

**Battle River School Division
EXPENSE CLAIM**

Name: Karen Belich **Mailing Address:** _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: November 2020

School/Location: _____ **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
2020/11/16	ASBA FGM (virtual)	48	27.84			27.84	1.404.400.09.27.01
2020/11/17	ASBA FGM/PD (virtual)	48	27.84			27.84	

Attach original receipts for expenses claimed **TOTAL** 55.68 [REDACTED]

Signature: _____

Authorized By (Name): _____

Authorized By (Signature): _____

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