



# Battle River School Division EXPENSE CLAIM FORM

**Name:** Holoien, Rhae-Ann S



**Location:** Div Office

**Month:** October

**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
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<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
03-Oct-2023	School Visit	Camrose to New Norway	56	<input type="checkbox"/>	56.00	38.08	<input type="checkbox"/> 9.20	<input type="checkbox"/> 11.60	<input type="checkbox"/> 20.75
04-Oct-2023	School Visit	Camrose to Camrose Colony	22	<input type="checkbox"/>	22.00	14.96	<input type="checkbox"/> 9.20	<input type="checkbox"/> 11.60	<input type="checkbox"/> 20.75
05-Oct-2023	School Visit	Camrose to Southbend Colony	266	<input type="checkbox"/>	266.00	180.88	<input type="checkbox"/> 9.20	<input type="checkbox"/> 11.60	<input type="checkbox"/> 20.75
16-Oct-2023	School Visit	Camrose to Hay Lakes	66	<input type="checkbox"/>	66.00	44.88	<input type="checkbox"/> 9.20	<input type="checkbox"/> 11.60	<input type="checkbox"/> 20.75
18-Oct-2023	School Visit	Camrose to Bawlf	58	<input type="checkbox"/>	58.00	39.44	<input type="checkbox"/> 9.20	<input type="checkbox"/> 11.60	<input type="checkbox"/> 20.75



**Authorizer Comment:**

▼ FINAL AP SECTION

Task ID: 0000081622 - Created: 01-Nov-2023 10:04.42 AM - By: Rhae-Ann Holoien - Processed: 01-Nov-2023 10:56.54 AM - By: Charlene Fedyk


Action Taken: Approve Expense

**Fiscal Period:**202402

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

**Invoice Description:**

EXP claim-mileage

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000148000001		873.80	G	41.61
<b>Total Without Taxes:</b>				<b>832.19</b>
<b>Tax Total:</b>				<b><u>41.61</u></b>
<b>Total With Taxes:</b>				<b>873.80</b>