

Task ID: 0000106984 - Created: 04-Mar-2025 09:22.17 PM - By: Natasha Wilm - Processed: 04-Mar-2025 09:22.17 PM - By: Natasha Wilm

Battle River School Division EXPENSE CLAIM FORM

Name: Wilm, Natasha L

Location: Div Office

Month:

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
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
25-Feb-2025	Employment Law Session	Camrose to Edmonton	200	<input type="checkbox"/>	200.00	144.00	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
26-Feb-2025	Evaluation Visit	Camrose to Bashaw	120	<input type="checkbox"/>	120.00	86.40	<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"/>
				<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					320.00	230.40	0.00	0.00	0.00

Totals		Total Mileage	230.40
For Office Use Only:		Total Subsistence	0.00
Total Subsistence	10.97		
GST Auto Calculation		Total Other Expenses	0.00
Total Other Expense GST Entered	0.00		
Grand Total GST	10.97	Total Claim	230.40

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
130440000000000001	<input checked="" type="checkbox"/>	230.40	G	10.97
Total Without Taxes:				219.43
Tax Total:				10.97
Total With Taxes:				230.40

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: 0000106984 - Created: 04-Mar-2025 09:22.18 PM - By: Natasha Wilm - Processed: 05-Mar-2025 07:50.27 AM - By: Rhae-Ann Holoien

Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000000000001		230.40	G	10.97
Total Without Taxes:				219.43
Tax Total:				<u>10.97</u>
Total With Taxes:				230.40

Authorizer Comment:

FINAL AP SECTION

Task ID: 0000106984 - Created: 05-Mar-2025 07:50.27 AM - By: Rhae-Ann Holoien - Processed: 07-Mar-2025 11:59.46 AM - By: Lana Delorey


Action Taken: Approve Expense

Fiscal Period:202507

Vendor Number: XXXXXXXXXX - Wilm, Natasha L

Invoice Description:

Mileage

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000000000001		230.40	G	10.97
Total Without Taxes:				219.43
Tax Total:				<u>10.97</u>
Total With Taxes:				230.40