Battle River School Division **EXPENSE CLAIM** Rita Marler Name: Mailing Address: n/a if direct deposit established; attach bank info to set-up Month/Year: September 2020 Student Name: School/Location: Division Office for Transportation 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. Other .58 x Date Description medical renewal, Kms Meals Total Account Code (YYYY Mon DD) Kms PUF set rate, parking, etc 2020/9/17 1-404-400-00-01-01 Tofield School 112 64.96 64.96 Attach original receipts for expenses claimed TOTAL 64.96 OFFICE USE ONLY Signature: Total GST:

Battle River School Division Forms Manual

Authorized By (Name):

Authorized By (Signature):

Revised: July 1, 2019

\$11.00 \$15.00

\$23.50

MEAL ALLOWANCE

Breakfast:

Lunch:

Dinner:

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