Battle River School Division EXPENSE CLAIM

		See	/I LIV	LOLAII	W1		
Name:	Laurie Sker	ř.		Mailing Address:		n/a if direct deposit established; attach bank info to set-up	
Month/Year:	Nov /202					THE II DELIN WHO IS SELECTION OF THE INTERPOLATION OF THE PROPERTY OF THE PROP	
School/Location:				Student		for Transportation claims (PUF / International Students)	
	n must be submitted to Divis			TWO MO		(*)	
	nitted after this date will NO						
ORIGINAL EX	PENSE CLAIMS are requir	ed for pa	yment. Co	opies, incl	uding form	s sent via fa	x/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,	Total	Account Code
2020/11/16	ASBA FGM	192	111.36			111.36	
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X-1							
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						3	
Attach original receipts for expenses claimed					TOTAL	111.36	
	Signature:	-/				- /	OFFICE USE ONLY Total GST:
	Authorized By (Name):					-	MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00
	Authorized By (Signature):					-	Dinner: \$23.50