

(FIN)WALSH SecTreas/BUSINESS (AUTH LOC)

INVOICE ENTRY WEB - ENTRY SCREEN

Task ID: 0000108898 - Created: 04-Apr-2025 09:22.47 AM - By: Lana Delorey - Processed: 04-Apr-2025 09:22.47 AM - By: __Business (Auth Loc)

Vendor Number: [REDACTED] - Algar, Doug

Invoice Number: 20250404

Invoice Date: 04-Apr-2025

Reference Info: Mileage
(Prints on Cheque)

Purchase Order No:

Close PO:

Internal Comment:

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000000210901		81.20	G	3.87
Total Without Taxes:				77.33
Tax Total:				<u>3.87</u>
Total With Taxes:				81.20

INVOICE ENTRY WEB - AUTHORIZATION SECTION

Task ID: 0000108898 - Created: 04-Apr-2025 09:22.47 AM - By: Lana Delorey - Processed: 04-Apr-2025 04:20.00 PM - By: Imogene Walsh

Action Taken: No Objection

Vendor Number: [REDACTED] - Algar, Doug

Invoice Number: 20250404


Invoice Date: 04-Apr-2025

Reference Info: Mileage

Purchase Order No:

Close PO:

Internal Comment:

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000000210901		81.20	G	3.87
Total Without Taxes:				77.33
Tax Total:				<u>3.87</u>
Total With Taxes:				81.20

 INVOICE ENTRY WEB - FINAL APPROVAL

Task ID: 0000108898 - Created: 04-Apr-2025 04:20.00 PM - By: Imogene Walsh - Processed: 07-Apr-2025 11:21.49 AM - By: Lana Delorey

Action Taken: Approve Invoice

Vendor Number: XXXXXXXXXX - Algar, Doug

Period: 202508

Invoice Number: 20250404

Invoice Date: 04-Apr-2025

Tax Reportable:


Batch Code: IEW

Reference Info: Mileage

Internal Comments:

Purchase Order No:

Close PO:

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000000210901		83.52	G	3.98
Total Without Taxes:				79.54
Tax Total:				<u>3.98</u>
Total With Taxes:				83.52

**Battle River School Division
EXPENSE CLAIM**

Name: Doug Algar **Mailing Address:** _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: March / 2025

School/Location: Trustee **Student Name:** _____
for Transportation claims (PUF / International Students)

IMPORTANT:

Expense Claim must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month the claim is for. Expenses submitted after this date will **NOT** be reimbursed.

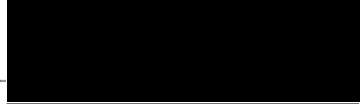
ORIGINAL EXPENSE CLAIMS are required for payment. Copies, including forms sent via fax/email, will not be processed.

BUS DRIVERS -- Do **NOT** claim field trip expenses (**claim on the applicable "Trip Report" form**).

INTERNATIONAL STUDENT PROGRAM -- claim mileage/parking only; reimbursement requires **original** parkade receipt.

Date (YYYY Mon DD)	Description	Kms	.70 x Kms	Meals	Other medical renewal, PUF set rate, parking etc	Total	Account Code
2025/3/19	Town of Bashaw Meeting	116	81.20			81.20	

Attach original receipts for expenses claimed **TOTAL** 81.20 83.50 

Signature: 

Authorized By (Name): _____

Authorized By (Signature): _____

OFFICE USE ONLY	
Total GST: _____	
MEAL ALLOWANCE	
Breakfast:	\$11.00
Lunch:	\$15.00
Dinner:	\$23.50