## Battle River School Division **EXPENSE CLAIM**

.me:	Norm ENLLYSON.		Mailing Address	Wailing Address:	
Month/Year:		20	_	n/a if direct dep	osft established, attach bank info to set-up
School/Location:	Trustee.		Student Name:		(FUE (1.1 1.1.)
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	rete. Total	Account Code
2020 Sept 17	4 Lunch.		0		1.310.400.09.00.01
200 Sept 24	TEBA Shenood Park	160	راث ا	92.80	1404400091801
		_			
-					
Attach original ro	ceipts for expenses claims	ad .	TOTA	AL 173.28	
Attach ongman re	ceipts for experises craims	<i></i>	101/	46.	OFFICE USE ONLY.
	Signature:		-		Total GST: U. UA
)	Authorized By (Name):				MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00
	Authorized By (Signature)	:			Dinner: \$23.50

## MERCHANT Cu.

FAMILY PHOEVER 4954 50TH ST CAMROSE, AB T4V1R1 7806623655

## SALE

MID: 6519372
TID: 001 REF#: 00000002
Batch #: 261001 RRN: 00000002
09/17/20 12:06:00
APPR CODE: 08035J
MASTERCARD Chip
\*\*\*/\*\*\*

## **AMOUNT**

\$80.48

APPROVED

CAPITAL ONE AID: A0000000041010 TVR: 00 00 00 80 00 TSI: E8 00