## Battle River School Division EXPENSE CLAIM

EXPENSE CLAIM							
Name:	Karen Belich			Mailing Address:		n/a if direct depo	osit established; attach bank info to set-up
Month/Year:	September 2020					ina ii aireet aepe	or octobilonoo, attach ballit in a to cot ap
School/Location:			Student Name:		for Transportat	ion claims (PUF / International Students)	
IMPORTANT:  Expense Claim must be submitted to Division Office WITHIN TWO MONTHS from the end of the month the claim is for.  Expenses submitted after this date will NOT be reimbursed.  ORIGINAL EXPENSE CLAIMS are required for payment. Copies, including forms sent via fax/email, will not be processed.  BUS DRIVERS Do NOT claim field trip expenses (claim on the applicable "Trip Report" form).  INTERNATIONAL STUDENT PROGRAM claim mileage/parking only; reimbursement requires original parkade receipt.							
Date (YYYY Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2020/9/17	meeting	48	27.84			27.84	140440009270
Attach original receipts for expenses claimed  Signature:			/	Ì	TOTAL	27.84	OFFICE USE ONLY Total GST:  MEAL ALLOWANCE
	Authorized By (Name):  Authorized By (Signature):						Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50

Battle River School Division Forms Manual

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