

Battle River School Division

**EXPENSE CLAIM**

Name: Kendall Severson Mailing Address: 201008  
 Month/Year: Oct. 2020 *n/a if direct deposit established, attach bank info to set-up*  
 School/Location: D.O 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 <small>medical renewal, PUF set rate, parking, etc</small>	Total	Account Code
2020/10/8	RH. Ag Mtg	72	41.76			41.76	1.404.400.09.06.01

Attach original receipts for expenses claimed

TOTAL 41.76

Signature: \_\_\_\_\_  
 Authorized By (Name): \_\_\_\_\_  
 Authorized By (Signature): \_\_\_\_\_

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

