Battle River School Division								
	\bigcirc 11	Ε	XPENS	E CLAI	VI			
Name:	Voug Algar			Mailing Address:				
Month/Year:	November 3	021				n/a if direct depo	sit established; attach bank info to set-up	
School/Location: Trustee			Student Name:					
					for Transportation claims (PUF / International Students)			
	must be submitted to Division			rwo mon	NTHS from t	he end of th	ne month the claim is for.	
ORIGINAL EXP	PENSE CLAIMS are required	d for payr	ment. Cop	pies, inclu	ding forms	sent via fax/	email, will not be processed.	
BUS DRIVERS	Do NOT claim field trip ex	kpenses	(claim on	the appli	cable "Trip	Report" fo	rm).	
INTERNATION	AL STUDENT PROGRAM	- claim m	ileage/par	king only;	reimbursen	nent require	s original parkade receipt.	
Date (YYYY Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code	
2021 Nov 14-16	ASBA FGM - Mile	180		4.97		104,40		
2021 Nov14-16	ASBA FGM-Hotel			16.38	Hotel	357,02	1-404-400-09-23-6	
				-				
Attach original re	ceipts for expenses claimed		L	1	TOTAL	461.42		
	Signature:						OFFICE USE ONLY Total GST: 2\.35	
	Authorized By (Name):						MEAL ALLOWANCE Breakfast: \$11.00	

Dinner:

\$23.50

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Authorized By (Signature):

Battle River School Division

Forms Manual