Form	11	15.	1
------	----	-----	---

Battle River School Division EXPENSE CLAIM

EXI ENGL GLAIN						17	
Name:	Karen Belich		Mailing Address:		n/a if direct deposit established; attach bank info to set up		
Month/Year:	September 2020			·		пла п опестаеро	sicestabilished, attach barik iilio to set up
School/Location:		Student Name:		for Transportation claims (PUF / International Students)			
	must be submitted to Divisionitted after this date will NOT			WO MON	ITHS from th	ne end of th	e month the claim is for.
ORIGINAL EX	PENSE CLAIMS are require	d for payn	nent. Cop	ies, inclu	ding forms s	ent via fax/e	email, will not be processed.
BUS DRIVERS	Do NOT claim field trip ex	kpenses (claim on	the appli	cable "Trip	Report" fo	rm).
INTERNATION	IAL 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
2020/9/17	meeting	48	27.84			27.84	1404MD09370
		-					
(<u>. </u>							
Attach original re	ceipts for expenses claimed	1			TOTAL	27.84	
r maeir engmerre	Signature:						OFFICE USE ONLY Total GST:
							MEAL ALLOWANCE
	Authorized By (Signature):						Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50

Battle River School Division Forms Manual

Revised: July 1, 2019 Page 1 of 1