Battle River School Division

EXPENSE CLAIM							
Name:	Natasha Wilm			Mailing Address:		<i>8</i> 0(pap	
Month/Year:	September/October					n/a if direct depo	sit established; attach bank info to set-up
School/Location:	Division Office			Student Name:			
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
2020/9/25	HR Visit - Lougheed Colony	210	121.80			121.80	1-404-400-00-00-01
2020/10/19	School Team Visits Tofield	112	64.96			64.96	1-404-400-00-00-01
2020/10/20	School Team Visits Bashav	120	69.60			69.60	1-404-400-00-00-01
		14a)	(m				
Attach original receipts for expenses claimed TOTAL 256.30						256.36	9
	Signature: Authorized By (Name):						OFFICE USE ONLY Total GST: (1) MEAL ALLOWANCE Breakfast: \$11.00

Authorized By (Signature):

\$23.50

Dinner: