

Battle River School Division  
EXPENSE CLAIM

220228

Name: Karen Belich Mailing Address: \_\_\_\_\_  
 Month/Year: March 1, 2022 \_\_\_\_\_  
 School/Location: \_\_\_\_\_ Student Name: \_\_\_\_\_  
n/a if direct deposit established; attach bank info to set-up  
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
2022/02/28	Zone 4 meeting	48	27.84			27.84	1.404.400.09.27.01
2022/02/24	lunch			15.00		15.00	

Attach original receipts for expenses claimed

**TOTAL 42.84**

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

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