

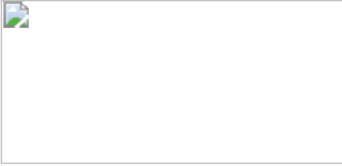
Expense Reimbursement Authorization

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-Nov-2021 09 06.45 AM - By Norma Lang - Processed 05-Nov-2021 09 07.57 AM - By Norma Lang

| | | | | | | | | | | |
|---|---------------------------|----------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|---|-----------------|-----------------|-------|
|  | Rocky View Schools | | | | | | | | | |
| TRUSTEE EXPENSE REIMBURSEMENT FORM | | | | | | | | | | |
| Name: Lang, Norma J. | | | | | | | | | | |
| School/Department: EC-Trustees | | | | | | | | | | |
| Date: 05-Nov-2021 | | | | | | | | | | |
| Mileage @ \$0.52/km | Date | Purpose | From/To Description | <input type="checkbox"/> | KMs | Roundtrip | Total KMs | GST Auto Calc | Amount Incl GST | Clear |
| | | | | <input checked="" type="checkbox"/> | 49 | <input checked="" type="checkbox"/> | 98.00 | 2.43 | 50.96 | |
| | | | | <input checked="" type="checkbox"/> | 20 | <input checked="" type="checkbox"/> | 40.00 | 0.99 | 20.80 | |
| | | | | <input checked="" type="checkbox"/> | 20 | <input checked="" type="checkbox"/> | 40.00 | 0.99 | 20.80 | |
| | | | | <input checked="" type="checkbox"/> | 20 | <input checked="" type="checkbox"/> | 40.00 | 0.99 | 20.80 | |
| | | | | <input type="checkbox"/> | | <input type="checkbox"/> | 0.00 | 0.00 | 0.00 | |
| | | | | | | | | 5.40 | 113.36 | |
| Taxable Mileage @ \$0.52/km | Purpose | From/To Description | <input type="checkbox"/> | KMs | Roundtrip | Total KMs | GST Auto Calc | Amount Incl GST | Clear | |
| | | | <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 | | |
| | | | <input type="checkbox"/> | | <input type="checkbox"/> | 0.00 | 0.00 | 0.00 | | |
| | | | | | | | 0.00 | 0.00 | | |
| Meal Allowances (Check box to select each required meal) | Date | Purpose | <input type="checkbox"/> | 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 | | |
| | | | | | | | 0.00 | 0.00 | | |
| Other Expenses (Input GST Paid & Attach Detailed Receipts) | Date | Specify Expense Type | Description | <input type="checkbox"/> | GST Paid | Amount Incl GST | | | | |
| | | | | <input type="checkbox"/> | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | |
| | | | | | 0.00 | 0.00 | | | | |
| 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 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 | | |
| | | | | | | | \$5.40 | \$113.36 | | |
| | | | | | | | 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 |
|----------------------------|---|--------|----------|--------------------|
| |  | 113.36 | 1 | 5.40 |
| Total Without Taxes | | | | 107.96 |
| Tax Total | | | | <u>5.40</u> |
| Total With Taxes | | | | 113.36 |

▼ **GL DISTRIBUTION ENTRY WITH APPROVAL**

Task ID - Created 05-Nov-2021 09 07.57 AM - By Norma Lang - Processed 11-Nov-2021 08 31.42 AM - By Fiona Gilbert

Action Taken: No Objection


| GL Account Number | Taxes Included | Amount | Tax Code | Tax Amount |
|----------------------------|---|--------|----------|--------------------|
| |  | 113.36 | 1 | 5.40 |
| Total Without Taxes | | | | 107.96 |
| Tax Total | | | | <u>5.40</u> |
| Total With Taxes | | | | 113.36 |

Comment:

▼ **GL DISTRIBUTION ENTRY WITH APPROVAL**

Task ID - Created 11-Nov-2021 08 31.42 AM - By Fiona Gilbert - Processed 15-Dec-2021 11 00.29 AM - By Jennifer Thompson

Action Taken: No Objection

| GL Account Number | Taxes Included | Amount | Tax Code | Tax Amount |
|----------------------------|---|--------|----------|--------------------|
| |  | 113.36 | 1 | 5.40 |
| Total Without Taxes | | | | 107.96 |
| Tax Total | | | | <u>5.40</u> |
| Total With Taxes | | | | 113.36 |

Comment:


▼ **ACCOUNTS PAYABLE CLERK SECTION**

Task ID - Created 11-Nov-2021 08 31.42 AM - By Fiona Gilbert - Processed 18-Nov-2021 03 08.56 PM - By Jaclyne Noseworthy

Action Taken: Approve Expense

Period: 202203

Vendor Number: Lang, Norma J.

| GL Account Number | Taxes Included | Amount | Tax Code | Tax Amount |
|----------------------------|---|--------|----------|--------------------|
| |  | 113.36 | 1 | 5.40 |
| Total Without Taxes | | | | 107.96 |
| Tax Total | | | | <u>5.40</u> |
| Total With Taxes | | | | 113.36 |

Comment: