

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

TRUSTEE EXPENSE REIMBURSEMENT FORM

Task ID: 0000239023 Created: 22 Apr 2021 11:16:57 PM By: Malyssa Bowen Processed: 22 Apr 2021 11:16:57 PM By: Malyssa Bowen

	Rocky View Schools									
TRUSTEE EXPENSE REIMBURSEMENT FORM										
Name: Bowen, Malyssa										
School/Department: EC Trustees										
Date: 22 Apr 2021										
Mileage @ \$0.52/km										
	Date	Purpose	From/To Description		KMs	Roundtrip	Total KMs	GST Auto Calc	Amount Incl GST	Clear
					\$0	<input type="checkbox"/>	0.00	0.00	0.00	
					\$0	<input type="checkbox"/>	0.00	0.00	0.00	
					\$0	<input type="checkbox"/>	0.00	0.00	0.00	
					\$0	<input type="checkbox"/>	0.00	0.00	0.00	
					\$0	<input type="checkbox"/>	0.00	0.00	0.00	
Taxable Mileage @ \$0.52/km										
		Purpose	From/To Description		KMs	Roundtrip	Total KMs	GST Auto Calc	Amount Incl GST	Clear
					\$0	<input type="checkbox"/>	0.00	0.00	0.00	
					\$0	<input type="checkbox"/>	0.00	0.00	0.00	
					\$0	<input type="checkbox"/>	0.00	0.00	0.00	
					\$0	<input type="checkbox"/>	0.00	0.00	0.00	
					\$0	<input type="checkbox"/>	0.00	0.00	0.00	
Meal Allowances (Check box to select each required meal)										
	Date	Purpose		Breakfast \$10.00	Lunch \$15.00	Dinner \$25.00	GST Auto Calc	Amount Incl GST		
				<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	
Other Expenses (Input GST Paid & Attach Detailed Receipts)										
	Date	Specify Expense Type	Description				GST Paid	Amount Incl GST		
	14 Apr 2021	Professional Learning	A&S&A Conference Registration					195.00		
								0.00	195.00	
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								Total GST	Total Claim	
Please allow at least 90 days for payment processing. Incomplete forms (or forms missing detailed receipts) will be returned to employee for resubmission.								\$0.00	\$195.00	
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	
				195.00		1			9.29	
								Total Without Taxes:	185.71	
								Tax Total:	9.29	
								Total With Taxes:	195.00	

GL DISTRIBUTION ENTRY WITH APPROVAL										
Task ID: 0000239023 Created: 22 Apr 2021 11:16:57 PM By: Malyssa Bowen Processed: 25 Apr 2021 07:48:33 PM By: Shall Bazluk										
Action Taken: No Objection										
GL Account Number		Taxes Included		Amount		Tax Code			Tax Amount	
				195.00		1			9.29	
								Total Without Taxes:	185.71	
								Tax Total:	9.29	
								Total With Taxes:	195.00	
Comment:										

ACCOUNTS PAYABLE CLERK SECTION										
Task ID: 0000239023 Created: 25 Apr 2021 07:48:33 PM By: Shall Bazluk Processed: 05 May 2021 02:37:08 PM By: Jacyne Noseworthy										
Action Taken: Approve Expense										
Period: 202108										
Vendor Number: Bowen, Malyssa										
Invoice Number:										
GL Account Number		Taxes Included		Amount		Tax Code			Tax Amount	
				195.00		1			9.29	
								Total Without Taxes:	185.71	
								Tax Total:	9.29	
								Total With Taxes:	195.00	
Comment:										