

Battle River School Division
EXPENSE CLAIM

Name: Rita Marler
 Month/Year: October 2020
 School/Location: Division Office

Mailing Address: 201029
n/a if direct deposit established; attach bank info to set-up

Student Name: _____
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.

Date (YYYY Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2020/10/19	Killam - School Review	140	81.20			81.20	1-404-400-00-01-01
2020/10/23	School visits	296	171.68			171.68	1-404-400-00-01-01
2020/10/29	School visits	192	111.36			111.36	1-404-400-00-01-01
		628km					
							

Attach original receipts for expenses claimed

TOTAL 364.24

Signature: _____
 Authorized By (Name): _____
 Authorized By (Signature): _____

OFFICE USE ONLY
Total GST:
MEAL ALLOWANCE
Breakfast: \$11.00
Lunch: \$15.00
Dinner: \$23.50