

Expense Reimbursement Authorization

Attached Documents

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

EMPLOYEE EXPENSE REIMBURSEMENT FORM- SUPERINTENDENT

Task ID: - Created: 06-Jul-2022 08:50.59 AM - By: Gregory Luterbach - Processed: 06-Jul-2022 08:50.59 AM - By: Gregory Luterbach

Rocky View Schools																																																																											
EMPLOYEE EXPENSE REIMBURSEMENT FORM- SUPERINTENDENT																																																																											
Name:		Luterbach, Gregory W																																																																									
School/Department:		EC-Superintendent																																																																									
Date:		06-Jul-2022																																																																									
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<p>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 AP5110.</p> <p>Please allow at least 90 days for payment processing. Incomplete forms(or forms missing detailed receipts) will be returned to employee for resubmission.</p>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;">Total GST</td> <td style="width: 10%; text-align: center;">Total Claim</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">\$11.43</td> <td style="text-align: center;">\$240.10</td> <td></td> </tr> </table> <p>Note: Scanned receipts must be attached to support all expense claims (with the exception of mileage and meal allowances)</p>							Total GST	Total Claim			\$11.43	\$240.10																																																											
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Comments / Instructions:																																																																											

Enter GL Coding / Tax Amounts:				
GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
	<input checked="" type="checkbox"/>	240.10	1	11.43
Total Without Taxes:				228.67
Tax Total:				11.43
Total With Taxes:				240.10

GL DISTRIBUTION ENTRY WITH APPROVAL

Task ID: Created: 06-Jul-2022 08:50.59 AM - By: Gregory Luterbach - Processed: 07-Jul-2022 08:40.07 AM - By: Norma Lang

Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
	<input checked="" type="checkbox"/>	240.10	1	11.43
Total Without Taxes:				228.67
Tax Total:				11.43
Total With Taxes:				240.10

Comment

ACCOUNTS PAYABLE CLERK SECTION

Task ID: Created: 07-Jul-2022 08:40.07 AM - By: Norma Lang - Processed: 20-Jul-2022 09:39.48 AM - By: Cinty Ramjattan

Action Taken: Approve Expense

Period: 202211

Vendor Number: Luterbach, Gregory W

Invoice Number:

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
	<input checked="" type="checkbox"/>	240.10	1	11.43
Total Without Taxes:				228.67
Tax Total:				11.43
Total With Taxes:				240.10

Comment