM

**Name:** Holoien, Rhae-Ann S      **Location:** Div Office      **Month:** January

**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
06-Jan-2025	International Student Rer	TD Expedia	Flights for Student Recruitment	<input type="checkbox"/>		1707.07
				<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	1707.07

**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
*				<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"/>
*				<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"/>
<b>Subtotals</b>					0.00	0.00	0.00	0.00	0.00

**Totals**

For Office Use Only:		<b>Total Mileage</b> 0.00
Total Subsistence	0.00	<b>Total Subsistence</b> 0.00
GST Auto Calculation		
Total Other Expense GST Entered	0.00	<b>Total Other Expenses</b> 1707.07
Grand Total GST	0.00	<b>Total Claim</b> 1707.07

<b>GL Account Number</b>	<b>Taxes Included</b>	<b>Amount</b>	<b>Tax Code</b>	<b>Tax Amount</b>
13044000148000001		1707.07	G	0.00
			<b>Total Without Taxes:</b>	<b>1707.07</b>
			<b>Tax Total:</b>	<b><u>0.00</u></b>
			<b>Total With Taxes:</b>	<b>1707.07</b>

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: 0000103288 - Created: 06-Jan-2025 03:19.13 PM - By: Rhae-Ann Holoien - Processed: 06-Jan-2025 10:40.03 PM - By: Rhae-Ann Holoien

Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000148000001		1707.07	G	0.00
Total Without Taxes:				1707.07
Tax Total:				<u>0.00</u>
Total With Taxes:				1707.07

Authorizer Comment:


FINAL AP SECTION

Task ID: 0000103288 - Created: 06-Jan-2025 10:40.04 PM - By: Rhae-Ann Holoien - Processed: 13-Jan-2025 12:31.29 PM - By: Lana Delorey

Fiscal Period:202505

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

Invoice Description:  
Travel Expenses

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000148000001		1707.07	G	643.07
Total Without Taxes:				1064.00
Tax Total:				<u>643.07</u>
Total With Taxes:				1707.07



# Battle River School Division EXPENSE CLAIM FORM

**Name:** Holoien, Rhae-Ann S **Location:** Div Office **Month:** January

**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
06-Jan-2025	International Student Rer	TD Expedia	Flights for Student Recruitment	<input type="checkbox"/>	643.07	1707.07
				<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>	643.07	1707.07

# 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
				<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"/>
<b>Subtotals</b>					0.00	0.00	0.00	0.00	0.00

<b>Totals</b>		
For Office Use Only:		<b>Total Mileage 0.00</b>
Total	0.00	<b>Total Subsistence 0.00</b>
Subsistence GST Auto Calculation		
Total Other Expense GST Entered	643.07	<b>Total Other Expenses 1707.07</b>
Grand Total GST	643.07	<b>Total Claim 1707.07</b>

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000148000001		1707.07	G	643.07
			<b>Total Without Taxes:</b>	<b>1064.00</b>
			<b>Tax Total:</b>	<b><u>643.07</u></b>
			<b>Total With Taxes:</b>	<b>1707.07</b>

Comments:

Adjustment to reflect GST

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FINAL AP SECTION

Task ID: 0000103288 - Created: 13-Jan-2025 12:31.54 PM - By: Lana Delorey - Processed: 13-Jan-2025 12:32.11 PM - By: Lana Delorey


Action Taken: Approve Expense

Fiscal Period:202505

Vendor Number: [REDACTED] - Holoién, Rhae-Ann S

Invoice Description:

Travel Expenses

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000148000001		1707.07	G	643.07
Total Without Taxes:				1064.00
Tax Total:				<u>643.07</u>
Total With Taxes:				1707.07