



# Battle River School Division EXPENSE CLAIM FORM

**Name:** Walsh, Imogene I (11076)

**Location:** Division Office

**Month:** April

**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"/>		
<b>Subtotals</b>					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
28-Apr-2023	School Visits	Camrose/Bashaw/Forestburg/Camrose	211	<input type="checkbox"/>	211.00	143.48	<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"/>



Task ID: 0000074435 - Created: 09-May-2023 09:17.54 AM - By: Rita Marler - Processed: 12-May-2023 04:14.19 PM - By: Michelle Girvan


Action Taken: Approve Expense

Fiscal Period:202309

Vendor Number: EM11076 - Walsh, Imogene I

Invoice Description:

EXP Claim-Mileage

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000161000001		143.48	G	6.83
<b>Total Without Taxes:</b>				<b>136.65</b>
<b>Tax Total:</b>				<b><u>6.83</u></b>
<b>Total With Taxes:</b>				<b>143.48</b>