(FIN)WALSH SecTreas/BUSINESS (AUTH LOC)

INVOICE ENTRY WEB - ENTRY SCREEN

Task ID: 0000108897 - Created: 04-Apr-2025 09:21.04 AM - By: Lana Delorey - Processed: 04-Apr-2025 09:21.04 AM - By: _ _Business (Auth Loc)

Vendor Number: [redacted] **- Albrecht, Lyle M**
Invoice Number: **20250404**
Invoice Date: **04-Apr-2025**
Reference Info: (Prints on Cheque) **Mileage**
Purchase Order No:
Close PO: ☐
Internal Comment:

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13044000000220901	☑	97.92	G	4.66

Total Without Taxes: **93.26**
Tax Total: **4.66**
Total With Taxes: **97.92**

INVOICE ENTRY WEB - AUTHORIZATION SECTION

Task ID: 0000108897 - Created: 04-Apr-2025 09:21.04 AM - By: Lana Delorey - Processed: 04-Apr-2025 04:19.55 PM - By: Imogene Walsh

Action Taken: No Objection

Vendor Number: [redacted] **- Albrecht, Lyle M**
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
13044000000220901	☑	97.92	G	4.66
			Total Without Taxes:	**93.26**
			Tax Total:	**4.66**
			Total With Taxes:	**97.92**

INVOICE ENTRY WEB - FINAL APPROVAL

Task ID: 0000108897 - Created: 04-Apr-2025 04:19.55 PM - By: Imogene Walsh - Processed: 07-Apr-2025 11:18.52 AM - By: Lana Delorey

Action Taken: Approve Invoice

Vendor Number: [redacted] **- Albrecht, Lyle M**

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
13044000000220901	☑	97.92	G	4.66
			Total Without Taxes:	**93.26**
			Tax Total:	**4.66**
			Total With Taxes:	**97.92**

Form 115-1

Battle River School Division

EXPENSE CLAIM

Name: Lyle Albrecht

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

Month/Year:

School/Location: Board

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
2025/02/20	Killam Council	136				96.56	
2025/03/6	Special Meeting	160				113.60	

Attach original receipts for expenses claimed [redacted] TOTAL 210.16 97.92 [redacted]

Signature: [redacted]

Authorized By (Name):

Authorized By (Signature):

OFFICE USE ONLY
Total GST:

MEAL ALLOWANCE
Breakfast: $11.00
Lunch: $15.00
Dinner: $23.50