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Date: 25-Jan-2023 14:57

Battle River Sd #31

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## **Expense Form**

**Number of Uploaded Documents: Attached Documents** 

Mileage adjusted in error. Rita Marler will not follow the Alberta Expenses Policy for mileage. It will be followed for meals only. As per C. Kropinske 1/25/23 MG

Original entry to be reversed and re-entered with corrected mileage rates.

GL-SL Account #	Description	Commitment	Expense
1-304-400-0148-00-00-01	TRAV & SUBS SUPERINT	0.00	152.89
1-037-000-2011-00-00-00	GST REBATE RECEIVABL	0.00	5.12
INVOICE \$ 158.01	DISTRIBUTI	ON \$ 0.00	158.01

▼ EXPENSE CLAIM FORM - WITH GL CODING-

Task ID: 0000068815 - Created: 18-Jan-2023 08:37.03 AM - By: Rita Marler - Processed: 18-Jan-2023 08:37.03 AM - By: Rita Marler



# **Battle River School Division EXPENSE CLAIM FORM**

Month: January Location: Division Office Name: Marler, Rita (10849)

**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
16-Jan-2023	School Review	Daysland	1	84		84.00	48.72	<b>11.00</b>	<b>15.00</b>	23.50
17-Jan-2023	School Review	Tofield	90	112		112.00	64.96	<b>11.00</b>	<b>15.00</b>	23.50

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18-Jan-2023	School Review	New Norway	∞ 56		56.00	32.48	<b>11.00</b>	<b>15.00</b>	23.50
			60		0.00	0.00			
			90		0.00	0.00			
			90		0.00	0.00			
			90		0.00	0.00			
			90		0.00	0.00			
			60		0.00	0.00			
			60		0.00	0.00			
			60		0.00	0.00			
			40		0.00	0.00			
			60		0.00	0.00			
			40		0.00	0.00			
			60		0.00	0.00			
			40		0.00	0.00			
			40		0.00	0.00			
			40		0.00	0.00			
			40		0.00	0.00			
			40		0.00	0.00			
			Sı	ubtotals	252.00	146.16	0.00	0.00	0.00
			Totals						
		For Office Use Only:					٦	Total Mileag	je <sup>146.16</sup>
		Total Subsistence GST Auto Calculation	6.96				Total	Subsistend	ce <sup>0.00</sup>
		Total Other Expense GST Entered	0.00				Total Oth	er Expense	es <sup>0.00</sup>
		Grand Total GST	6.96					Total Clai	m <sup>146.16</sup>
GL Account Numb	oer	Taxes Include	ed	Amou	nt	Tax C	ode	1	Гах Amount
130440001480000	01	<b>S</b>		146.	16	G			6.96
							al Without Taxe Tax Tota Total With Taxe	al:	139.20 <u>6.96</u> 146.16
252 KM (	@ \$0.61/KN	// (updated m Comments:	nileage	rate a	s of Ja				
Submitting	this expense	e claim certific River S	es that t				es were in	curred fo	r Battle
and are in c	ompliance w	ith School Di		Adminis	strative	Proced	ure 115. C	lick here	to view

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: 0000068815 - Created: 18-Jan-2023 08:37.03 AM - By: Rita Marler - Processed: 18-Jan-2023 08:37.29 AM - By: Rita Marler

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Action Taken: No Objection

**GL Account Number Taxes Included** Amount **Tax Code Tax Amount** 

G 13044000148000001 146.16 6.96

> **Total Without Taxes:** 139.20

> > Tax Total: 6.96

**Total With Taxes:** 146.16

**Authorizer Comment:** 

▼ FINAL AP SECTION

Task ID: 0000068815 - Created: 18-Jan-2023 08:37.29 AM - By: Rita Marler - Processed: 23-Jan-2023 03:12.15 PM - By: Michelle Girvan

Fiscal Period:202305

Vendor Number: EM10849 - Marler, Rita

**Invoice Description:** 

**GL Account Number** Taxes Included **Tax Code Amount Tax Amount** G 13044000148000001 146.16

**Total Without Taxes:** 139.20

> 6.96 Tax Total:

6.96

**Total With Taxes:** 146.16

EXPENSE CLAIM FORM - WITH GL CODING

Task ID: 0000068815 - Created: 23-Jan-2023 03:12.15 PM - By: Michelle Girvan - Processed: 23-Jan-2023 03:18.41 PM - By: Michelle Girvan



# **Battle River School Division EXPENSE CLAIM FORM**

Month: January Location: Division Office Name: Marler, Rita (10849)

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)

/25/23, 2:58 PM					Report				
Date	Department	Vendor		Parti	culars		Books	Enter GST on Invoice	Total Invoice Amount
16-Jan-2023	SCHOOL REVIEW	DAYSLAND - 84 KM		@(	).505/KM			2.02	42.42
16-Jan-2023	SCHOOL REVIEW	DAYSLAND - 84 KM	DAI	LY VEHIC	CLE ALLO	WANCE		0.49	10.25
17-Jan-2023	SCHOOL REVIEW	TOFIELD - 112 KM		@ (	0.505/KM			2.69	56.56
17-Jan-2023	SCHOOL REVIEW	TOFIELD - 112 KM	DAI	LY VEHIC	CLE ALLO	WANCE		0.49	10.25
18-Jan-2023	SCHOOL REVIEW	NEW NORWAY - 56 KM		@(	).505/KM			1.35	28.28
18-Jan-2023	SCHOOL REVIEW	NEW NORWAY - 56 KM	DAI	LY VEHIC	CLE ALLO	WANCE		0.49	10.25
							Subtotals	7.53	158.01
REGULAR	<b>BUSINESS</b>	<b>EXPENSES</b>							
Mileage and Information:		*Check this box if the calendar year							
Date	Durnoso	From/To	Km's Round	One Way	Total	Total	Broakfast	Lunch	Dinnor

From/Io Round way **Purpose** Mileage **Breakfast** Lunch **Dinner** (YYYYMMDD) **Destination KMs** Trip Only **Expense** 0.00 0.00 **11.00 15.00** 23.50 0.00 23.50 0.00 **11.00 15.00** 0.00 0.00 **11.00 15.00** 23.50 0.00 **Subtotals** 0.00 0.00

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	Totals	
Total Mileage 0.00		For Office Use Only:
Total Subsistence 0.00	0.00	Total Subsistence GST Auto Calculation
Total Other Expenses <sup>158.01</sup>	7.53	Total Other Expense GST Entered
Total Claim <sup>158.01</sup>	7.53	Grand Total GST

**GL Account Number Taxes Included Amount** Tax Code **Tax Amount** 13044000148000001 158.01 G A 7.53

**Total Without Taxes:** 150.48 Tax Total: 7.53 **Total With Taxes:** 158.01

#### Comments:

ADJ MADE BASED ON APPENDIX "A"

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.

▼ FINAL AP SECTION:

Task ID: 0000068815 - Created: 23-Jan-2023 03:18.41 PM - By: Michelle Girvan - Processed: 23-Jan-2023 03:19.02 PM - By: Michelle Girvan

Action Taken: Approve Expense

Fiscal Period:202305

Vendor Number: EM10849 - Marler, Rita

**Invoice Description: EXP CLAIM - MILEAGE** 

**GL** Account Number Taxes Included **Amount Tax Code Tax Amount** 13044000148000001 158.01 G 7.53

> 150.48 **Total Without Taxes:**

> > Tax Total: 7.53

**Total With Taxes:** 158.01