

**Battle River School Division
EXPENSE CLAIM**

210401

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

Month/Year: March, 2021

School/Location: Division Office **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
2021/Mar/19	Hardisty	234	135.72			135.72	1-404-400-00-02-01

Attach original receipts for expenses claimed **TOTAL 135.72**

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

OFFICE USE ONLY
Total GST: 4)

MEAL ALLOWANCE
 Breakfast: \$11.00
 Lunch: \$15.00
 Dinner: \$23.50