



Battle River School Division EXPENSE CLAIM FORM

Name: Holoien, Rhae-Ann S ([REDACTED]) **Location:** Div Office **Month:** November

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
01-Nov-2023	Superintendent Travel	SureStay Plus Hotel by Best	CASS Fall Conference	<input type="checkbox"/>	17.40	390.70
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
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				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				Subtotals	17.40	390.70

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
01-Nov-2023	CASS Fall Conference	Camrose to Calgary	576	<input type="checkbox"/>	576.00	391.68	<input type="checkbox"/> 9.20	<input type="checkbox"/> 11.60	<input checked="" type="checkbox"/> 20.75
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 9.20	<input type="checkbox"/> 11.60	<input type="checkbox"/> 20.75
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 9.20	<input type="checkbox"/> 11.60	<input type="checkbox"/> 20.75
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 9.20	<input type="checkbox"/> 11.60	<input type="checkbox"/> 20.75
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/> 9.20	<input type="checkbox"/> 11.60	<input type="checkbox"/> 20.75

Authorizer Comment:

▼ FINAL AP SECTION

Task ID: 0000082225 - Created: 07-Nov-2023 05:41.36 PM - By: Rhae-Ann Holoien - Processed: 08-Nov-2023 09:22.43 AM - By: Charlene Fedyk


Action Taken: Approve Expense

Fiscal Period:202403

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

Invoice Description:

EXP claim-mileage, hotel

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000148000001		803.13	G	38.24
			Total Without Taxes:	764.89
			Tax Total:	<u>38.24</u>
			Total With Taxes:	803.13