


Expense Reimbursement Authorization

Attached Documents



Review all sections of the form and then complete the last section at the bottom of the page.

TRUSTEE EXPENSE REIMBURSEMENT FORM

Task ID - Created 17-Nov-2021 09:49:28 AM - By Shali Baziuk - Processed 17-Nov-2021 09:49:28 AM - By Shali Baziuk

|  <div style="text-align: right;"> Rocky View Schools TRUSTEE EXPENSE REIMBURSEMENT FORM </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name: | | Baziuk, Shali | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School/Department: | | EC-Trustees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | 17-Nov-2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Click here to view Board Policy 7 Appendix B Please allow at least 90 days for payment processing. Incomplete forms (or forms missing detailed receipts) will be returned to employee for resubmission. </td> <td style="text-align: right;">Total GST</td> <td style="text-align: right;">Total Claim</td> </tr> <tr> <td style="text-align: right;">\$59.86</td> <td style="text-align: right;">\$722.03</td> </tr> <tr> <td colspan="2"> Note: Scanned receipts must be attached to support all expense claims (with the exception of mileage and meals) </td> </tr> <tr> <td colspan="2">Comments / Instructions:</td> <td colspan="9"></td> </tr> </tbody></table> </td></tr></tbody></table></td></tr></tbody></table> | | | | | | | | | | | | Date | Purpose | From/To Description | | KMs | Roundtrip | Total KMs | GST Auto Calc | Amount Incl GST | Clear | Mileage @ \$0.52/km | 16-Nov-2021 | ASBA FGM | Chestermere to Edmonton | <input checked="" type="checkbox"/> | 297 | <input checked="" type="checkbox"/> | 594.00 | 14.71 | 308.88 | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | 0.00 | 0.00 | 0.00 | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | 0.00 | 0.00 | 0.00 | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | 0.00 | 0.00 | 0.00 | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | 0.00 | 0.00 | 0.00 | | | | | | | | | 14.71 | 308.88 | | <table border="1" style="width:100%; 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| Mileage @ \$0.52/km | 16-Nov-2021 | ASBA FGM | Chestermere to Edmonton | <input checked="" type="checkbox"/> | 297 | <input checked="" type="checkbox"/> | 594.00 | 14.71 | 308.88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Taxable Mileage @ \$0.52/km | | | | <input type="checkbox"/> | | <input type="checkbox"/> | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Click here to view Board Policy 7 Appendix B Please allow at least 90 days for payment processing. Incomplete forms (or forms missing detailed receipts) will be returned to employee for resubmission. </td> <td style="text-align: right;">Total GST</td> <td style="text-align: right;">Total Claim</td> </tr> <tr> <td style="text-align: right;">\$59.86</td> <td style="text-align: right;">\$722.03</td> </tr> <tr> <td colspan="2"> Note: Scanned receipts must be attached to support all expense claims (with the exception of mileage and meals) </td> </tr> <tr> <td colspan="2">Comments / Instructions:</td> <td colspan="9"></td> </tr> </tbody></table> | | | | | | | | | | | | Date | Purpose | | Breakfast \$10.00 | Lunch \$15.00 | Dinner \$25.00 | GST Auto Calc | Amount Incl GST | | Meal Allowances (Check box to select each required meal) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0.00 | 0.00 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0.00 | 0.00 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0.00 | 0.00 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0.00 | 0.00 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0.00 | 0.00 | | | | | | | | 0.00 | 0.00 | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;"></th> <th style="width:10%;">Date</th> <th style="width:15%;">Specify Expense Type</th> <th style="width:15%;">Description</th> <th style="width:5%;"></th> <th style="width:5%;"></th> <th style="width:5%;"></th> <th style="width:5%;">GST Paid</th> <th style="width:5%;">Amount Incl GST</th> <th style="width:5%;"></th> </tr> </thead> <tbody> <tr> <td rowspan="4" style="text-align: center;">Other Expenses (Input GST Paid & Attach Detailed Receipts)</td> <td>14-Nov-2021</td> <td>hotel 2 nights</td> <td>ASBA FGM</td> <td></td> <td></td> <td></td> <td>45.15</td> <td>413.15</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>45.15</td> <td>413.15</td> <td></td> </tr> </tbody> </table> | | | | | | | | | | | | Date | Specify Expense Type | Description | | | | GST Paid | Amount Incl GST | | Other Expenses (Input GST Paid & Attach Detailed Receipts) | 14-Nov-2021 | hotel 2 nights | ASBA FGM | | | | 45.15 | 413.15 | | | | | | | | | | | | | | | | | | | | | | | | | | 45.15 | 413.15 | | Submitting this form certifies that the foregoing expenses were incurred by me for Rocky View Schools business and are in compliance with School Division policy and guidelines. 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| | Date | Specify Expense Type | Description | | | | GST Paid | Amount Incl GST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | 45.15 | 413.15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Submitting this form certifies that the foregoing expenses were incurred by me for Rocky View Schools business and are in compliance with School Division policy and guidelines. Click here to view Board Policy 7 Appendix B Please allow at least 90 days for payment processing. Incomplete forms (or forms missing detailed receipts) will be returned to employee for resubmission. | | | | | | | | Total GST | Total Claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | \$59.86 | \$722.03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | Note: Scanned receipts must be attached to support all expense claims (with the exception of mileage and meals) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments / Instructions: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Enter GL Coding / Tax Amounts:

| GL Account Number | Taxes Included | Amount | Tax Code | Tax Amount |
|----------------------------|---|--------|----------|---------------------|
| |  | 308.88 | 1 | 14.71 |
| |  | 413.15 | 1 | 45.15 |
| Total Without Taxes | | | | 662.17 |
| Tax Total | | | | <u>59.86</u> |
| Total With Taxes | | | | 722.03 |

▼ **GL DISTRIBUTION ENTRY WITH APPROVAL**

Task ID - Created 17-Nov-2021 09 49.28 AM - By Shali Baziuk - Processed 18-Nov-2021 08 50.45 AM - By Norma Lang

Action Taken: No Objection



| GL Account Number | Taxes Included | Amount | Tax Code | Tax Amount |
|----------------------------|---|--------|----------|---------------------|
| |  | 308.88 | 1 | 14.71 |
| |  | 413.15 | 1 | 45.15 |
| Total Without Taxes | | | | 662.17 |
| Tax Total | | | | <u>59.86</u> |
| Total With Taxes | | | | 722.03 |

Comment:

▼ **GL DISTRIBUTION ENTRY WITH APPROVAL**

Task ID - Created 18-Nov-2021 08 50.45 AM - By Norma Lang - Processed 15-Dec-2021 11 02.00 AM - By Jennifer Thompson

Action Taken: No Objection

| GL Account Number | Taxes Included | Amount | Tax Code | Tax Amount |
|----------------------------|---|--------|----------|---------------------|
| |  | 308.88 | 1 | 14.71 |
| |  | 413.15 | 1 | 45.15 |
| Total Without Taxes | | | | 662.17 |
| Tax Total | | | | <u>59.86</u> |
| Total With Taxes | | | | 722.03 |

Comment:

▼ **ACCOUNTS PAYABLE CLERK SECTION**



Task ID - Created 18-Nov-2021 08 50.46 AM - By Norma Lang - Processed 03-Dec-2021 02 13.08 PM - By Jaclyne Noseworthy

Action Taken: Approve Expense

Period: 202204

Vendor Number: Baziuk, Shali

Invoice Number:

| GL Account Number | Taxes Included | Amount | Tax Code | Tax Amount |
|----------------------------|---|--------|----------|---------------------|
| |  | 308.88 | 1 | 14.71 |
| |  | 413.15 | 1 | 45.15 |
| Total Without Taxes | | | | 662.17 |
| Tax Total | | | | <u>59.86</u> |
| Total With Taxes | | | | 722.03 |



Shali Baziuk
2651 Chinook Winds dr SW
Airdrie AB T4B0B4
Canada

Room: [Redacted]
Folio: [Redacted]
Cashier:
Arrival: 11-14-21
Departure: 11-16-21

| Date | Description | Additional Information | Charges | Credits |
|--------------|--------------------------------|------------------------|---------------|---------------|
| 11-14-21 | Room Charge | | 179.00 | |
| 11-14-21 | Room Destination Marketing Fee | | 5.37 | |
| 11-14-21 | Room GST | | 9.22 | |
| 11-14-21 | AB Tourism Levy | | 7.37 | |
| 11-15-21 | Room Charge | | 189.00 | |
| 11-15-21 | Room Destination Marketing Fee | | 5.67 | |
| 11-15-21 | Room GST | | 9.73 | |
| 11-15-21 | AB Tourism Levy | | 7.79 | |
| 11-16-21 | Visa | [Redacted] | XX/XX | 413.15 |
| Total | | | 413.15 | 413.15 |

| GST Summary | |
|------------------|--------------|
| Registration No: | 889835161 |
| Room | 18.95 |
| F&B | 0.00 |
| Other | 26.20 |
| Total | 45.15 |

| | | |
|-------------|--------|--------|
| Total | 413.15 | 413.15 |
| Balance Due | 0.00 | CDN |