(FIN)WALSH SecTreas/BUSINESS (AUTH LOC)

▼ INVOICE ENTRY WEB	3 - ENTRY SCREEN —			
Took ID: 0000409900 Croot	ad. 04 Apr 2025 00:25 2	OAM Bulanal	Doloway Droppoods 04 Am	- 202E 00.2E 29
Task ID: 0000108899 - Creat AM - By:Business (Auth		o Aivi - by: Lalia i	Delorey - Processed: 04-Api	1-2025 09:25.26
Vendor Number:	- Belich, Karen			
Invoice Number:				
Invoice Date:				
Reference Info: (Prints on Cheque)	Mileage			
Purchase Order No:				
Close PO:				
Internal Comment:				
GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000000230901	∅	349.92	G	16.66
	_		Total Without Taxes:	333.26
			Tax Total:	<u>16.66</u>
			Total With Taxes:	349.92
▼ INVOICE ENTRY WEB	B - AUTHORIZATION S	ECTION ——		
Task ID: 0000108899 - Creat PM - By: Imogene Walsh	ed: 04-Apr-2025 09:25.28	8 AM - By: Lana I	Delorey - Processed: 04-Apı	r-2025 04:20.10
	Action Tak	en: No Objectio	on	
Vendor Numl	ber: - Belich, K	aren		
Invoice Numl	ber: 20250404			
Invoice Da	ate: 04-Apr-2025			
Reference I	nfo: Mileage			
Purchase Order	No:			
Close PO:				
Internal Comm	ent:			

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000000230901	S	349.92	G	16.66
			Total Without Taxes:	333.26
			Tax Total:	<u>16.66</u>
			Total With Taxes:	349.92
▼ INVOICE ENTRY WEB - FI	NAL APPROVAL –			
Task ID: 0000108899 - Created: (94-Apr-2025 04:20.10	PM - By: Imoge	ne Walsh - Processed: 07-A	pr-2025
11:22.34 AM - By: Lana Delorey				
	Action Taker	n: Approve Invo	pice	
Vendor Number:	- Belich, K	aren		
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

349.92

G

Total Without Taxes:

Total With Taxes:

Tax Total:

16.66

333.26

<u>16.66</u>

349.92

13044000000230901

Form 115-1

				chool Divi			
Name:	Karen Belich			Mailing Address:			
Month/Year:	March 2025					n/a if direct deposit established; attach bank info to set-up	
School/Location: <u>Trustee</u>		Student Name:					
10.70	must be submitted to Divis nitted after this date will <u>NO</u>			TWO MO	NTHS fron		ne month the claim is for.
ORIGINAL EX	PENSE CLAIMS are require	ed for pay	ment. Co	opies, incl	uding form	s sent via fax <i>ı</i>	email, will not be processed.
BUS DRIVERS	Do NOT claim field trip e	expenses	(claim or	n the app	licable "Tr	ip Report" fo	orm).
INTERNATION	IAL STUDENT PROGRAM	claim n	nileage/pa	arking only	y; reimburs	sement require	es original parkade receipt.
Date (YYYY Mon DD)	Description	Kms	.72 x Kms	Meals	Other medical renewal, PUF set rate,	Total	Account Code
2025/03/04	meeting	48	34.56			34.56	
2025/03/19	meeting	48	34.56			34.56	
2025/3/24	Zone 4 meeting	390	280.80			280.80	
Attach original re	eceipts for expenses claime	d			TOTAL	349.92	
						/ [DEFICE LISE ONLY

Signature:

OFFICE USE ONLY Total GST:

Authorized By (Name):

MEAL ALLOWANCE Breakfast: \$11.00 \$15.00 Lunch:

Authorized By (Signature):_

Dinner: \$23.50

Revised: Jan 28, 2025