## **Battle River School Division**

EXPENSE CLAIM							
Name:	Imogene Walsh	<u> </u>		Mailing Address:		n/a if direct deposit established; attach bank info to set-up	
Month/Year:	September, 2020					riza ir direct depo	isit established, attach bank into to set-up
School/Location:	: <u>Division Office</u>			Student	Student Name:		ion claims (PUF / International Students)
	must be submitted to Divisi			OM OW			
	nitted after this date will <u>NO</u>	_		nies inclu	dina forms s	ent via fav	email, will not be processed.
	6 Do <b>NOT</b> claim field trip e						
	AL STUDENT PROGRAM						
Date (YYYY Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2020/Sep/02	Hardisty	234	135.72			135.72	1-404-400-00-02-01
2020/Sep 04	Holden	124	71.92			71.92	
2020/Sep 28	Red Deer (ARMIC Mtg)	294	170.52			170.52	
		1052					
Attach original re	ceipts for expenses claimed				TOTAL	378.16	
	Signature:						OFFICE USE ONLY Total GST:
	Authorized By (Name): Authorized By (Signature):						MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50