

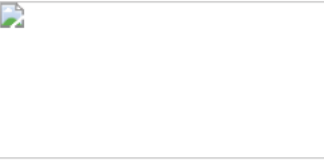
Expense Reimbursement Authorization

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 05-Dec-2021 10 44.41 AM - By Melyssa Bowen - Processed 05-Dec-2021 10 44.41 AM - By Melyssa Bowen

 Rocky View Schools										
TRUSTEE EXPENSE REIMBURSEMENT FORM										
Name:		Bowen, Melyssa								
School/Department:		EC-Trustees								
Date:		05-Dec-2021								
Mileage @ \$0.52/km		Date	Purpose	From/To Description	KMs	Roundtrip	Total KMs	GST Auto Calc	Amount Incl GST	Clear
						<input type="checkbox"/>	0.00	0.00	0.00	
						<input type="checkbox"/>	0.00	0.00	0.00	
						<input type="checkbox"/>	0.00	0.00	0.00	
						<input type="checkbox"/>	0.00	0.00	0.00	
						<input type="checkbox"/>	0.00	0.00	0.00	
							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
						<input type="checkbox"/>	0.00	0.00	0.00	
						<input type="checkbox"/>	0.00	0.00	0.00	
						<input type="checkbox"/>	0.00	0.00	0.00	
						<input type="checkbox"/>	0.00	0.00	0.00	
						<input type="checkbox"/>	0.00	0.00	0.00	
							0.00	0.00	0.00	
		Date	Purpose		Breakfast \$10.00	Lunch \$15.00	Dinner \$25.00	GST Auto Calc	Amount Incl GST	
Meal Allowances		14-Nov-2021	ASBA FGM Sunday Eve Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1.19	25.00	
(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	
								1.19	25.00	
Other Expenses		Date	Specify Expense Type	Description				GST Paid	Amount Incl GST	
(Input GST Paid & Attach Detailed Receipts)		16-Nov-2021	Accomodations ASBA FGM	2 night stay at Delta				18.95	413.15	
								18.95	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								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.								\$20.14	\$438.15	
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
	<input checked="" type="checkbox"/>	413.15	1	18.95
	<input checked="" type="checkbox"/>	25.00	0	0.00
Total Without Taxes				419.20
Tax Total				18.95
Total With Taxes				438.15

GL DISTRIBUTION ENTRY WITH APPROVAL

Task ID - Created 05-Dec-2021 10 44.41 AM - By Melyssa Bowen - Processed 05-Dec-2021 12 50.45 PM - By Norma Lang

Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
	<input checked="" type="checkbox"/>	413.15	1	18.95
	<input checked="" type="checkbox"/>	25.00	0	0.00
Total Without Taxes				419.20
Tax Total				18.95
Total With Taxes				438.15

Comment:

ACCOUNTS PAYABLE CLERK SECTION

Task ID - Created 05-Dec-2021 12 50.45 PM - By Norma Lang - Processed 14-Dec-2021 03 58.57 PM - By Jaclyne Noseworthy

Action Taken: Approve Expense

Period: 202204

Vendor Number: Bowen, Melyssa

Invoice Number:

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
	<input checked="" type="checkbox"/>	413.15	1	18.95
	<input checked="" type="checkbox"/>	25.00	0	0.00
Total Without Taxes				419.20
Tax Total				18.95
Total With Taxes				438.15



EDMONTON SOUTH
CONFERENCE CENTRE

4404 Gateway Boulevard NW, Edmonton, Alberta, T6H 5C2
Tel: 780-434-6415 Fax: 780-436-9247

Melyssa Bowen
 2651 Chinook Winds Dr Sw
 Airdrie AB T4B0B4
 Canada

Room:
 Folio:
 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			413.15

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

Total	413.15	413.15
Balance Due	0.00	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.